

The Nationalized Spanish Health Care System

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Basic Measures of Health and Development

Index	Spain	US
Gross National Income Per Capita:	\$31,490	\$45,640
Life Expectancy:		
Males	78	76
Females	85	81
Infant Mortality:	0.4%	0.65%
HIV Infection Rate:	0.4%	0.6%
Amount Spent on Health Care:		
% of GDP	9.7	16.2
Per Capita	\$3,100	\$7,410

All data from the WHO for 2009 statistics.

Goals and Plans for Trip

Although the data from the WHO's World Health Report of 2000 is outdated, Spain was ranked 7th worldwide while the US was 37th in terms of overall health care.

The primary aim was to determine how Spain manages to provide quality care to all of its citizens while controlling costs. In order to better serve patients whose first language is Spanish, significant improvement in Spanish fluency, and medical Spanish fluency in particular, was also an important goal for the trip. Of course, learning and practicing basic medical exam and interviewing skills was also a goal.



The city of Zaragoza, seen from the Basilica del Pilar.

Conclusion

The experience has proved that nationalized health care can be done without overburdening the system with costs. The Spanish system, as with any system, is not perfect and has flaws such as overuse and abuse. The nationalized system does not have a large impact on the medical profession itself and instead, the system is able to provide health care to all of Spain's citizens while streamlining the delivery and payment for health care. As an example, the same shared EMR at every clinic and hospital throughout the city was impressive, well-organized, and dated back many years. Despite the advantages, the US is too large and the health care system too fractured to make nationalization of health care a realizable goal in the near future.

Global Health Program in Zaragoza

Zaragoza is the 5th largest city in Spain, with a population of approximately 700,000.

2.5 weeks of the trip was focused on outpatient Family Medicine at the Centro de Salud Actur Sur, and 1.5 weeks centered on Internal Medicine at the Hospital Miguel Servet.



Pilar, myself, Dr. Raquel Bravo, and Dr. Jose Valdeperez at the Centro de Salud Actur Sur.

Outside the Hospital

On the weekends and at night I was free to take in the city of Zaragoza and some of the surrounding areas, and be immersed in the Spanish culture.

I was also able to practice the Spanish language and go through medical situations with a tutor.



The Castillo Loarre at the foot of the Pyrenees.

Findings

The Spanish healthcare system is very similar to the US system in regards to the actual medicine and delivery of care, but the Spanish system lacks certain modern comforts and uses less of the technology that has become widespread in US medicine.

The Spanish system is much more based around primary care as patients tend to go see their primary care doctors more often.

Besides this focus on primary care and its ability to work more in preventative medicine, the health care system in Spain appears to save a lot of money in end of life care compared to the US. Despite lowered financial expenditures in Spain, end of life care is still excellent, and the families and health care staff never give up on the patients.

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Supported by a stipend from the Merrill Fund.