

# Brief Report on Irish Health Service

Thursday 21 July 2011, by [O'Grady Peadar](#) (Date first published: 8 May 2011).

**This article is based on one of the reports at the European healthworkers conference, held in the International Institute for Research and Education in May 2011. See (ESSF article 22173): [Statement from the European Conference for the defence of a public health service](#) and (article 22172): [European conference for the defence of a public health service](#) and other national reports.**

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## **Universal access to a comprehensive service? Free and financed by progressive taxation?**

Hospitals: 13,400 public beds (1000 closed in last year, 18,000 in 1980), 107,000 staff (4,000 jobs lost in last 2 years). 100% of population entitled to public hospital services (user fees introduced in 1990s; ED charge and daily inpatients charge) but about 50% of population take out additional (tax-free) private health insurance, most of which is to secure a private room in a public hospital (2,500 earmarked private) and to see a specialist doctor more quickly. There are also 2000 beds in private hospitals who cherry-pick largely elective work. Attempt to build 1000 extra private hospital beds on public hospital sites failed due to the recession. 2-tier system.

Primary Care: 33% have medical cards giving free GP care and free medications. 6% free GP only. Everyone entitled to reclaim medication costs over €120 per month and all medical expenses (including additional private insurance is tax deductible. Some combined pharmacy, GP health clinics built in 2000s. 2-tier system.

€16 billion spent on health per year (under severe attack in government austerity plan under EU-IMF monitoring).

## **Democratically planned?**

Elected health boards were abolished in 2005 and a bureaucratic 'Health Service Executive' set up by a neoliberal health minister. Accountability to department of health was also much reduced. So democracy is weak and planning and prevention underfunded and disorganised. New neoliberal health minister (a GP) has reversed these changes but has announced a plan to introduce 'Universal Health Insurance' aiming to copy the 'reforms' in Netherlands in 2006 and universalise a private health insurance market. For a public sick of a 2-tier system 'universal' sounds attractive.

Propaganda about 'efficiency' in the private sector is common while the failures of market systems in the US and Netherlands are underreported. The government is also slow to give any real details of their plan but have promised a white paper.

### **Public campaigns to defend health services:**

Campaigns against 'privatisation' or 'marketisation' are generally seen as abstract and possibly involve a distaste for 'politicising' healthcare. However where a rationalisation programme known as the 'Hanly' plan involves reduction in hospital beds and staff, especially where closure is threatened, demonstrations have been large (thousands) and sometimes huge (tens of thousands). Campaigns to defend services, usually hospitals, have often been dissipated by winning concessions or by a focus on getting a hospital candidate elected or lobbying politicians. Fear of appearing 'political' sometimes paralyses participants and can be used by right-wing forces to disrupt and divert campaigns back to establishment politicians.

Despite some huge marches against cuts in public services (100,000 marched) and austerity (70,000 marched in freezing conditions) trade union leaders have actively encouraged collaboration with embargoes on staffing in a 'partnership' process which ended in 2009 but which they beg the government to return to (the president of the Irish Congress of Trade unions is called Begg). Union members, under general attack by the right-wing press as public sector workers often lack confidence to seek solidarity from the public and to argue that good conditions for health workers (bar senior doctors and managers) is good for the quality of services.

The EU-IMF austerity package and the 'Dutch model' health reforms are now centre stage.