Comparison of social thermalism in health systems

Soares N(1), Hellmann F(1)

(1)Department of Public Health. Federal University of Santa Catarina, Florianópolis, Brazil
hellmann.fernando@gmail.com

Social Thermalism refers to access of balneotherapy in National Health System. Although Brazil has no great tradition in balneotherapy, Social Thermalism is proposed in the National Policy of Integrative and Complementary Practices in Brazilian in the Public Health System. However, it is necessary to establish guidelines, financing, training for the implementation of balneotherapy in Brazil. Therefore, it is necessary to understand the social thermalism in different health systems in order to elaborate a proposal for Brazilian health system. Objectives: To compare Social Thermalism in different European health systems, aiming a proposal of possibilities to enhance this practice in Brazil. Methodology: Official documents were studied from European countries that have Balneotherapy in public health system. The following aspects were analyzed: Access / Coverage, Financing, Organization and provision of services, Essential medical products and technologies, Problems and current trends. Preliminary results indicated that there are different forms of access of balneotherapy in National Health System, for example, while in France there are no restrictions as to age, in Spain the IMSERSO (thermalism program) is aimed at those over 65 years of age. Also another difference is about therapeutic indication and duration of treatment: in Germany there is a mandatory prescription by specialist in resort therapy or spa doctor; in Spain the prescription is indicated by the doctor. Portugal: spa doctor, general practices or specialist. France and Italy there are a mandatory prescription by general practitioners or specialist. Number of days of treatment: Germany: 18, Spain: 10 to 12 days; France: 18; Italy: 12 and Portugal 12 to 21 days. Financing: Portugal - after cutting off in 2011, Ministry of Health studies a proposal for reimbursement in 2018. France: Social security reimburses treatments since 1947; however occurred a freezing of the base of reimbursement for cares since 2013. Problems and current trends: health systems experience similar problems, such as tendency of not to cover certain treatments by health plan, freezing of financing, lack of investment in infrastructure, lack of research support. Also there are few health professionals specialized in this area. Therefore, it is necessary to stimulate training of health professionals in this area, investing in research that promote benefits of this modality, elaborating guidelines and financing for maintenance of health resorts and application of thermal practices.
Preliminary considerations: This study aims to deepen comparison of balneotherapy in different National Health Systems, describing their approaches and distances, giving visibility to the problems faced in health systems and to identify future trends. This knowledge may facilitate discussions for growth of balneotherapy in public health policies in Brazil.