



Spitzmarke



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*Beat Huber,
Chairman of "Swiss Leading Hospitals"*



"Extremely Spoiled"

Private clinics are booming, and the Swiss healthcare system is threatening to collapse – is this a contradiction, or simply two sides of the same coin? Beat Huber, Chairman of "Swiss Leading Hospitals" and Director of Klinik Pyramide in Zurich, knows what he is talking about.

bgts: *Mr. Huber, there are thousands of different illnesses, but one always talks about health in the singular. How do you define health?*

Beat Huber: For me health is a subjective, positive state at the physical, emotional and mental level. I feel well, content, am well integrated and have no worries that threaten my immediate existence. This is never an objective matter, since in the end we never know how "healthy" we really are. We are only too familiar with the deadly spontaneous diagnoses that come out of the blue.

How did you come to the health business?

My father was a gastroenterologist and I already got to know the "doctors' life" as a young lad. I often accompanied my father on visits to patients in the various hospitals and waited for him dutifully in the doctors' changing room. To his great disappointment, after my university entrance examination, I decided not to study medicine, but to attend the hotel management school in Lausanne. "Rather guests than patients" was my motto at the time. As a hotelier, in 1992 I was on the point of leaving Switzerland for Egypt to take up a post as manager in Luxor when I met Cédric George, a medical doctor. He told me about his vision of a new private clinic in Zurich, which completely fascinated me. I had to turn down Ueli Prager of Mövenpick, and since then have been working – instead of in Egypt – in a Swiss pyramid!

Switzerland simply no longer has a grip on its health costs. Why is the system still functioning; when will it break down?

I often ask myself that too! The stress has evidently not yet reached its peak, so that politicians cannot stick their necks out too far yet, otherwise they would be voted out immediately. But I predict a collapse of basic provision in about five years. The time is coming when the deficits have reached

a dimension which the population can no longer be expected to tolerate. It will then be seen whether or not the voters still want a hospital with a certain range of services and a given cost structure. If they do, then steep tax increases are to be expected. Only when there is pressure on the citizen's wallet can we expect opinion to be formed objectively. We are simply extremely spoiled and make excessive demands that can no longer be financed in this way.

Is Switzerland afraid of a "socialist" health service?

This is not something that has entered into Swiss thinking. They know, of course, that although our healthcare system may be too costly, it is nevertheless of excellent quality, and that ultimately, they can undergo treatment with complete trust and confidence in any clinic or hospital. However, no one wants to be dictated to as to how they are to be treated or who by.

How do you assess the categorical "no" vote in the referendum on the idea of "unitary health insurance"?

The "no" vote to the unitary health insurance scheme is undoubtedly correct and a lesser evil than we would have had with a "yes" vote. But it makes no sense, either, to keep 100 health insurance funds – some of them tiny – artificially alive in the basic insurance area. "Aiming to break even at best", is how the annual targets are phrased. Money changes hands for 12 months, with no genuine justification for some funds' existence. And in the process, we end up with a bloated administrative system for no real gain.

A pyrrhic victory then?

Yes, exactly. A success achieved at truly great cost!

How much truth is there in the argument that a unitary health insurance scheme would be accompanied by a cutback in services?

The fear is that the competition in the basic insurance area – previously almost non-existent, but now entirely eliminated – could for cost reasons lead to services being cut, or to moving these (back) to the supplementary insurance area. Many services had in fact previously been there, until Ruth Dreifuss took the view of making everything possible for everyone. We have now received the bill for this.

Was the referendum therefore not properly explained?

The referendum was once again overloaded in terms of the complexity of the presentation, something that has happened more and more often in recent years. And in case of doubt, people vote "no".

Is that pure lobbyism?

As always in our country, the special interests, usually very well represented, play a central part.

Let's come back again to your definition of health. Is a crooked nose, or a supposedly oversized bottom therefore an illness?

The question is always: does a functional defect exist, or is it a purely aesthetic matter? A crooked nose which causes breathing difficulties must obviously be regarded and paid for as an obligatory service. A bottom thought to be too big, certainly not.

SLH

The Swiss Leading Hospitals association was formed in 1999 by the three clinics Gut/St. Moritz, Pyramide am See/Zurich and Sonnenhof/Bern. The group now includes 19 Swiss private clinics from the areas of acute somatic care, rehabilitation and psychiatry/psychosomatic illness. Foremost in the SLH idea is the optimal synergy between first-class medical services, outstanding facilities and the highest quality of individual care.

Is it not then remarkable that as a taxpayer I am helping to finance such operations?

If it is a matter of purely aesthetic interventions, it is objectionable if you as a taxpayer are helping to finance such operations, that's quite clear.

Last year, five clinics submitted applications for admission. What criteria must a hospital satisfy in order to be accepted into the SLH group?

In addition to the statutory conditions, a candidate must satisfy all of the obligatory elements of our quality criteria and 75 percent of the desirable ones. A candidate must be managed as an individual enterprise, address local needs in an optimum way and possess sound financial structures. The re-qualification process takes place every three years.

You are currently engaged in discussions over co-operation with a Moscow hospital, among others; what are the thoughts behind this?

On the one hand, we are spreading our brand to the world at large and thus raising the level of awareness of our product. On the other hand, we are thereby creating added value, since an "accredited membership" naturally involves a cost. Last but not least, in the case of Moscow, a partner hospital is at our disposal, which in a classic recruiting country for medical tourism identifies patients for Switzerland in advance and then also treats them afterwards. The partnership with Swiss Leading Hospitals brings the hospital itself clear competitive advantages on the home market. Apart from clinics in other countries, we are also seeking close collaboration with international insurance companies and major firms. In this way, we wish to win international expatriates and senior executives from all parts of the world.

What milestones does the expansion strategy include?

In Switzerland, the ceiling will soon be reached – by the end of 2008, in fact. For reasons of exclusivity alone we do not wish to have more than 25 clinics here. For other countries the figures are: 10 clinics by the end of 2008, 25 by the end of 2012. From 2011 under the brand name "The World Leading Hospitals", with its own international office and three to four full-time employees.

What is going wrong with Swiss health costs?

Beat Huber summarizes:

- Lack of personal responsibility on the part of each individual
- Health is literally consumed
- Too many hospitals
- Too many doctors
- Wrong financing systems
- Federalism and direct democracy neutralize all change
- We are simply too expensive (in everything): wages and salaries, land prices, etc.



Despite top-class expertise, Swiss hospitals are not (yet) a name on everyone's lips internationally. Who is to blame for this deficiency in marketing?

We notice a worldwide build-up of health services. In many countries very high quality is offered, in some cases at markedly lower prices. Here we have a problem of competitiveness. But Switzerland offers an outstanding overall package: top-class international training at the medical faculties, excellent nursing colleges, first-class management training courses in the post-graduate sector, state-of-the-art facilities with a setting that is generally compact and which goes hand in hand with a personal atmosphere, high overall quality and hygiene standards. Together with other providers from the service sector, for example the private banks or also the private schools, with a unique tourist industry and first-class transport structures, Switzerland must, however, be thought of as a first-class provider of healthcare services. The economic promotion bodies responsible – Switzerland Tourism and other institutions which receive taxpayers' money to promote our country – must finally recognize that alongside chocolate, mountains and Heidi, there is another magnet to draw people in awaiting here: the Swiss healthcare system!

Which clientele is the most important for SLH in the global waiting room?

Ultimately, we all live from Swiss private patients and people from abroad who pay for their own healthcare. Basically, we welcome patients from all parts of the world. The Middle East and Eastern Europe are certainly the biggest growth markets.

What cultural challenges does a hospital management face in dealing with patients from other countries?

Very great ones, in fact! On the one hand, it must be possible to communicate at all times. Specialist staff able to speak other languages, or if necessary interpreters, are indispensable. On the other hand, great sensitivity is needed in day-to-day dealings, possibly a suitable cuisine – also in the form of external catering – and knowledge about cultural and religious customs. Thorough training is being carried out here.

The expression "health tourism", in my eyes a pejorative description, is often heard. Does it not treat our most valuable asset rather too lightly?

As the representative of Swiss Leading Hospitals, I was recently at the World Health Tourism congress in Cyprus. Health tourism is booming. On the Iberian peninsula, the enterprise "Fly2Doc" has just been formed in Madrid and Lisbon. If one is able to travel, one can arrange to be flown to one's preferred doctor. For us Swiss, all this has a touch of science fiction. But if you live in a country which in your opinion is not the first choice in health matters, you automatically become a health tourist.

Finally, Mr. Huber, what do you do to maintain your good health for as long as possible?

Exercising two or three times a week, eating and above all drinking in moderation. Also I have never smoked a cigarette. Investing a great deal in the immediate social environment. Cultivating family and good friends. Taking time off occasionally and thinking about what is sensible and – particularly – what is not!

Many thanks for the interview, Mr. Huber. ■

Interview: Oliver Kaiser
Photos: Roli Käsbohrer