

Health Tourism: an institutional and budgetary co-financing alternative?

Turismo de Salud: ¿una alternativa cofinanciación institucional y presupuestaria?

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Abstract

Countries of Central Europe began to organize their health services for over one hundred years, with Bismarck's model (1883) a usual reference in the establishment of the State's concerns with citizens' health. Taken to the supreme achievement of the welfare state then occurred, and provide all citizens what medical science could produce. Further alternative funding models were developed that paradigm is the Beveridgean model in the 40s. In this sense the Portuguese Health System establishes itself in 1979, according to a model most likely Beveridgean, obeying the constitutional provisions, in particular Article 64 of the Portuguese Constitution, framed by the Basic Law of Health (Law 48/1990 amended by decree 27/2002).

However, the trade balance in the health sector is at least since the early 2000s deficit in a context of economic deregulation that went from a GDP growth of 3.8% per capita in the decade of its constitution to -1,4% during the stated period. Throughout this period the Health Sector was held in accordance with its original model with the sacrifice of public accounts, with successive amending budgets, contributing approximately to a total public expenditure of € 3.6 billion corresponding to 130% of GDP. Therefore speak of a single health budget, tax-based and controlled (9.3% of GDP according to the OECD average), such as life insurance of the Portuguese Health System seems very difficult to practice with pressing concern.

Launched the tone in 1985 with the Schengen treaty, and recently implemented by the European Union directive on cross-border health care (EU Directive n° 24/2011), the Medical Tourism and Health can then profile as co financing either for the NHS or for the private health sector. In the European project, Portugal

behaves now as an importer of health care, accounting for 1% of total spending on health with an annual increase of 2.5%, in this heading.

It is therefore important to reflect, taking examples from east European countries, with annual growth rates of exports of health care of around 20% (eg Slovenia and Poland) and promote excellence in the provision of health services Portuguese, the Portugal geo strategic position and its climatic conditions, are arguments that give us an advantage in the challenge of internationalization of Health.

Key words: Health Tourism, Medical Tourism, Portuguese Health System

Palabras clave: Turismo Salud, Turismo Médico, Sistema de Salud de Portugal