Democratic deficit in the health services

The question of whether a new PCI centre should be established in Nordland county illustrates how decision-making in health policy has moved from elected assemblies into the boardrooms. The politicians have become lobbyists.

Mayors from 17 municipalities in Nordland county are «uniting in the struggle for a shared cause». They argue that Northern Norway Regional Health Authority must endorse the establishment of a PCI centre in Bodo (1).

Northern Norway Regional Health Authority will address the matter at a board meeting in late February. The study Hjerteinfarkt og PCI i Helse Nord [Myocardial infarction and PCI in the Northern Norway Regional Health Authority] was sent for an advance consultation round (2). A large number of consultation statements from municipalities, regional councils, the Nordland Medical Association, health personnel, the Norwegian Heart and Lung Patients Organisation and others testifies to a high level of involvement.

Until today, PCI treatment has been available to the population of Northern Norway only at the University Hospital of North Norway in Tromsø. Now, demands are being voiced to provide such treatment also at the Nordland Hospital in Bodo. To patients in Nordland county, quicker access to treatment may have a considerable health effect. The medical community in Tromsø, on the other hand, is concerned that this will mean fewer patients in their hospital.

This issue has important aspects in terms of health policy and health economics. In addition to the numerous consultation statements and op-ed pieces in newspapers, the Norwegian Heart and Lung Patients Organisation is organising a torchlight procession through the streets of Bodo to the local library. There, Nordland Hospital is holding a public lecture on How the specialists at Nordland Hospital think that this service should be organised (3).

Only a few years ago, a similar question would have been submitted for a political decision. This is no longer the case. The politicians are in the spectators’ seats. The board of the regional health authority has not been popularly elected.

It would be hard to find a better illustration of the democratic deficit in the specialist health services.

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The author has completed the ICMJE form and declares no conflicts of interest.

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Received 17 January 2017, accepted 27 January 2017. Editor: Ketil Slagstad.