7 September 2013

**Esteemed deputies, colleagues, health workers and participants,**

I greet you all on behalf of physicians in Turkey and Turkish Medical Association and congratulate those who contributed to the organization of this important meeting. Firstly, I want to extend my thanks to ITSEB President Ali Demirbağ for giving me this opportunity to address the participants of this meeting with a letter and to convey the views of physicians in Turkey. To avoid over-consuming your precious time, I want to mention briefly some realities experienced in regard to health issues in Turkey.

Here, I have to say that the article “Universal health coverage in Turkey: enhancement of equity” published in the Lancet in June, which also sets the framework of your present meeting, fails to reflect objectively many facts observed in the field of health in Turkey and as such it is considered by physicians not as a scientific assessment but a “propaganda material”. As a matter of fact, many from the scientific community in Turkey send the journal “correspondence” notes raising objections to the article, none of which has been published yet.

The system of performance-based pay introduced under the Health Transformation Programme (HTP) has radically altered the way in which health services are delivered as well as citizens’ approach to receiving such services. In 2002, before the launching of the programme, the annual number of applications to doctors per person was 3, which increased to 8.2 in 2011. In the same period again, there was fourfold increase in the number of annual surgical operations. It is interesting to note that in the same period again, visits to hospital emergency services increased 3 times, reaching over 90 million in 2011. Given this, Turkey now is the only country in the world which has annual emergency visits outnumbering her total population. Accompanied by increase in daytime hospital applications, this boom in emergency visits suggests that the health system in Turkey has many “irrational” aspects that need to be discussed. It is such that a physician may examine 100 to 150 patients a day and, indeed, it was spotted that a single resident physician in Ankara did “examine” 230 patients in a day. Since there is no health services delivery built on a step-by-step referral system, patients have to apply to hospitals over and over again without being able to receive any quality service. In the face of this situation, the Ministry of Health boasts with increased hospital visits and coins it as “great success in accessibility”. It is clear that this table has nothing to do with a rational health services system and quality service delivery.

Performance based pay is criticized by many physicians for various reasons including its insecurity, not having implications for retirement and undermining relations between physicians and other health workers; and physicians raise their demands for secure and retirement connected decent pay for subsistence under reasonable circumstances.

The chaotic situation that presently exists in hospitals, many other debatable aspects of the HTP and the frequent practice of politicians to blame health workers for these problems all add up to increasing cases of violence against health workers. On 17 April 2012, a young physician named Ersin Arslan was stabbed to death in a hospital by a relative of a patient. Almost not a single day passes without news of violence against health workers in this or that part of the country including cases of fatal wounds. According to the statement made by the Ministry of Health, health workers reported 6,358 cases of violence to the hotline operated by the Ministry within the first six months of this year. It is stated that the major target of these acts of violence are physicians (by 58%) and there is 7% increase in these cases over the previous year. An important point to note here is that only a minor part of cases of violence is reported to the hotline which suggests that reported cases constitute only the tip of the iceberg. It was only yesterday that a pregnant young physician was beaten in the policlinic room of a hospital by a patient and her two female companions who refused to wait for their turn. The victim stated that she examined, on average, 100 patients a day and found no help at all against what she suffered!

Ever spreading practices of sub-contracting is another facet that the HTP introduced to the health sector as a way of working. In 2002, before the launching of the programme, there were 16,000 sub-contracted health workers under the Ministry of Health which increased to 120,000 in 2010. Hence, the share of sub-contracted workers in total health workforce increased from 10% to 25%. Given the adoption of this form of employment in university hospitals as well, it is estimated that at present there are about 150,000 sub-contracted personnel in hospitals. It is common knowledge that this form of employment is totally out of any social protection scheme and monthly pay is nothing else but minimum monthly wage which is 803 TL (about 386 US dollars)!

Surveys pointing out to increase in patient satisfaction, also touched upon in the article published in *the Lancet,* are quite challengeable. If people are so content why is this continuous increase in acts of violence targeting health workers? Do patients need to be seen by physicians more and more as a result of quality services they receive? Are patients really satisfied by higher and higher contributions they have to make from checkups to prescriptions and from costs of medicine to hospital bed fees? Here, I want to note that as physicians we have our daily encounters with too many citizens deprived of access to health services for not being able to make their contributions to the General Health Insurance Scheme and who cannot buy their medicines for their unpaid fees to be collected by pharmacists.

The point that the article mentioned does not touch upon at all is the level of content of physicians and how they find the present state of affairs. A survey conducted by the Ankara Chamber of Medicine with physicians in Ankara yielded striking results in this respect. 94% of respondents to the survey said they were pessimistic about the future. 95% stated that recent arrangements further deepened their concerns about the future. 91% of respondents are convinced that the existing healthcare system fails to provide sufficient and quality services to patients. All these responses come from no one else but physicians themselves and mark an alarming situation in the present state of health services.

Professional autonomy is a *sine qua non* in medicine. It is essential not only for physicians but also for society as a whole in the context of quality health services. The recent accusations targeting physicians, medical chambers and Turkish Medical Association for extending first aid services to those wounded in Gezi Park demonstrations and the act of the Ministry of Health requiring inquiry for “unlicensed health units” formed during the events all present a striking situation in terms of medical professional autonomy. It is such that a legislative arrangement was brought up in the Turkish Grand National Assembly which envisages penalties including imprisonment and heavy fines in cases of delivering health services in such cases. This latest initiative was construed as political pressure on physicians and the Turkish Medical Association running counter to the fundamental values of the profession of medicine and consequently articles by professional and human rights organizations appeared in internationally recognized periodicals. This latest case stands in front of us as an example of situations suggesting that in Turkey we are not at a satisfactory point in terms of medical professional autonomy.

I thank you once more for giving me this opportunity to convey our opinions and comments and wish success to your meeting.

**Bayazıt İlhan, MD**

**Secretary General**

**Turkish Medical Association Central Council**