

Student's name

Instructor's name

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The Healthcare System in Sweden

The healthcare system in Sweden is known as one of the most socially responsible systems in the world, which defines quality as its cornerstone. Indeed, in the context of providing high-grade health care to its citizens, Sweden ranks in top positions in world rankings. What makes this country's healthcare system so effective is a solid ideological basis, an efficient allocation of resources, a well-structured organization of public and private sectors, and the following of contemporary requirements which is experiencing a rapid technological development.

The healthcare system in Sweden is designed around three major principles of equal worth, need and solidarity, and cost-effectiveness ("The Swedish model today"). For instance, the principle of equal worth states that all human beings have an equal entitlement to dignity and the same rights, without taking into account their status in the community ("The Swedish model today"). Secondly, the principle of need and solidarity protects those in need, providing them with medical care. Finally, in the case of the need to choose one from different treatment options, the principle of cost-effectiveness requires a reasonable relationship between costs and effects, assessed in terms of health outcomes and the quality of life ("The Swedish model today"). As a

result, the healthcare system in Sweden was established on the basis of the principles of equality, solidarity, and cost-effectiveness.

According to statistics provided by the World Health Organization Global Health Expenditure database, the health expenditures of Sweden constitute 11.9 percent of total its GDP (as cited by The World Bank Group). About 83 percent of this spending was publicly financed, with county council expenditures amounting to almost 57 percent, municipalities to 25 percent, and the central government to almost 2 percent (Glenngård). All these expenditures are allocated to primary care, outpatient specialist care, administrative mechanisms for direct patient payments to providers, after-hours care, hospitals, mental health care, long-term care, and social support.

The healthcare system in Sweden is divided into public and private sectors. While considering the system of public healthcare in Sweden itself, it is worth emphasizing the idea of shared responsibility, which is supported by a well-structured organization. At the national level, the Ministry of Health and Social Affairs is in charge of overall health and healthcare policy, collaborating with eight national government agencies (Anell et al. 19). These are the National Board of Health and Welfare, the Health and Social Care Inspectorate, the Swedish Agency for Health and Care Services Analysis, the Public Health Agency, the Medical Products Agency, the Swedish Council on Technology Assessment in Health Care, the Dental and Pharmaceutical Benefits Agency, and the Swedish eHealth Agency (Anell et al. 19). At the top of the local and regional authorities is the Swedish Association of Local Authorities and Regions (SALAR). It shares the responsibilities among 290 municipalities, which are responsible for the care of the elderly and disabled, and 21 county councils, 7 university hospitals, approximately 70 county council-driven hospitals, 6 private hospitals, approximately 1,100 public and private care facilities, and public and private dentists (Anell et al.). Therefore, the healthcare system in

Sweden is subject to a strict and clear division of responsibilities, which contributes to the effectiveness of its work.

While public health care is managed and provided by county councils, local authorities, and municipalities, there are two major types of private healthcare. According to the first, health care services are provided by a private organization under a contract with a county council, local authority, or municipality; therefore, the cost of private and public healthcare remains the same (“Public and private healthcare in Sweden”). In the second case, health care services are provided by a private organization under no contract with the National Healthcare Services, which in turn requires the patient to pay for the full cost of treatment and care (“Public and private healthcare in Sweden”).

Additional attention should be paid to the matter of how the Swedish healthcare industry corresponds to contemporary requirements of rapid technological development. For instance, National eHealth is focused on developing the better use of information and communications technology to enhance health and medical care. Such an involvement of technologies in the healthcare system in Sweden can be represented by a variety of examples, such as the use of electronic patient records, e-prescriptions, and a website providing health care information (Swedish Institute). Moreover, the Patient Data Act allows healthcare employees, with the patient’s consent, to get access to electronic records from different care providers across organizational boundaries (Swedish Institute). As a result, the healthcare system in Sweden not only demonstrates a high level of openness to new technologies, but also actively utilizes them in practice, improving the quality of service.

Summing up, the healthcare system of Sweden is justly considered one of the most prominent in the world. The effective combination of principles, resources, organizational structures, and continuous improvements in accordance with recent trends makes this industry not only sustainable, but highly beneficial for citizens. Therefore, it may serve as a bright example for those countries that are still on the road to the development of effective health care.

Works Cited

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