



Written by [Michael Tennant](#) on January 24, 2014

Swedes Choose Private Insurance Over Socialized Medicine

As Americans are being herded down the road to socialized medicine, many Swedes, fed up with just such a healthcare system, are choosing precisely the opposite path. According to the Swedish edition of [The Local](#), an English-language European news site, hundreds of thousands of Swedes, nominally entitled to “free” taxpayer-funded healthcare, are opting to pay extra for private health insurance in an effort to obtain the speedy, high-quality care they are being denied by the public system.



The exact number of Swedes covered by private insurance is a bit difficult to ascertain, but it is at least half a million and possibly close to one million — and growing rapidly. This is a significant number in a country of around 9.6 million people, roughly as many as the Chicago metro area. In 2011, [The Local](#) reported that “private healthcare insurance plans have grown a whopping 400 percent in a decade.”

Not everyone is happy with this development, of course. Eva-Lisa Krabbe of the Swedish Association of Health Professionals, a union for Swedish healthcare workers, told [The Local](#), “We think healthcare should be available through the public system. If we have a public system that covers people’s needs, there’s no need for insurance.”

But that is precisely the point: The public system *isn’t* covering people’s needs, and so they are willing to shell out the extra cash — a standard policy costs about \$624 a year, insurance executive Kent Andersson told [The Local](#) — on top of the taxes they are already paying for healthcare.

“Long queues are one of the main complaints for consumers of Sweden’s public healthcare services, with patients sometimes forced to wait as much as fifteen times longer for treatment compared to private options,” [The Local](#) observed, noting in [another article](#) that “visitors are sometimes surprised to learn about year-long waiting times for cancer patients.”

Just how bad is it? In a July 2013 [article](#) for the Ludwig von Mises Institute, native Swede Klaus Bernpainter recalled:

For non-emergency cases in Sweden, you must go to the public “Healthcare Central.” This is always the starting point for anything from the common flu to brain tumors. You must go to your assigned Central, according to your healthcare district. Admission is by appointment only. Usually they have a 30-minute window every morning, when you call to claim one of the budgeted slots. Make sure to call early or they run out. Rarely will you get an appointment for the same day. You will be assigned a general practitioner, probably one you have never met before; likely one who does not speak fluent Swedish; and very likely one who hates his job. If you have a serious condition, you will be started on a path of referrals to experts. This process can take months....

This healthcare “bread line” is where people die. It happens regularly that by the time a patient



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gets to see an expert, his condition has progressed beyond remedy. It also happens frequently that referrals get lost....

The emergency room is a different experience altogether. Unless you are suffocating or are hemorrhaging profusely, you should expect to wait 5-7 hours to see a doctor. You can only hope for this “high” level of service if you arrive on a workday and during office hours. After hours, or on weekends, it is worse. Doctors are mostly busy filling out forms for the central health care authorities, scribbling codes in little boxes to report services rendered, instead of seeing patients. There have been cases reported where patients have seen a doctor immediately, but such cases are rare.

It is important to plan any major health problems you intend to have outside of June, July, and August, because during the summer months, hospitals are virtually shut down for vacation.

In 2007 the Swedish government established a “Healthcare Guarantee” under which patients are supposed to receive treatment within established timeframes. These standards should hardly be difficult to achieve — a patient, e.g., should be able to see his primary care physician within one week — yet even such modest goals are going unmet.

“The Healthcare Guarantee isn’t a guarantee,” Andersson told *The Local*. “If you don’t receive care within the promised time, there are no sanctions, and you don’t get any compensation.”

Private insurers, meanwhile, are writing such guarantees into their policies and enforcing them. “Insurance company IF, for example, offers insurance policies which guarantee specialist care within two days, while patients can wait at least a month to see a specialist in the public system,” said *The Local*.

Besides the wait times, there is the inevitable poor care, the result of a lack of a profit motive for healthcare providers and the rationing of care by bureaucrats. According to Bernpainter, “every year more conditions are classified as non-life-threatening, and are therefore no longer covered.”

“It was recently revealed in one of the major newspapers that doctors were told to prioritize patients based on their value as future taxpayers,” he wrote. “Old people naturally have a low future-taxpayer-value, so they naturally became low priority in the machine and less likely to receive proper treatment.”

It is no surprise, therefore, that about 3,000 Swedes die each year from medical malpractice. An article in a Swedish newspaper “highlight[ed] several recent cases, including the death of an infant to an overdose of painkillers, two elderly patients who died after their blood poisoning was misdiagnosed as the stomach flu, as well as the case of ambulance drivers who took a lunch break instead of responding to a call,” *The Local* reported in 2011. Since these deaths are occurring within a state-run healthcare system, “individual cases rarely lead to any widespread debate about patient safety because it takes so long for the National Board of Health and Welfare ... to process the cases.”

Eighty percent of Swedes with private insurance are obtaining it through their employers, which means they are still paying for it indirectly via lower wages, a tradeoff they appear willing to make for the sake of their health.

Employers, too, have a strong incentive to get their employees out of the government system, penned *The Local*: “‘It’s quicker to get a colleague back to work if you have an operation in two weeks’ time rather than having to wait for a year,’ privately insured Anna Norlander told Sveriges Radio.... ‘It’s terrible that I, as a young person, don’t feel I can trust the health care system to take care of me.’”



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Of course, in Sweden, as in the United States, one thing remains constant: The politicians refuse to subject themselves to the same laws to which they subject everyone else. In Sweden, wrote Bernpainter, “the politicians have private health care, though, naturally paid for by taxpayers.” In America, Congress [exempts itself from ObamaCare](#).

At least the Swedes, however, have the option to escape their government’s healthcare system. Americans, alas, have no such choice as long as ObamaCare remains on the books.

Photo of Stockholm, Sweden



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