
Health and safety first

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The traditional health policy issues have failed to turn up the heat in this year's election campaign. The greatest threat to public health comes from elsewhere.



Photo: Einar Nilsen

'Health and safety first'. Such was the motto that the 2020 Annual Representative Meeting of the Norwegian Medical Association adopted as its foremost priority in the run-up to the general election in 2021 (1); and for a long time it appeared as though health would be the most prominent issue in the election campaign. The COVID-19 pandemic demonstrated how important it is to have a well-functioning public healthcare system. Small and cramped new hospital buildings, the maintenance backlog in the existing buildings, underfunding of the contract GP scheme, lack of emergency stockpiles and poorer services for the mentally ill were all relevant and important issues. Kantar's Health Policy Barometer for the spring of 2020 showed that 50 % of the population believed that 'the tasks of the healthcare service' represented the greatest challenge the nation was facing (2). In March 2020, health was the voters' second highest priority as the general election approached, second only to social inequality (3). In June, the Office of the Auditor General published its devastating report on mental healthcare services, showing that mental health care continues to be given low priority and that many people fail to receive help when they need it (4). Health was set to become the primary issue all the way to the ballot boxes.

But in the meanwhile, something happened. When August 2021 arrived, climate change had overtaken health as the second most important issue for the voters, and direct and indirect taxes were ranked as almost equally important (3). To be sure, we have had debates on health this autumn, but compared to other policy areas, health-policy issues as such have not quite been able to ignite public discourse and the pre-election debate.

Health policy is not short on dividing lines. The question is how much they mean and how much passion they are able to arouse. In questions pertaining to private health services, the dividing lines between the parties are clear and predictable, such as in the squabble between the Conservatives and Labour on freedom of choice in health care. In reality, this scheme is of little importance. Since freedom of choice in health care was introduced in 2015, fewer than 60 000 patients have made use of it (5). A scheme which very few people use is unlikely to stir up much debate. Even in areas where the issues are weighty and important, few changes can be expected after the elections – irrespective of their outcome. For example, some parties have considered the possibility of dismantling the highly controversial health trust model. In practice, however, not much will happen, since both the Conservatives and Labour are in favour of keeping the model. In heavily value-laden issues, such as egg donation, early ultrasound and assisted fertility treatment for singles, the demarcation lines between the parties are clear, but since the Biotechnology Act was only recently amended, an immediate replay is unlikely. No great ideological battles can be expected here either.

«The political topic that will have the greatest impact on health in the years to come has so far paradoxically failed to attract any attention in the pre-election health policy debate»

We might have expected a more heated debate on the contract GP scheme, which undeniably is in crisis. Here, however, aided by the skilful political craftsmanship of doctors themselves, the government has already launched an action plan to the tune of NOK 1.6 billion in new allocations for the period until 2024. The Labour Party has topped up these commitments with another NOK 350 million in new allocations (6), and all the other parties appear to finally agree that the contract GP scheme urgently needs saving. This inspires hope for the healthcare system's main foundation, although such consensus is unlikely to turn up the heat in the pre-election debate.

In the run-up to this election, mental health is therefore the issue to have generated most debate with regard to health policy. Now, eight years after the incumbent minister of health introduced the golden rule of higher growth in addiction and mental health services than in somatic services, this goal is yet to be achieved (4). The opposition is calling for a new study, green paper or commission. The minister of health believes that this is unnecessary. At last, the voters have a health policy controversy which is able to generate at least *some* tension.

However, the political topic that will have the greatest impact on health in the years to come has so far paradoxically failed to attract any attention in the pre-election health policy debate. The sixth report from the UN'S Intergovernmental Panel on Climate Change, published in early August, concludes that there can no longer be any doubt that the ongoing climate change is anthropogenic and that global temperature will rise by more than 1.5 degrees – even with very low emissions in the years to come (7). This will create massive health challenges. As far back as in 2014, the WHO's director-general referred to climate change as 'the defining issue for public health in the 21st century' (8). Since then, the health threats have become even more tangible, and the scientific consensus has broadened (9). This notwithstanding, health is virtually absent from much of the Norwegian debate on climate change. It is symptomatic that none of the more than 200 events related to climate and the environment during this year's Arendal Week focused on health as a topic. Judging from the programme, none of the major national health organisations appeared as keynote speakers or co-arrangers of any of the climate-related events (10). This is sad, because the decisions that will be made during the coming parliamentary term will be crucial for our ability to reduce emissions enough to forestall the greatest threat to our health. The time has certainly come to put health and safety first.

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