Hidden Bedside Rationing in the Netherlands: a Cross-Sectional Survey among Physicians in Internal Medicine

Ursula de Ruijter, MD — **Junior Researcher Medical Decision Making**

u.deruijter@erasmusmc.nl

Hester Lingsma, PhD — Associate Professor of Medical Decision Making

Erasmus University Medical Center, The Netherlands

Willem Bax, MD PhD — Internist Nephrologist, Vascular Medicine Specialist

Northwest Clinics Alkmaar, The Netherlands

Johan Legemaate, PhD — Professor of Health Law

Amsterdam University Medical Centers, The Netherlands

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Universitair Medisch Centrum Rotterdam

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Defining Healthcare Rationing

Healthcare Rationing	Withholding beneficial care for cost reasons
Hidden Bedside Rationing	The withholding by a physician of a medically beneficial service because of that service's cost to someone other than the patient
Study Aim	To establish whether bedside rationing occurs in the Netherlands, whether it qualifies as hidden and what physician characteristics are associated with it

Hidden Bedside Rationing

- Potential for unfair inequality and illegitimate distribution of resources
- Possible to base distribution or restriction of resources on clinically irrelevant characteristics such as ethnicity, gender or age
- Inherently violates informed consent
- Conflicting loyalties for physicians

Methods

Online questionnaire among physicians in Internal Medicine across the Netherlands

Questions on knowledge of -, experience with -, and opinion on rationing

Likert scale ranging from ‘never’ to ‘always’

Pilot tested among physicians

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Question Examples

How often do you prescribe a cheaper course of treatment while a more effective, but more expensive, alternative is available?

How often do you in such a case explain to patients that you prescribe a course of treatment because it is cheaper than a more effective, but more expensive alternative?

Respondents

13 hospitals invited

6 academic participated (86%)

5 general participated (83%)

1139 physicians invited

203 participated (18%)

Total	203	
Female	106	(52%)
Academic Hospital	109	(54%)
In Training	105	(52%)
Age Mean years (SD)	40	(11)
Years In Practice Mean years (SD)	14	(10)

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Results

- 64% (*n* = 129) had experience prescribing a cheaper course of treatment while a more effective but more expensive alternative was available
- 24% (*n* = 32) never disclosed this decision to their patient
- 75% (*n* = 153) rarely discussed treatment cost in general

Multivariable Logistic Regression

- Employment at an academic hospital was independently associated with more bedside rationing

  OR = 17, 95%CI 6.1 - 48

- Residents were more likely to disclose rationing than internists

  OR = 3.2, 95%CI 2.1 - 4.7

- Salaried physicians were less likely to disclose than physicians in private practice

  OR= 0.5, 95%CI 0.4-0.8

Conclusion

Strong indication that hidden bedside rationing occurs in the Netherlands

Questions up for discussion:

- To what extent should distribution of healthcare include bedside rationing?
- What are appropriate alternatives?
- Is it avoidable and if so, is it something to be avoided?