Not everyone will agree with the views of Kentikelenis and colleagues1 about the effects of austerity on Greece’s health system—namely, that hospital budgets have dropped after a period of inefficiency and corruption. The need for cuts was clear long before the financial crisis, but there is a reluctance to introduce reforms, mainly due to the political cost.

The effect of hospital cuts is difficult to estimate and records can be inaccurate. No national cancer registry existed in Greece after 2005 following an administrative reform.

Expenditure on drugs in Greece is misrepresented in the media. Although the use of generics should be encouraged, in many cases only the branded version is available.

However, expensive drugs represent a high proportion of pharmaceutical expenditure and it is uncertain whether they are all prescribed according to good medical practice. Surveillance is practically difficult; overprescription and off-label prescription are common. Restricting drugs for only licensed indications is internationally encouraged but not done in practice in Greece.1 According to the Greek Medicines Agency, the cost of all off-label prescriptions given special permission for reimbursement was roughly €100 million in 2013 (of the €2.2 billion of total spending on drugs).

Although not helped by the financial crisis, many people believe that the problems began well before the present period of austerity.1 I declare that I have no competing interests.

Kostas Konstantopoulos
kkonstan@med.uoa.gr
Department of Haematology, Athens University Medical School at Laikon University Hospital, Athens 11527, Greece


3 Vlachadis N, Komnou E. Increase in stillbirths in Greece is linked to the economic crisis. BMJ 2013; 346: f061.


Kentikelenis and colleagues2 accurately describe the effect of the Greek financial crisis on health and the health system. The data supporting their assertions are many and undisputable. Thus, the term “tragedy” in their initial article2—although perhaps an exaggeration at first—now seems justified.

However, we disagree with the authors’ claim that ending the health voucher programme (September, 2013) to address some health needs of poor patients.

Uninsured individuals face extremely strict prerequisites to benefit from the voucher, resulting in most of them being excluded from the beginning.3 Regarding the help from WHO, this resulted in the Greek Government ignoring proposals from the domestic scientific community and the largest primary health care provider (known as EOPYY), and abolishing existing public services in February, 2014. This led 5000 physicians and 3000 other health professionals to the government’s availability scheme (in which the employee’s wage is reduced to 75%) and professional uncertainty.

We refuse to believe that WHO technical specialists are advocates of privatisation of the Greek health system. We hope that they will consider proposals from health professionals and academics4 for policies based on equity and efficiency, which will help the recovery of Greece’s health system.

We declare that we have no competing interests.

*Nick Kontodimopoulos,
Angelos A Papadopoulos,
Dimtris Niakas
nkontodi@otenet.gr
Hellenic Open University, Bouboulinas 57–59, Patras 26222, Greece


Authors’ reply

We welcome the interest in our analysis of the health effects of the Greek economic crisis.5 Fountoulakis and Theodorakis critique our paper but their choice of data is selective and misleading. First, by contrast with

The Irish health-care system and austerity: sharing the pain

As Ireland exits its bailout, the experience of the Irish health system provides valuable insights into the opportunities and pitfalls of managing austerity. Ireland is being held up for prudent adjustment and austerity. Yet 6 years into the crisis, Ireland’s economy is only just emerging from its second bout of recession, its debt to GDP ratio stands at about 120%, and its fiscal deficit, although falling, is still above the 3% European Union guideline. It is revealing to sift through the evidence and see how the Irish health system has adjusted to this macroeconomic environment, providing lessons for those who must embrace austerity.

The Irish health system has endured radical resource cuts. From 2009 to 2013 financing of the Health Service Executive fell by 22%, which amounted to almost €3.3 billion less in public funding. Staffing of public services has also fallen by 12,200 whole time equivalents or 10% of total staffing from its peak in 2007. A major concern at the beginning of the crisis was that the Irish health-care system would not be able to sustain cuts and maintain services and quality. Nevertheless, many indicators of performance suggest better outputs with fewer resources. There are now more day cases in the hospital sector, more attendances and admissions at...