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## Editorial

# Financial Crisis and Health

## The Case of Greece

According to OECD reports in 2013 several European countries reduced health expenditure, especially Italy, Portugal and Greece, where health expenditure was reduced by 25%, while the proportion of GNP allocated to health expenditure was 9.2% whereas the OECD average had been 8.9% since 2012 [4,6].

Some sort of humanitarian crisis is expected, since the data show that 3000000 citizens have lost their insurance and 6 million live in a state of work insecurity [7,8].

Health expenditure in Greece is expected to reduce to 4% of GNP by the end of 2015. The National Organization for Healthcare (EOPYY) faces today a budget deficit of €1.5bn. Although so far the public hospitals' funding has shrunk significantly, a further 22% budget cut is expected in 2015, on top of the fact that 5000 doctors and 15000 nurses are needed in order for the health system to rebound [9].

WHO data suggest that Greece has one of the highest lung cancer rates, while prostate cancer and breast cancer rates are also high. Because of the ongoing financial crisis and consequent malnutrition contagious diseases are expected to increase too. In May 2014 it was published that there had been 2138 deaths due to breast cancer, namely 2.26% of the total number of deaths. Accordingly, there were 6434 deaths due to lung cancer, which makes up 6.81% of the total number of deaths. According to the OECD, cancer-related deaths in Greece per 100000 people are below the OECD average [1,6,7].

Cancer care services in Greece have the same crisis-related image as the rest of healthcare services. The main reasons are lack of staff and deficient funding. In addition, cancer hospitals are clustered in 2 or 3 major cities, so patients from far away areas have hard access to them. Also, because of the red tape, patients cannot always have access to medication, especially new drugs and novel therapeutic approaches. Hospital understaffing has also worsened further since a large number of young doctors (more than 15000 in the last three years alone) and nurses have immigrated to other countries [8-10].

The growing refugee and immigrant influx in Greece is expected to bring important changes in public health since it is clearly difficult to manage such a large volume of people with different types of needs [11].

The financial crisis in Greece has put a burden on the healthcare system while stable funding and an integrated approach can help the system to become more stable and even improve itself albeit slowly. Such a collective effort in Europe could contribute to the support of health systems and consequently to excellent care for the citizens and minimum health inequalities across Europe.

## Editorial

The financial crisis has a dramatic impact on social life, since reduced or even non-existent incomes affect people's well-being and push big parts of the population to poverty. The individuals' financial status affects health indicators such as life expectancy, morbidity, mortality and healthcare service accessibility [1].

The negative impact of financial crisis on health affects in a different way the social groups; thus, low-level persons and families have twice the risk of premature death and higher morbidity due to reasons related to income, education, healthcare, housing and nutrition that act cumulatively [2].

This situation poses a threat mainly for the least developed and developing countries, and even more the low-level social groups within those countries, and highlights three intertwined problems: (a) increasing inequalities within those countries, (b) unequal conditions of social protection and health, and (c) the urgent issues of climate change and environmental degradation [3].

Loss of employment can trigger mental disorders and addiction problems and can lead to unhealthy lifestyles characterized by consuming foods of low nutritional value, tobacco and alcohol. Unemployment is also connected with psychological problems (anxiety, stress, depression), inability to assess one's health level and higher risk for cardiovascular conditions. When the unemployment rate has been increasing by more than 3% for a long period, death rates by suicide also increase by 4% to 4.5%. Moreover, high alcohol-related mortality rates also support further the assumption that unemployment is connected to psychological disorders [2,4].

A recent study in 26 EU countries showed that when unemployment increases by 1%, suicides also increase by 0.79%. The same study also showed that mortality due to traffic accidents decreases by 1.39%, and that there is a non-statistically significant correlation between heart-related mortality and mortality from all other causes. Since the overwhelmed healthcare services cannot manage all medical conditions satisfactorily, the general health level decreases. The analysis by sex and age-group showed that higher unemployment levels increase mortality from suicide and ischaemic heart disease in young men, while no significant correlation was found for people over 60 [5].



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