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CHALLENGES

Denmark

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Danish society, as in other industrialised countries, has undergone large changes during the last few generations, particularly since the Second World War, with increasing economic affluence and the development of a welfare state covering all of the population. In parallel with this there has been an improvement in the state of health in all groups of the population, including children, so that it is now among the best in the world as measured by parameters such as mortality and morbidity. Nevertheless, challenges still confront the health services, partly as a result of the need for continuous improvement of these results, but, in years to come, perhaps also by the need to maintain the present level.

All medical treatment, by general practitioners and specialists and by admission to hospital, is free for the patient as it is paid for through taxation. It is a system with both positive and negative sides. It gives equal access for all to the services of the health system without regard to social, economic, or geographical status, but it also means that there is tight government control on the number of doctors and their fees.

Paediatrics in Denmark is predominantly a specialty confined to hospitals. Only a few doctors, and only in the larger cities, are private specialists of paediatrics, and the number is strictly controlled by the authorities. There are no special children's hospitals in the country; the paediatric wards are in the ordinary hospitals and in central hospitals in each county, covering a population of 250 000–400 000. They admit patients referred by general practitioners, primarily for admission but also as outpatients for examination and treatment. There are also three university hospitals with larger paediatric wards, which treat the more complicated and rare illnesses, always referred to them by the other hospitals. This means that all the primary examination and treatment of children is by the general practitioner (the family doctor), including the prophylactic children's examinations and vaccinations. This system also applies to all other specialties and not just paediatrics. Paediatricians might wish for a more direct access to paediatric examination and treatment, but there is a general satisfaction with the system and no serious desire to change it; there are signs of private hospitals appearing, but not, so far, in the paediatric area.

Although there has been a steady improvement over the last few generations in the health of children, measured particularly by mortality and morbidity, there has not been a further reduction in the perinatal and neonatal mortality in the last decade, in contrast with Norway, Sweden, and Finland. In 1970 the perinatal mortality was 15/1000 births in Denmark and it decreased steadily in the following years; this positive development has stagnated in the last 10–15 years and since 1980 it has been around 8·5/1000 births. It has decreased further in the other Nordic countries and in 1989 was 7·6/1000 births in Norway and 6·5/1000 births in Sweden.

There is no one explanation for this. A working group with paediatric participation under the Ministry of Health has attempted to analyse the causes, and so far has indicated several possibilities. The strain on women has grown as they are more integrated into the labour market and as a consequence they also suffer from greater unemployment. Furthermore they have poorer social rights in relation to pregnancy and birth than in the other Nordic countries. This is a challenge not only for the paediatricians, but also for society. Danish women also smoke more than women in the other Nordic countries.

Intensified neonatal efforts have been indicated as a special task for paediatricians, particularly with respect to the group of newborn infants with a birth weight between 1000 and 1500 g, where the difference is greatest. A working group established by the National Board of Health and the Danish Pediatric Society are considering a revised organisation of birth services and neonatal efforts. All childbirth in Denmark takes place in hospital, but with different obstetric and paediatric expertise, and it seems there is a need to tighten the visits of pregnant women and to centralise the treatment of the most premature infants at the university hospitals.

When it comes to morbidity, Denmark seems to be in line with the other Nordic countries and with the best results in the rest of the world, but there is also a need in this area for increased paediatric efforts. There is presently a public debate about the ethics of constantly trying to push forward the frontiers of intensive neonatal treatment of premature infants. It has been proposed that the authorities should set a lower limit for birth weight or gestational age, or both, where the paediatrician must implement intensive treatment of extremely premature infants, a proposal which gives rise to strong opposition

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by Danish paediatricians. The argument is also mixed with the debate about whether it is right at times of economic constraint to spend the often large economic – and other – resources necessary in this field. (The same, of course, can be said about other costly treatments such as transplantation surgery.)

Another area of challenge for Danish paediatricians in the future will be in the treatment of adolescents. By tradition the upper limit for paediatric work has been about 15 years, but the 15–18 year age group is an area that so far has been neglected and where paediatric efforts are necessary.

The postgraduate education of Danish doctors is in a state of change. For many years there has been a large disparity between the number of permanent final positions and training positions, causing a risk of unemployment for fully educated specialists, including paediatricians, as all training positions have been limited to a five year maximum. Therefore, a reorganisation of the medical staff structure at Danish hospitals is now under way, converting training positions into permanent positions, something which will undoubtedly improve the standard of hospital treatment of the patients. At the same time the National Board of Health will adjust the number of training positions and it is hoped that in the future we will see a balance between the number of trained paediatricians and the number needed. Furthermore, a needed intensification of training by compulsory employment on university wards, supplemented by employment at less specialised provincial wards, and a training programme approved by the National Board of Health has been established. Overall, it will result in a postgraduate training period for paediatricians of six years, something which paediatricians feel is too short and would like to see extended by six months to one year. The need for the intensification and extension of the training has also been accentuated by the fact that the maximum working week for doctors in training is 37 hours – as it is on the labour market in general in Denmark.

There is no formal subspecialisation for paediatricians, for example, internal medicine or surgery, despite the fact that development within the profession may require it. The small size of the country, however, will make the number of paediatricians within each subspecialty so small that many see a risk of being 'gobbled up' by the subspecialists for adults. We already see that when arranging paediatric meetings and congresses many colleagues prefer subspecialised arrangements with other organ specialists to general paediatric meetings. Denmark is too small a country and paediatrics too small a specialty to make thorough subspecialisation possible.

Another field which is bound to play an increased part in the future is the attention to children of other cultures. The great upheavals and unrest we have seen in different parts of the world have caused an increased number of peoples of other cultures, particularly Muslims, taking refuge in Denmark. Through generations we have had a homogeneous country and people with a common background and culture, and we are not directly prepared to help these people and their children as well as our own. We must prepare ourselves for a situation where this is no longer the case.

The economic problems that have hit Europe are also felt in Denmark, and we must now, and probably also in many years to come, be prepared to accept that paediatric care will be characterised by tight economic constraints. We are faced with increased unemployment and stressful situations for families with children, and this makes an impact on the conditions under which the children grow up and also on their health. Although we are still a rich country compared with elsewhere, and Danish children generally live under good social and material conditions, we are beginning to see signs of a social distinction between families living under good economic and social conditions and those who become the losers in society. So far that does not occur on any large scale, but many are worried that the solidarity which has characterised our people and resulted in the creation of a welfare society cannot be preserved to maintain a society where 'few have too much and fewer too little', and which has resulted in the overall good state of health of our children.