Waiting for Surgical Operations

In several European and non-European countries it is not possible for patients to get a (non-vital) surgical operation immediately or at a specific date that has been determined as optimal by patient and doctor. Rather, there is a waiting time to be respected. As Table 1 shows, such waiting times are not the exception but the rule, and a considerable part of the population is affected.

The average waiting time can be substantial, as is the case for cataract operations in Finland (60 to 360 days) or for orthopaedic operations in Great Britain (165 days) or for plastic surgery in Norway (246 days). In most of the countries that experience waiting times the waiting is organised in the form of official waiting lists which are often made transparent by internet publication.

Waiting lists can be regarded as a type of (non-price) rationing, an instrument to cope with under-capacity of surgery (mainly of surgeons and/or equipment). In a public health system that offers free medical treatment waiting lists might have a social rationale if (if!) the waiting lists are organised in such a way that the surgical cases of lowest individual utility have to wait the longest.

An obvious explanation of waiting times is the lack of surgical capacity. But this argument is superficial because one must ask why the capacities have not been extended or why and how the lack of extension has been politically possible.

A partly answer is offered by Table 2, which relates the existence of waiting times to the type of financing (by taxes or by contributions) of the expenditures for the public health system. The differentiation of the two country groups (with and without waiting times) by type of financing is strongly selective: The waiting-time countries generally have a high share of tax financing, the other group a high share of financing by contributions to a social health insurance system. For a tax financed public health system it is obviously politically easier to keep the costs of the health system lower by lower investment in new equipment than is the case for a contribution-financed system. Or,

Table 1

Waiting Time

	Waiting time		Percentage of population on waiting lists	Cataract surgery	Orthopedic surgery	Plaste surgery
Australia		yes	0.9 %	73 days	53 days	24 days
Austria	no		–	–	–	–
Belgium	no		–	n.a.	–	–
Canada		yes	1.6 %	70 days	48 days	46 days
Denmark		yes	n.a.	184 days	n.a.	n.a.
Finland		yes	2.5 %	60 - 360 days	180 days	n.a.
France	no		–	–	–	–
Germany	no		–	–	–	–
Greece		yes	n.a.	n.a.	n.a.	n.a.
Ireland		yes	0.7 %	n.a.	n.a.	n.a.
Italy		yes	n.a.	n.a.	n.a.	n.a.
Luxembourg	no		–	–	–	–
Netherlands		yes	0.9 %	112 days	98 days	168 days
New Zealand			2.2 %	n.a.	n.a.	n.a.
Norway		yes	0.9 %	139 days	160 days	246 days
Portugal			n.a.	n.a.	n.a.	n.a.
Spain		yes	0.4 %	59 days	66 days	63 days
Sweden		yes	n.a.	n.a.	n.a.	n.a.
Switzerland	no		–	–	–	–
UK		yes	2.1 %	190 days	165 days	113 days
US	no		–	–	–	–

Notes: The figures relate mainly to 2001.
For more detailed information on waiting time for medical treatment see www.cesifo.de/DICE.

Sources: OECD Health data 2002; World Health Report 2000; official national sources.

Table 2
Waiting Lists and Type of Public Financing of Health Systems

	Waiting time	Public expenditure for health	
		Share of tax financing, in %	Share of social insurance financing, in %
Australia	yes	100.0	0.0
Canada	yes	98.9	1.1
Denmark	yes	100.0	0.0
Finland	yes	80.4	19.6
Greece	yes	64.8	35.2
Ireland	yes	100.0	0.0
Italy	yes	100.0	0.0
Netherlands	yes	100.0	0.0
New Zealand	yes	100.0	0.0
Norway	yes	100.0	0.0
Portugal	yes	100.0	0.0
Spain	yes	12.8	87.2
Sweden	yes	100.0	0.0
UK	yes	100.0	0.0
Average		**89.9**	**10.2**
Austria	no	12.4	87.6
Belgium	no	18.7	81.3
France	no	3.3	96.7
Germany	no	23.4	76.6
Luxembourg	no	17.1	83.0
Switzerland	no	22.1	77.9
US	no	57.9	42.1
Average		**22.1**	**77.9**

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Sources: OECD Health data 2002; World Health Report 2000; official national sources.

expressed differently, it seems to be politically easier to raise the contribution rate for the health system than to raise the general tax rate and to promise to use the extra-revenues for the health system.

R.O.