Comparison of health care in Alaska and Scandinavia

BETTY PRICE

Despite similarities in geography, Scandinavia and Alaska differ climatically; this affects transportation, communications, sanitation, and the frequency of communicable diseases.

The Scandinavians have a more unified approach to health care delivery, with a blend of local direction and national financing and standard setting. This contrasts with the pluralism of the Alaskan providers of health services.

Both regions, responding to rising costs, seek to emphasize ambulatory care. Alaska shows greater interest in

exploring the role of para-professionals. There is a fundamental difference in the currently acceptable level of health-care taxation in the two regions.

This report compares some aspects of health care in the Scandinavian countries and in Alaska. Background factors will be considered first, followed by a look at some facets of current health care delivery. Finally, convergent and divergent trends in these two northern regions will be discussed.

Geographically, the two locales are similar in latitude, in their extensive coastline, in their rugged terrain, and in having limited land fit for cultivation. However, significant climatic differences affect transportation, communication, and the character of medical problems. Alaska contends with widespread permafrost, while in Scandinavia the moderating effect of the Gulf Stream permits farming far north of the Polar Circle. The contrast in transportation is highlighted by comparing the daily ships between Bergen and Kirkenes in Norway and the single annual visit of the supply ship to Barrow in northern Alaska. Similarly, northern Scandinavian communities are linked by a network of roads - a resource as yet lacking in Alaska. The Alaskan permafrost causes difficult engineering problems in the provision of safe drinking water and satisfactory waste disposal. Hepatitis, shigellosis, and other contagious illnesses indicate that these difficulties have not yet been resolved. Communication difficulties in northern Alaska have led to exploration of the potential benefits of satellite telecommunications.

Demographically, the older populations of Scandinavia contrast with the youthful Alaskan populace, with its mean age of 23 years. Both areas have important ethnic minorities: the Lapps in Scandinavia, and the Eskimos, Indians, and Aleuts in Alaska. Both regions have previously suffered severely from tuberculosis and still contend with a heavy toll from accidents. Infectious diseases continue to cause severe medical problems in Alaska while the Scandinavians are concerned mostly with degenerative conditions.

Socio-economically, the low rate of unemployment in Scandinavia (e.g., 0.6 per cent in Norway) is vastly different from that of Alaska, where a nominal 10 per cent average rate of unemployment masks a much greater prevalence in some communities and at some times of the year. The Scandinavian nations have a far more homogeneous population since World War II than that of Alaska.

In health matters, there is a fundamental philosophical difference. Scandinavians agree that people's health is a social responsibility, and accept that all should have similar access to care; Alaskan health care systems are pluralistic and are not predicated upon a comparable acknowledgment of public responsibility.

Scandinavians seek to blend local responsibility with national financing and standards. This approach is reinforced by the national health insurance program, which finances most medical care. Health care in Alaska is provided by multiple sources: the private sector, State public health nurses and sanitarians, and federal government personnel, functioning primarily through the Indian Health Service, and military agencies. Both areas utilize public resources in the North, since a viable economic base is lacking for privately employed physicians.

Scandinavia follows the European tradition of separate medical staffs for hospitals and ambulatory care, whereas the Alaskan physician usually treats his patient both inside and outside the hospital.

Health planners in northern Europe benefit from a tradition of well-kept records and statistics, which are much less readily available in Alaska.

A comparison of health care delivery in the two regions shows some important trends. In both regions, the inflationary rise in medical costs has led to measures to deemphasize the hospital and foster ambulatory care. Scandinavians have proceeded further in differentiating patients with medical and domiciliary needs. Another trend, common to both localities, is the coming together of medical and social service personnel in health centres.

There remain important areas where Alaska and the Scandinavian nations have chosen different routes of health care. Thus, Sweden has nationalized its pharmacies and has placed all physicians on salary, with equal pay for equal training and experience. Swedish doctors now have a work week much shorter than before initiation of the salaried medical service. There is no sign of this kind of development in Alaska. The Scandinavian countries have invested heavily in preventive dentistry, with free dental care for children, a concept which has not yet been accepted in Alaska. The higher level of industrialization in Scandinavia is expressed also in greater sophistication in occupational health.

In Alaska, there has been keen interest in the role of the para-professional, who may relieve the physician of part

of his duties. Scandinavians do not seem to share this point of view, preferring to create more physicians if necessary. These may suffer, at times, from lack of support personnel. Lastly, there seems a basic difference in the level of taxation which the public is willing to accept to to pay for health protection. Scandinavians have proven willing to accept extremely heavy taxation to ensure security against illness. Alaskans do not seem ready to allow such a level of taxation for health care.

In conclusion, each region has developed innovative approaches to its challenges in health-care delivery. International comparisons can provide the stimulus for further improvements in health care, providing that useful techniques seen elsewhere are suitably adapted to local circumstances.

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