



# REPORT ON THE UNIVERSALIZATION OF HEALTHCARE

MAY 2018

**SÍNDIC**

EL DEFENSOR  
DE LES  
PERSONES



# REPORT ON THE UNIVERSALIZATION OF HEALTHCARE

SÍNDIC

---

EL DEFENSOR  
DE LES  
PERSONES

Síndic de Greuges de Catalunya (Catalan Ombudsman)

1st edition: May 2018

Report on the universalization of healthcare. May 2018

Layout: Síndic de Greuges

Cover picture: Pixabay

## SUMMARY OF CONSIDERATIONS (submitted by the Catalan Ombudsman on May 31)

- The universalization of healthcare is an essential moral duty and also an obligation derived from international legislation.
- The exclusion of the population from the public health system clearly impacts vulnerable people who have very little or no income.
- Inequalities between wealthy people and people with difficulties paying for healthcare reveal a significant ethical conflict.
- Access to primary care, a gateway to the healthcare system, is a key element in healthcare.
- Several studies consider that a health system with universal tax-funded coverage reverts to a better health of the population, since it allows preventive actions and allows attention from the initial moment, with the appropriate treatment and monitoring.
- The results of the analysis of CatSalut on the number of foreigners registered in Catalonia that are not insured or beneficiaries nor are they included in healthcare coverage for a special situations show that this group does not abuse the healthcare system nor the expenditure generated is disproportionate.
- The Spanish General Health Law of 1986 provided the basis for a universal and free healthcare system in Spain. In Catalonia, the Law on Healthcare Management of 1990 already provides for the universalization of healthcare services of an individual or collective nature for all residents of Catalonia, as an informant principle of health protection and healthcare management system.
- The subsequent regulation already provides for financial separation, so that benefits of a non-contributory nature and of universal extension, such as healthcare, will be financed through contributions from the State and not contributions to the National Insurance.
- The Law of Cohesion and Quality of the National Health System of 2003 reaffirms the principle of universalization of healthcare.
- The Catalan Ombudsman has outlined the lack of effective universalization of healthcare in several ex-officio actions and annual reports to Parliament.
- The publication of the state Royal Decree Law (RDL) 16/2012 entails a change of model of the National Health System and the return to the figure of insured person and beneficiary of the Social Security to determine the accessibility to healthcare. This leaves the most vulnerable people without the possibility of accessing ordinary healthcare.
- As a result of RDL 16/2012, a situation of major confusion is created between the people affected, which increases due to the lack of information or the defective information that is provided, which favours the appearance of new situations of vulnerability.
- Several autonomous communities, including Catalonia, Navarra, Andalusia, the Canary Islands and the Basque Country, have promoted an appeal of unconstitutionality against the RDL 16/2012.
- Several autonomous communities have legislated to facilitate access to healthcare for people who, in application of the RDL 16/2012, remain outside. The Spanish Government has submitted, until now, an appeal of unconstitutionality against this regulation in five cases.
- The autonomic regulation reveals inequalities between people who do not have access to public health in accordance with RDL 16/2012, depending on the place residence.
- The regulation and subsequent challenge of these rules adds even more confusion and misinformation to what was already caused by the publication of RDL 16/2012, which further favours situations of vulnerability.
- With the approval of the Catalan Law 9/2017, and in accordance with all the

aforementioned legal backgrounds, it aims at an effective universalization of the right to healthcare that would accommodate all the groups of people living in Catalonia.

- The Ombudsman values very positively that Law 9/2017 provides for a training program aimed at all administrative and health personnel to guarantee and enforce the right of access.
- The Catalan Ombudsman welcomes the provision of health coverage for Catalan residents living abroad when traveling to Catalonia, as it was the subject of an ex-officio action initiated by the institution in 2010.
- Following the admission of the action of unconstitutionality against Catalan Law 9/2017 submitted by the State, the Catalan Ombudsman considers that hypothetical future judgement that excludes access to healthcare of people who could access pursuant to the autonomous regulations would be a step backwards.

## RECOMMENDATIONS

1. The right to healthcare must be considered as a subjective public, personal, non-contributory and equitable access law, within the framework of the universalization established in the Spanish Health Law.
2. It must be legislated that, in the framework of the principle of equality and non-discrimination, the right to healthcare is for everyone and in conditions of equality.
3. It is essential to display information and training activities aimed at the personnel of the centres to guarantee and make effective the right of universal access to healthcare in Catalonia.
4. Access to healthcare must be provided in cases where it is legally set out without any hesitation.
5. It is necessary to assess rigorously the damages and risks that can be derived from leaving a part of the population without medical follow-up, both individually and collectively, in relation to the public health of the population in general.
6. The right to healthcare must be disassociated of the concept of insured person or beneficiary of the Social Security introduced as a result of the approval of RDL 16/2012.
7. In order to fight against the widespread stigma that foreigners overuse healthcare, studies and dissemination of real and proven information must be issued.
8. Public servants of the health administration must provide truthful and clear information, and they must try to answer all the questions that may arise. At the same time they should show an empathic attitude.
9. It is necessary to avoid the situations of insecurity caused by wrong or defective information provided to the people on their rights.
10. In the event of possible incidents that may have occurred as a result of a defective application of the regulation, an immediate solution must be provided.
11. Fraudulent health tourism must be fought against and should not be mistaken with universal access to healthcare.
12. With regard specifically to children and adolescents, the Catalan Ombudsman has suggested to the Department of Health that the information offered by the centres of the public health system of Catalonia regarding the right of all minors be clear, regardless of the documentation they provide, and that accompaniment to municipal social services be clarified and the effectiveness of this right be promoted to the most vulnerable groups, such as unaccompanied foreign children or adolescents or traveling families who are in a situation of administrative irregularity, who may be afraid of going to health services.

In short, the necessary political, legislative and budgetary actions must be carried out to return to the model of universalization of healthcare and to stop taking as a reference the concepts of insured or beneficiary.



**SÍNDIC**

EL DEFENSOR  
DE LES  
PERSONES

**Síndic de Greuges de Catalunya**  
Passeig Lluís Companys, 7  
08003 Barcelona  
Tel 933 018 075 Fax 933 013 187  
sindic@sindic.cat  
www.sindic.cat

