Heidi Stensmyren – Chairman, Swedish Medical Association



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Heidi Stensmyren is the Chairman of the Swedish Medical Association and in 2018 was ranked by Dagens Medicine as the sixth most powerful person in Swedish healthcare. The Swedish Medical Association is the union and professional association for medical doctors in Sweden. Here, Stensmyren discusses the current condition of Swedish healthcare and medical field, along with the advantages and disadvantages of the current system.

As Chairman of the Swedish Medical Association, what is your contribution to the dialogue taking place inside the life science office?

Many things, I hope! Mainly the preconditions for research and development in Sweden. The lack of good conditions has led to a reduction in the number of clinical trials; a trend which is likely to accelerate even further in the future. Moreover, the number of physicians working on a PhD has reduced as well. Physicians often experience issues in the contact between the industry and the clinic, this appears most prominently between the clinics where physicians are employed and where they keep their research. Therefore, we work with conditions for research *and* for clinical trials.

What would you like to see happen with regard to research and clinical trials?

Firstly, we need to have more funding for clinical research from the state or the county councils. Secondly, we need the regulations not to become an obstacle for clinical trials; Sweden views companies choosing to conduct clinical trials here as in the national interest. Furthermore, we need to ensure that medical experts and clinicians have the possibility to participate in research.

We need to re-write the ethical agreements so that we don't prevent the industry and the clinicians from having contact with one another. This has gone so far that physicians in many clinics are prevented from having direct contact with the industry. We need to open the channels once again, so that information and contacts can be organized smoothly and move freely. Sweden used to have greater freedom in this regard, but the contact has been heavily regulated. When a system is too heavily regulated, inefficiencies show up and it prevents the natural contact. When the system becomes to formalized, creativity, new ideas and ultimately the flow of information is prevented.

With more than 50,000 members, the Swedish Medical Association represents over 80 percent of Sweden's doctors, and one of your focuses is to try and improve the employment and working conditions of healthcare professionals. What are the main concerns voiced by your members at the moment?

The main concerns would be working conditions and working times. This has an impact on research. When there is no time allocated for research, or research is not defined as a task in the clinical job description, no research will be conducted. I have had several physicians telling me that they have the funding for research, but they are not allowed by their employer to carry it out. This is because the employer thinks that time is better spent when the physicians focus on seeing patients. This is, of course, a major problem. Many times, when a physician obtains a PhD it is not valued in the clinic with respect to salaries, which signals that it is not important. Swedish healthcare has thus moved toward production of care (patients), which in the long run will affect the healthcare system, undoubtedly.

Recently, one of your board members, Jonas Ålebring, said that "traditional medical careers are an increasingly poor alternative". How can Sweden reassert the value of the medical profession?

I agree with Jonas' statement. We see this in several countries outside of Sweden as well. In Sweden, newly educated physicians do not longer view the regular healthcare system as the natural option. They would rather move into the industry, consulting or other areas. As physicians, they are educated to practice medicine and medicine is seen as a very sophisticated and interesting career. However, when this is reduced to simply seeing new patients every tenth minute, producing clear healthcare with no personal development will become extremely uninteresting. Becoming a physician takes an academic education and R&D is the foundation for this profession. What healthcare needs to do is to gain the attention of academics being educated and ensure that the services are based on research and development. They need to secure that for every doctor's position, R&D alongside management should be a natural base in their everyday work. Sweden's longstanding position as a role model for other nations' healthcare systems has made it difficult for us to examine successful strategies from other countries. Since Sweden has tended to view itself as having one of the best systems, there has been little point in looking outside the country for inspiration.

Digitalization is considered to be the single largest change factor in society over the next ten years. Where do you see the potential benefits and disadvantages of digitalization on doctors' working environment?

In Sweden, we have a lack of responsibility and mandate. It is very unclear who makes decisions with regards to digitalization. When there is no one responsible, then no one has the mandate to do anything. We have authorities that have the word 'digital' in their name, however, nobody truly knows if they have the mandate to make decisions. Every county council can decide for themselves about the different kinds of systems. In turn, we need to decide whether digital systems in healthcare are healthcare or infrastructure. Additionally, we need to identify the investments made in digital infrastructure within each county council. There are continuous investments being made but they are uncoordinated, which is why they are less effective. If digitalization starts to limit the patients' contact with the physicians, in other words reducing the service by only offering digital service, then this is a disadvantage.

While Sweden consistently ranks among the best healthcare systems in the world in terms of medical outcomes, there remains the issue of unequal access to care because of the regionalized system. How can Sweden overcome this persistent challenge to

remain a reference healthcare system?

Firstly, we need to understand why we have good health; is it because health is good or is it due to a great healthcare system? We then need to reduce health inequalities in the population and work to secure equal access to healthcare. Sweden needs a nationalized system to secure healthcare across county council borders. Furthermore, we need to have national guidelines and equal access to pharmaceuticals and other treatments throughout the nation. We need a nationally defined primary healthcare system since the way it is today with more than twenty different systems is very expensive, inefficient and a perfect ground for inequality. For example, a patient can be passed around to 16 different physicians for one treatment in a couple of days. Sweden needs to secure that every patient has a dedicated physician who will come back to and who will be responsible for their care. We also need to ensure that it is mandatory for all healthcare providers in the Swedish healthcare system to make patient information available for research.

Did this move by the MPA come as a surprise?

We are surprised by the absence of pragmatism from the MPA and that they have taken away the exemption. It is clear to me that this will prevent academic research from being conducted. We have multiple small clinical trials in testing which are so valuable but may now disappear. I have had several clinicians telling me that they will be ending projects.

Why do you think the MPA decided upon this course of action?

There was some discussion about it, however, it is difficult to see why they needed to make this decision. It seems to be more of a formality and Sweden enjoys formalities. The decision maker tends to be detached from the real world and prefers to stick with formalities.

As a Norwegian, you moved to Sweden 20 years ago and have completely seen the healthcare landscape in the country evolve. What strengths of the healthcare system would you like to export back to your birth/home country?

Sweden is adept at securing quality; we work systematically with quality. Sweden is also well established in the life sciences with hubs testing new techniques, combining the technical parts with healthcare. Sweden has pride in pharmaceutical business and Sweden’s registers have unused

potential.

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