



STUDY SUPPORT

Medical Part

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CATALONIA (SPAIN)



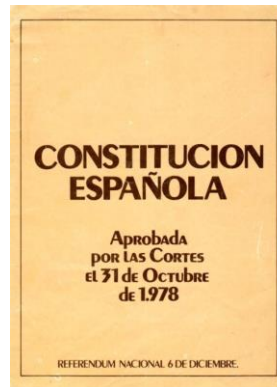
[http://catsalut.gencat.cat/
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1.THE HEALTH SYSTEM OF SPAIN

✓ PRINCIPLES

The Spanish Constitution of 1978 establishes, in its article 43, the right to the protection of health and health care for all citizens.



The principles and substantive criteria that allow the exercise of this right are:

- Public financing, universality and free health services at the time of use.
- Defined rights and duties for citizens and for public authorities.
- Political decentralization of health in the autonomous communities.
- Provision of comprehensive health care seeking high levels of quality duly evaluated and controlled.
- Integration of the different structures and public services to the health service in the National Health System.

The state competences in health matters are the following:

- Bases and general health coordination.
- External health and international health relationships and agreements.
- Legislation and authorization of medicines and health products.

The Spanish healthcare system is ranked among the best in the world.

A modern constitution after 40 years of dictatorship. It was welcome by all citizens.



2.HEALTH, DISEASE, PREVENTION

The set of services offered by the National Health System to citizens includes preventive, diagnostic, therapeutic, rehabilitative and health promotion and maintenance activities.

The National Health System includes the following modalities:

Basic common portfolio of healthcare services of the National Health System: it includes all the preventive, diagnostic, treatment and rehabilitation assistance activities carried out in health or social care centers, as well as urgent health transport.

Additional common portfolio of the National Health System: it includes the following benefits:

- Pharmaceutical preparation.
- Portoprosthesis treatment.
- Dietetic products.
- Non-urgent sanitary transport, subject to medical prescription for clinical reasons.

✓ VACCINATION



The Department of Health establishes the **vaccine calendar** to be received by the population of Catalonia and is modified based on scientific evidence. The last change occurred in July 2016. The new calendar adjusts the administration ages of some doses of vaccines and incorporates two vaccines in early childhood: the pneumococcal vaccine and the vaccine against chickenpox.



3. ORGANIZATION OF THE HEALTH SYSTEM IN SPAIN

The National Health System is organized in two environments or levels of care: **Primary Care** and **Specialized Care**, in which access spontaneous citizenship and technological complexity are founding inverse relation.



✓ PRIMARY CARE

Primary Care makes available to the population a series of basic services.



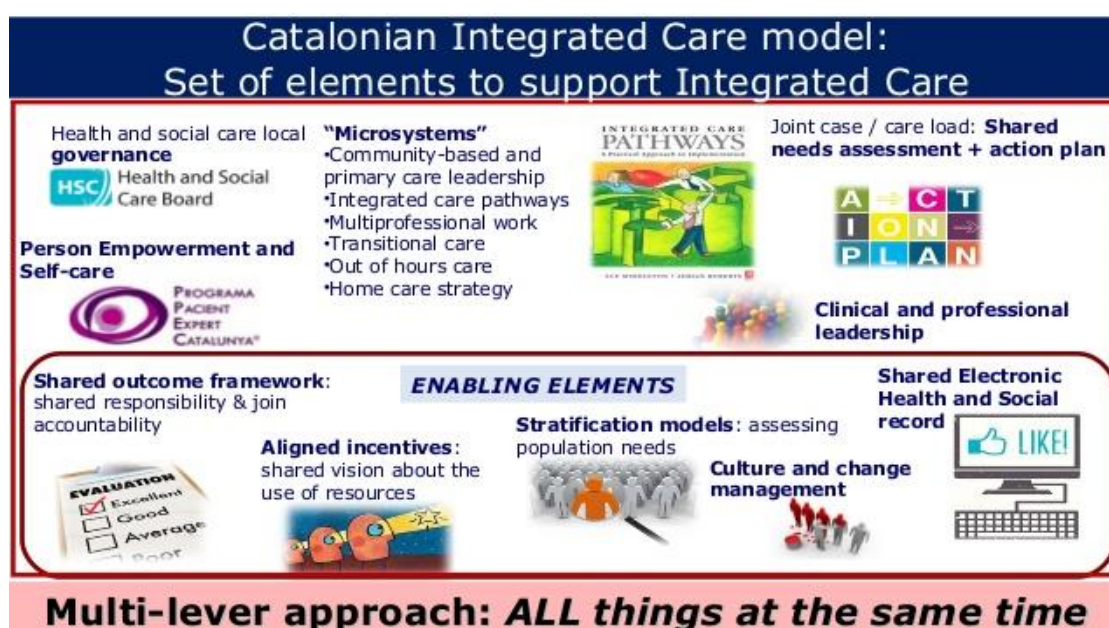
The main health care facilities are health centers, where multidisciplinary teams are composed of family doctors, pediatricians, nurses and administrative staff, and may also have social workers, midwives and physiotherapists. access, Primary Care arrives physically to the home of the citizen when it is necessary.



Given its disposition in the framework of the community, it is entrusted at this level the tasks of health promotion and prevention of disease.

✓ SPECIALIZED CARE

Specialized Care is provided in specialty centers and hospitals, on an outpatient basis or on an admission basis. After the care process, the patient and the corresponding clinical information go back to the Primary Care doctor who, because he has all the data of his health biography, guarantees the overall clinical and therapeutic vision. This allows the continuity of care to continue to be characterized by equity, regardless of the place of residence and the individual circumstances of autonomy, given that the care reaches the patient's own home.



4. HOME CARE



The Spanish Sanitary Authority provides nursing services at home. But a growing life expectancy makes that more and more private institutions also provide this kind of service.

Carers are committed to helping patients make good decisions about their care by providing them with treatment, instruction, and critical thinking about their condition, to manage medications, or to provide skilled care ordered by a GP or Consultant.

The Nurse Manager will conduct an initial evaluation prior to the start of service to ensure quality of care, and then set up a medical plan-of-treatment for the family, client, and any additional caregivers to follow.

Nurses can perform any regularly offered service in addition to the skilled nursing services listed below:

- Evaluation of client's physical and emotional status
- Evaluation on client's family and household to determine how they can cope and care for their loved one
- Carry out Physician's medical plan of treatment
- Regularly report to client's GP or Consultant
- Monitor complex health conditions
- Assistance with medical equipment
- Infusion Therapy (IVs)
- Catheters
- Tube Feeding
- Dressing Changes
- Wound Care
- Teaching about care (injections, suctioning, etc.)
- Medication Management
- Trach Care

*A growing life
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5. AVAILABILITY OF HEALTH CARE



Access to public health services is carried out through the Individual Health Card issued by each Health Service. It is the document that identifies each citizen as a user in the entire National Health System.

In Spain, holders of rights to health protection and health care are charged to public funds, through the National Health System, those people who have the status of insured.

The insured status is met by all those who meet any of the following requirements:

- Being employed or self-employed, affiliated with social security and in a situation of discharge or assimilated to the discharge.
- Being pensioner of the social security System
- Receiving any other periodic benefit, including unemployment benefit and allowance
- Having exhausted the benefit or subsidy for unemployment and to figure enrolled as a job seeker, not proving the condition of insured by any other title.

The recognition and control of the insured or beneficiary status corresponds to the National Institute of Social Security.

Foreigners not registered or authorized as residents can receive health care under the same conditions as the Spanish:

- In emergency due to serious illness or accident up to the medical discharge situation.
- Attendance to pregnancy, childbirth and puerperium.
- If they are under eighteen years of age.



If you have an EHIC (EUROPEAN HEALTH INSURANCE CARD (EHIC) issued by an EU-member state and you are in Spain on a holiday or other temporary visit – that is, you are not yet a resident in Spain – you can use your EHIC to access state healthcare in Spain. You can also use it if you are studying in Spain as part of a course based in your home country.

You can use the EHIC to get any medically necessary treatment (as determined by the doctor you see) through the state system either at a reduced cost or free. This could be routine or specialist treatment – for a new or an ongoing condition – which cannot wait until you return home. It does not give access to private healthcare.

6. THE SYSTEM OF NURSING CARE IN SPAIN

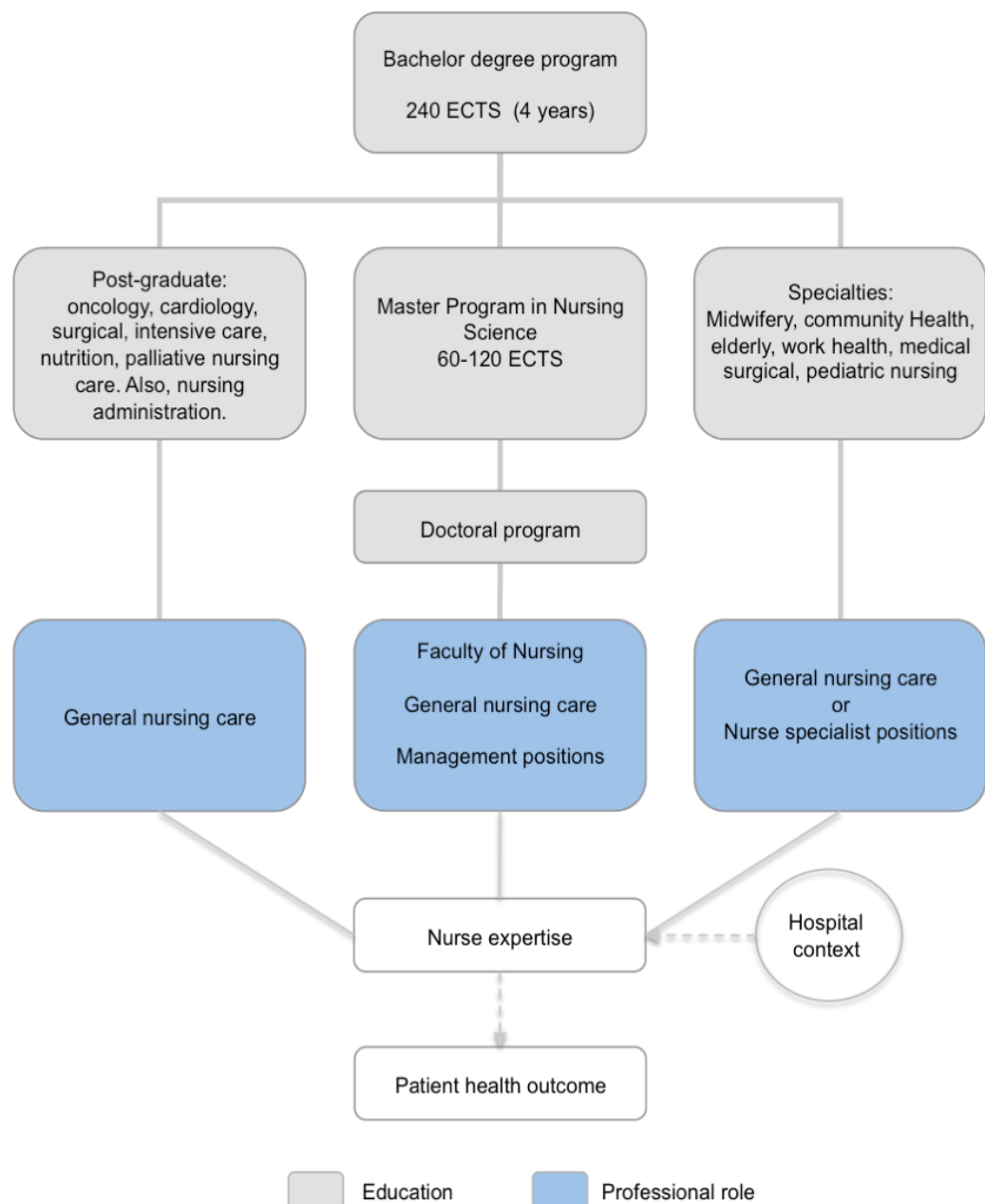
At the request of a religious congregation (called Servants of Mary, Ministers of Sick People) that demanded to continue caring patients in Madrid, the official qualification to be able to practise nursing in Spain was created in 1915.

By its creation, the Spanish nursing profession was recognised in the country and nursing education began to be implemented in nursing schools set up around main hospitals of Madrid and Barcelona. These first schools were very similar to English nursing schools, which education model was the benchmark in Europe at that time.



*ECTS:
European
Credit
Transfer
System*

Presently, nursing programmes are delivered in public and private universities, or in centres attached to university throughout Spain. Nursing studies were integrated into university level in 1977 by means of the three year diploma award. However, since 2010 nursing professors and educators have been adapting to a new academic award: a Bachelor's Degree in nursing. After its implementation, nursing education in Spain can now be said to be in full process of development and consolidation.





7. SPITIRUAL CARE IN SPAIN

In recent decades, Spain, traditionally a Catholic country, has gone through a sharp secularisation process. The latest figures show that approximately 70% of the adult population declare themselves to be Catholic – but among them, only 14% are regular churchgoers. Around 25% of adults define themselves as atheists or non-believers. Nearly 3% declare themselves to be of other denominations, most of them being Muslims, Protestants, Jews and Buddhists.

According to a law dating from 1980, the state has the obligation to ensure freedom of religion, and public authorities must provide religious services in public health facilities. That same year, the Catholic Church was commissioned by the Spanish government to provide spiritual care in the public health system. In 1992, agreements were signed between the state and the representatives of the Protestant, Muslim and Jewish communities. As a result of decentralisation, each Spanish region has competence to manage its own health system. The Interregional Council is the body charged with co-ordination and cooperation within the national health system and, in 2007, it approved a national plan for palliative care. Since then, several regions have developed their own palliative care plans. There is considerable heterogeneity in palliative care service provision between regions, but the national palliative care strategy has been regularly evaluated and updated with the aim of improving and homogenising palliative care service provision in the national health system.



8. THE RIGHTS AND OBLIGATIONS OF THE PATIENT IN SPAIN

Law 41/2002, of November 14, basic regulating patient autonomy and rights and obligations regarding information and clinical documentation.

Article 2. Basic principles.

1. The dignity of the human person, the respect for the autonomy of his will and his privacy will guide all the activity aimed at obtaining, using, archiving, guarding and transmitting information and clinical documentation.



2. All action in the field of health requires, in general, the prior consent of patients or users. The consent, which must be obtained after the patient receives adequate information, will be made in writing in the cases provided for in the Law.

3. The patient or user has the right to decide freely, after receiving the appropriate information, between the clinical options available.

4. Every patient or user has the right to refuse treatment, except in the cases determined in the Law. Your refusal to the treatment will be in writing.

5. Patients or users have the duty to provide data on their physical condition or their health in a loyal and true way, as well as to collaborate in their obtaining, especially when they are necessary for reasons of public interest or on the occasion of the healthcare

6. Any professional who intervenes in the welfare activity is obliged not only to the correct provision of their techniques, but also to the fulfillment of the information and clinical documentation duties, and the respect of the decisions taken voluntarily and voluntarily by the patient.

7. The person who elaborates or has access to the information and the clinical documentation is obliged to keep the reservation due.

9. DAILY REGIME IN HOSPITALS

Morning: personal hygiene of the patient, monitoring of clinical parameters and taking of blood samples, breakfast service, medical examination and treatment of wounds, instrumental, rehabilitative and therapeutic diagnostic evaluation, possible discharge and admission, lunch service.

Evening: expert specialized examinations, rehabilitative and therapeutic activities, possible diagnostic and instrumental activities, monitoring of clinical parameters, possible discharge and admission, dinner service.



Night: monitoring the patient, satisfying their needs.
Medical examination in cases of urgency.

Cleanliness of the rooms
The patients rooms, the clinics and the common area are
assured to be cleaned everyday.

Meal times
The meals will be served at the following times:

- breakfast: 08:00;
- lunch: 13:00;
- dinner: 19:00.

10. HEALTH CARE PROFESSIONALS



Professions regulated under the Sectoral Directive system include doctors and specialist doctors, general nurses, midwives, dentists pharmacists. Professions regulated under the General Directive system include physiotherapists, opticians, chiropodists, psychologists, occupational therapists and speech therapists.



11. SPECIFIC AREAS OF HEALTH AND NURSING CARE

✓ DYING, PALLIATIVE CARE

For the population as a whole, Spain (2010) presents a life expectancy at birth of 82.1 years, a figure higher than the average of 79.7 years of the EU-27. By sex, the life expectancy at birth of Spanish women and men is 85.3 years and 79.1 years, respectively. For the inhabitants of the EU-27, these figures are 82.6 years for Europeans and 76.7 for Europeans.

Life expectancy at 65 years shows the same trend, being also higher in Spain (20.8 years) than in the EU-27 (19.1 years). By sex, Spanish women at 65 years of age have a life expectancy of 22.7 years, compared to 20.9 for European women in the EU-27.

This difference in favour of women is maintained at any age. However, the increase in life expectancy in recent years has been greater in men than in women.

In 2015, the Autonomous Communities with the highest life expectancy were Madrid, with 84.4, Navarre with 84.0 years, Castilla y León, with 83.8 and La Rioja, with 83.6, while Ceuta and Melilla, with 80.5 years, and Andalusia, with 81.5 years, were the communities with the lowest life expectancy.

Perinatal mortality presents a decreasing tendency in Spain. Perinatal mortality includes fetal deaths and deaths of live births within the first seven days of life.

✓ EUTHANASIA

Spain's Congress of Deputies is debating new euthanasia legislation, as right-to-die lobbyists intensify their campaign in the country.

Unidos Podemos (UP), a political coalition of the the Communist Party and the major party Podemos, [presented a bill to Congress in mid-January](#) that would permit assisted dying under certain circumstances.

The Unidos Podemos bill proposes that terminally ill patients over the age of 18, and also adults suffering from "unbearable" psychological or physiological pain, be allowed to access medical assistance in dying.

There is also another bill shortly to be registered in Congress by representatives from Catalonia's regional parliament. The Catalanian parliament resolved to move a federal bill -- similar to the UP proposal -- that would modify the federal penal code to permit medical assistance in dying.

✓ DEATH, AUTOPSY

The clinicopathologic correlation of the primary underlying disease with the immediate cause of death is being reviewed. The autopsy rate fell from 20% in 1993 to 5.1% in 2015. Despite the scientific and technologic advances in medicine, it seems that there are still clinicopathologic discrepancies. The postmortem examination continues to play an important role in auditing clinical practice and diagnostic performance, and also for educational purposes. Evaluation by a multidisciplinary committee is the more reliable system for the study of the clinicopathologic correlation.

✓ PREGNANCY AND BIRTH IN SPAIN

The standard of care for pregnant women in Spain is highly regarded in both the private and public sectors. The degree of medical contact is reasonably high, with an initial appointment with a doctor or midwife (*comadrona/llevadora*) to confirm the pregnancy, antenatal appointments and hospital scans. Most births in Spain take place in a hospital although home births are becoming popular. A word of warning: if you wish to give birth at a private clinic, it's advisable to take out medical insurance well ahead of getting pregnant otherwise it might be hard to find an insurer.

✓ CHILD CARE

Depending on the needs of the children and the situation of the biological family, there are six types of fostering:

1. **Emergency fostering and diagnosis:** This fostering lets the child live with a family while a study is performed on the circumstances that have advised separation from the birth family. This fostering is for children up to six years old. The fostering will last the time required to perform the study of the situation of the child and the family of origin.
2. **Short-term fostering:** The child is taken in by a family with the aim of returning him or her to his family setting within two years.
3. **Long-term fostering:** The child is taken in by a family while his or her family setting of origin overcomes the problems that may require a longer period of recovery time. Fostering is for longer than two years.



4. **Weekend and holiday fostering:** This fostering is for children nine and older, who live in state homes and need a family environment. The child lives with the family on weekends and school holidays. This fostering lengthens the period of time that is considered beneficial to the child.
5. **Fostering in cohabitation units for educational action:** This is for children and adolescents with special education needs, chronic illnesses and/or behavioural problems and groups of siblings who require more specialised care. These fostering situations must be able to provide a family setting in which family members have specific degrees, education and experience to meet the special needs of these children and adolescents.
6. **Permanent fostering:** Whether or not the separation from the birth family will be permanent must be agreed upon, or whether pre-adoption fostering would be more favourable to the interests of the child or adolescent, when the former is not possible.

✓ ABORTION

Voluntary Interruption of Pregnancy Induced Abortion in Spain is regulated under Title II of the Organic Law 2/2010 of sexual and reproductive health and abortion. This law legalizes the practice of [abortion](#) during the first 14 weeks of [pregnancy](#). The law came into force on 5 July 2010. The previous regulation - Organic Law 9/1985- decriminalized abortion on several points. The conservative [People's Party](#) in June 2010 filed an action against several provisions of law to the Constitutional Court.



✓ TRANSFUSION

The blood transfusion is indicated for the treatment of patients who, at a given time, present a lack of blood components that can not be replaced by other alternatives.

Thus, in order to decide if it is necessary to carry out a transfusion, the following medical criteria should always be considered: the cause that motivates the indication, the objective to be achieved, the measures to correct the trigger mechanism, the possible therapeutic alternatives and its effectiveness, as well as the possible unfavorable effects that transfusion can cause.

In turn, 1.7 million blood donations are registered in the Transfusion Network voluntary and altruistic, which means a donation index of 36.9 per 1,000 inhabitants. In the last three decades the donation rate per 1,000 inhabitants has increased by 16.9 points.



✓ TRANSPLANTATION, ORGAN DONATION

The profile of donors has changed in terms of cause of death: accidents, vascular brain diseases have gone from 39.0% in 1992 to 65.1%; deceased donors by traumatic brain injury secondary to traffic accidents currently represent only one 4.2% of donors, when in 1992 they raised to 43.0%.

Kidney transplant is the most frequently performed (2,905) followed by the liver transplant (1,162).

Each year about 3,000 Hematopoietic Progenitor transplants are performed (3,068 in 2015). The Spanish Bone Marrow Donor Registry consists of 200,678 donors.

The rate of organ donors per million inhabitants is 39.7, which means in absolute values 1,851 donors. Its average age is 60.0 years, following the trend ascending from previous years. By sex, out of 10 donors, 6 are men and 4 are women.