Alternative European Healthcare Perspectives March 2026

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The theme this month is shameless. Not the UK TV series (or the US version) but the way our political systems seem to operate. Donald Trump seems to be beyond shame.

This is what AI makes of the phenomenon:

Critics and analysts often describe Donald Trump as "shameless", interpreting his political style as turning controversy into a spectacle, where, for his supporters, a lack of conventional shame is seen as authenticity and a rejection of elite norms. This persona is viewed by some as a defensive mechanism that makes him impervious to traditional criticism or accountability, enabling him to defy political conventions.
Key perspectives on this characterisation include:

- *A Political Strategy: Some argue his actions are not just personal, but a calculated, "shameless" approach to politics, using aggressive tactics to challenge democratic norms.*
- *Authenticity over Norms: Supporters may view this behaviour as honesty, distinguishing him from traditional politicians, notes Al Jazeera.*
- *Alternative View: Some analysts suggest that rather than being genuinely shameless, he actively works to manage, mask, or react to shame by controlling the narrative, as discussed in this YouTube video.*

This behaviour is frequently highlighted in discussions regarding his, for instance, aggressive use of social media and public comments.

Equally Lord Peter Mandelson is revealed as being beyond shame (See Byline Times for a fuller story). He is long renowned (see the date of this article) seen by some as an amoral political operator intent on eradicating opposition by any means necessary In February 2017, Lord Peter Mandelson stated that he was working "every single day" to bring about the end of Jeremy Corbyn's tenure as Labour leader, and was portrayed as the Steve Fleming character in “the Thick of it”.

His protégés include Morgan McSweeney and Wes Streeting who ,according to the authoritative account related in ‘Get *In-the inside story of Labour Under Starmer*’ by Maguire and Pogrund, were in the close

knit cabal that put Starmer forward as the Leadership and Prime Ministerial candidate best able to manage the transition in the Labour Party from Jeremy Corbyn to achieving power.

It was Morgan McSweeney who put the controversial name of Peter Mandelson forward to be the US ambassador despite not being on the shortlist provided by Sue Gray.

All this came apart in September 2025 when the first leaks came of Mandelson's extensive links to his friend Jeffrey Epstein. He resigned then but the ignominy was delayed until further publication of the Epstein files in the US in late January. These show the full extent of his alleged financial and moral corruption and potentially illegal treasonous behaviour while in senior government positions.

Shameless is the appropriate term as first he denied knowledge and then responsibility for his actions; before, under pressure, being forced to withdraw from first the Labour Party and then the House of Lords. The police in both the UK and EU are investigating. He denies all and any wrong doing.

The Prime Minister appears outraged by the lies told to him. Wes Streeting has sought to distance himself. However, Streeting's partner used to work for Mandelson and Streeting was part of the cabal that has steered the Labour Party and Keir Starmer to power and to appoint Peter Mandelson, their friend, to the position in the first place.

"Shocked" was the remark of Captain Renaut in the film 'Casablanca' with about as much sincerity as Streeting's use of the term. It invites the old response of either being gullible or a liar. Either way it's not a good look for a future Prime Minister.

But then neither is the state of the NHS a good look, despite protestations to the contrary. You might have thought the shame of old people dying and treated in corridors, the poor level of beds, staff and output of the NHS compared to comparable countries, and the lower levels of performance and quality would similarly provoke a certain level of shame. Not a bit of it.

Luckily there is a book, *So you've been publicly shamed* by Jon Ronson (of 'the Psychopath test' fame) which may be helpful to both Mandelson and Streeting (Trump is beyond help). Shame is a deeply unpleasant sensation and can induce long-term damage, psychologically, socially and in well-being. Many of the most violent prisoners have harboured shame since early childhood abuse. But, with skill and a thick skin, radical honesty can avoid many of the self-inflicted internal wounds. The classic example is of Max Mosley being exposed in a Sunday Newspaper as an enthusiastic participant in a Nazi-themed sex orgy. He sued on the basis it was not Nazi-themed, merely that they dressed up in German uniforms. He won. He seemed to

have emerged from the whole experience unabashed, richer and with his head held high.

It helped that most people don't care what other consenting adults get up to, and indeed for most of the issues that induce shame this may be a fruitful course of action: to brazen it out and wait for time to heal wounds. But for cases of career-destroying shaming in the social media and otherwise in the public eye a strategy of burying the google links to the story can be pursued by paying specialist companies to generate counter narratives for Google that would throw people off the scent. Although it might be quite a challenge for Peter Mandelson and Donald Trump. Would it help their case to be narcissistic psychopaths? Doing good works in the East End of London, the recourse for Profumo, is probably not attractive to Mandelson.

Streeting on the other hand is pursuing a policy of disassociation and generating lots of press releases on good things he's doing for the NHS. Let's hope for his sake it works. Many may not be so forgiving of New Labour with a lot of future career prospects hanging on forthcoming by-elections and local elections.

Which brings us back full circle to Palantir. The company and its founder Peter Thiel have been mentioned in my last two newsletters. What do you know, but according to the FT (7/8 Feb), Palantir is a client of Global Counsel, Peter Mandelson's consultancy. The FT reports that in February 2024 Mandelson's office arranged for Keir Starmer to visit the showroom of Palantir in New York. The meeting was hosted by Alex Karp, Chief Executive of Palantir and Louis Mosley, UK head of Palantir (nephew of Max-see above-and grandson of Oswald). Several months later *'the government agreed to spend up to £750m on Palantir's defence technology including it turns out a £240mn direct grant , without a tender or a bid*'.

The article omits to mention the £330mn contract for the NHS data centre granted in 2023 but others have noted that the contract is up for renewal in 2027. It might be helpful that Matthew Swindells, ex-NHS Director, is now working (or was) for Global Counsel. Their association with Peter Mandelson is not likely to enhance their chances. The brand is tainted. And the opposition is growing. And they are all in it....

In Europe France at least has overcome the shame of not being able to agree a government budget for 2026 until 2nd February. The Government of Macron is seen to be a lame duck until the next elections in April 2027 with gridlock in the French parliament.

They are also not exempt from the Epstein fallout. It has come as a surprise to no one that Jack Laing, former Arts Minister and notorious paedophile is mentioned in the Epstein files, amongst others. France has had a long tradition of regarding the age of consent as a moveable feast. Comparing young girls to shrimp who you '*throw away*

the head and keep the body' is an image not easily shaken off. (see first link). Epstein's work ethic means that others in Europe have also been shamed.
So, it is not just an Anglo-Saxon thing. Nor a Jewish thing. It's more like a rich and powerful thing. The old adage of power corrupting, and absolute power corrupting absolutely seems to be the explicator.

But other journalists and authors have introduced nuances for the reasons why societies tolerate and excuse such behaviour. Gillian Tett in the FT of 7/8th of February reminds us of the concept of the normalisation of deviance. This is seen now in the tolerance being shown to overt corrupt dealings of the President and his family in the US. But the first use of the term was in the report of the Challenger disaster in 1986 when the space shuttle exploded. It was not an isolated engineering fault but because NASA engineers had become '*gradually inured to tiny breaches of safety protocols*' – such as tiny gaps in rubber seals. Nothing bad happened and so they were quietly ignored. The sense of 'normal' subtly changed.

Well now the cracks are showing and there may be a political explosion.

NASA devised a code for overcoming normalisation of deviance. The six steps included:

1. ***Never Use Past Success to Redefine Acceptable Performance:*** *Do not allow a string of successful missions or operations to convince you that hazards are gone or that safety margins can be reduced. Past success does not equal future safety.*
2. ***Require Systems to be Proven Safe (Not Proven Unsafe):*** *Shift the burden of proof. Do not require technical evidence that a deviation will cause failure; instead, require rigorous evidence that a deviation is truly safe before accepting it.*
3. ***Prevent Groupthink:*** *Actively combat the tendency to seek harmony over critical analysis. Appoint dissenting voices ("devil's advocates") in meetings and ensure all members voice opinions to avoid artificial consensus.*
4. ***Keep Safety Programs Independent:*** *Safety organisations and auditors must be independent of the projects they monitor to prevent schedule or budgetary pressures from compromising safety assessments.*
5. ***Balance Project Schedule/Tempo Against Risk:*** *Ensure that operational pressures to meet deadlines do not lead to corner-cutting or the ignoring of technical risks.*
6. ***Employ a Rigorous Systems Engineering Process:*** *Maintain strict adherence to established, documented technical standards, and make sure any departures are thoroughly analyzed for long-term impact.*

It's about time the NHS appointed a devil's advocate.

The other concept of widespread application; whether to Trump, Mandelson or to the NHS , is institutional corruption, as defined by my AI browser:

> *Institutional corruption is the systemic subversion of an institution's goals, processes, or integrity, where, instead of individual acts of bribery, the organization itself adopts practices that prioritize reputation or external interests over its primary mission. It often involves breaches of fiduciary duty, regulatory capture, or cultural issues where, for example, a company places profit over safety, or a regulator favours industry over the public.*
> *Key aspects of institutional corruption include:*
> • ***Definition & Scope:*** *It is not limited to financial crime but includes the corruption of an institution's purpose, such as when a public body places reputation over the truth.*
>
> • ***Examples:*** *Common examples include pharmaceutical companies influencing medical research, lobbying that distorts regulatory agency (e.g., FDA) decisions, and financial institutions engaging in reckless behavior.*
>
> • ***Mechanisms:*** *It often functions through "legal" but unethical means like campaign contributions, the "revolving door" between industry and regulators, and undue influence.*
>
> • ***Consequences:*** *It leads to significant public harm, such as unsafe products, economic instability, loss of public trust, and the prioritisation of special interests over the common good.*
>
> *Addressing institutional corruption requires systemic changes, such as separating funding from research, enhancing independent oversight, and enforcing strict ethical standards for organisations.*"

The article linked above devotes itself to examining institutional corruption in the European Healthcare Industry. You can decide yourself whether it applies to the UK. But the discussion on regulatory capture and medical conflicts of interest seem pertinent.

The tolerance of the levels of medical negligence, poor maternity care, unsafe working practices and the scapegoating of individuals are all signs to me that institutional corruption is alive and well in the UK. The costs are put at €56bn in the EU. It surely is a big problem in the UK too.

The more I look at the evidence of the Lucy Letby case the more it looks like the institution (or her medical superiors) was looking to scapegoat wider problems. It may be that massive payouts in the courts

will be the thing that stops such abuses, with the courts ruling that childbirth injuries are due for increased compensation. Why are people not dying in the corridors or waiting for an ambulance not compensated?

Elsewhere in Europe the new Dutch government is to cut social and health spending as part of its new programme: It combines spending an extra €19bn to meet Nato spending targets with limiting the budget deficit to below 2% by "cuts in healthcare and social security"

The German government is pursuing similar policies:
"The German government's 2026 plans involve significant reductions in social spending and health, prioritising military funding and debt management. Key measures include deep cuts to welfare benefits, such as restructuring "Bürgergeld" (citizens' income). Healthcare faces restrictions to manage deficits, and international health budgets are decreasing.
Social and Welfare Spending Plans

- Welfare Cuts: The government is restructuring "Bürgergeld" to reduce housing and heating support. There is a push to replace this benefit with basic security, aimed at reducing costs by approximately €5 billion.
- Pension Reform: Discussions are ongoing regarding potential cuts to pension benefits, including reducing "mothers' pensions" and lowering the "pension at 63" option.
- Refugee Support: Proposals suggest removing refugees and asylum seekers from the Bürgergeld system.

Health and Long-Term Care Spending Plans

- Health Budget Reduction: The overall budget for "International Health" is scheduled to decrease by 13.2% in 2026, falling below 2020 levels.
- Deficit Management: Due to rising health costs, insurers have increased supplementary contributions from 1.7% to 2.5% or higher.
- Hospital Funding: Around €7.6 billion is allocated for 2026 to support statutory health insurance for the Hospital Transformation Fund, aimed at stabilising contribution costs.
- Long-Term Care: The government is planning to reduce expenditures in long-term care to address mounting deficits.

Key 2026 Budgetary Trends

- Fiscal Prioritisation: The 2026 budget continues to prioritise defence and infrastructure over social spending, with a €500 billion, 12-year fund created for additional, primarily infrastructure-related, investments.
- International Aid Reductions: Funding for international cooperation, development, and pandemic

surveillance is falling, with the Global Fund to Fight AIDS, Tuberculosis, and Malaria facing an €82 million reduction. ‘

And in the absence of Macron’s leadership a new German/Italian pact has been formed:
Key Aspects of the New German-Italian Pact:

- Defence & Security: The agreement formalises cooperation on military hardware, including drones, naval vessels, and air defence systems, involving partnerships between firms like Leonardo and Rheinmetall.
- Industrial & Economic Strategy: The pact prioritises reviving the EU industrial base, particularly in the automotive sector, and calls for reducing red tape to boost growth.
- Migration Management: Italy and Germany are coordinating on protecting EU external borders, combating human traffickers, and accelerating repatriation processes.
- Geopolitical Alignment: The two nations are aligning their foreign policies regarding Ukraine, the Western Balkans, and developing a "new way of cooperating" with African nations.
- Political Structure: The pact establishes annual "2+2" consultations between foreign and defence ministers, creating a structured, proactive policy, rather than just reactive, coordination.

This pact is designed to enhance European sovereignty, with both leaders stressing that critical decisions regarding European security must include their input. “

The last time there was German /Italian pact was the one between Hitler and Mussolini.

Prospects for improved European healthcare policies and social spending appear bleak, and without a social glue Europe may be set to fall apart. But not according to this useful discussion document , which addresses the claim head on .

Apparently, it’s nothing to worry about as its Russian Propaganda. We’ll see.

Meanwhile Jeremy Hunt , the ex-Health minister, has been suggesting the UK might emulate Norway. He has read the Global Report on Patient safety and jumped to conclusions. According to him:

“Norway, which tops the overall league table for patient safety, spends less than the UK as a percentage of GDP, 9.9 per cent compared to our 11.1 per cent.

When it comes to the NHS, the report also highlights some warning signals beginning to flash red: stalled progress in neonatal mortality, persistently high rates of surgical complications compared with international peers and longer waits for more complex procedures. These issues demand urgent attention. Already, they suggest there are too many patients unnecessarily dying or suffering lifelong disability.

Preventable failures in care also ripple through the NHS workforce, traumatising staff, undermining trust, and diverting precious time and resources away from caring for patients and towards dealing with the consequences of avoidable harm.

So, the real value of this report lies in showing that the NHS patient safety gap is measurable – and addressable. Doing something about it should not be considered optional or a secondary concern to access or productivity. That's because saving lives is the point of medicine, its core purpose. This report shows how we can save many, many more."

Unfortunately for him the theory that Norway spends less is not borne out by the per capita spending levels comparison.

"Norway consistently spends significantly more per capita on healthcare than the UK , with recent figures indicating over $7,700 -$9,300 per person annually, compared to roughly $5,500 in the UK. Norway's higher spending, supported by its sovereign wealth fund, provides a heavily publicly funded, high-resource system with higher doctor/nurse ratios.

Key Comparisons (Per Capita Spending):

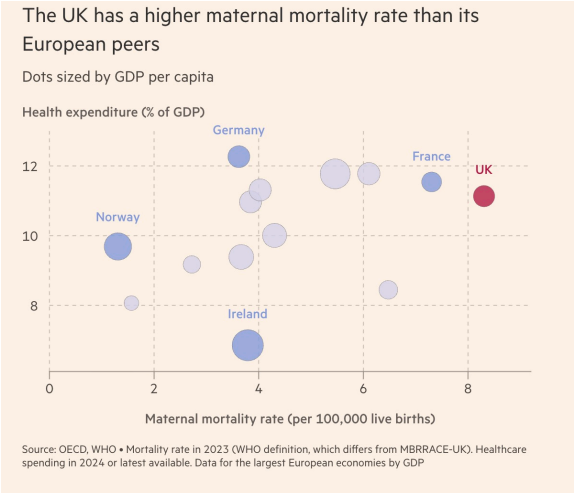
- **Norway:** In 2023-24, Norway spent approximately $7,700per person. OECD data indicates even higher figures around $9,393 USD PPP, representing a high-investment system.
- **UK:** The UK spends less, with estimates around $5,500 per person. While UK spending rose significantly during the pandemic, it remains lower than Norway's overall investment.
- **Public Funding:** Both nations rely on public funding for the majority of health spending (approx. 85% in Norway, 79% in the UK).
- **Resources:** Norway has higher staffing levels with 5.2 practising doctors per 1,000 population, compared to the OECD average of 3.7.

Key Takeaways:

- **Healthcare Value:** Despite higher spending, Norway's system is often cited as providing, safe, high-quality, and efficient care.
- **Funding Drivers:** Norway uses its sovereign wealth fund (oil revenue) to sustain high investment in public services, including healthcare.
- **Costs to Patients:** While both are largely tax-funded, Norway has a capped, low out-of-pocket, co-pay system for services. "

For references see here.

To underline the point this is a recent chart showing the differences in obstetric mortality rates produced by the FT :



You would have thought an ex-Health minister would have been able to use google by now. You can buy an awful lot of quality for another c$150 bn per annum. It may not be the full story but it goes a long way.

The patient safety gap is preventable alright but not by pretending it is nothing to do with resources, and the way a country manages them. It should be noted that both Norway and the UK were beneficiaries of North Sea Oil. Norway built up a National Wealth Fund which now pays for 25% of the Norwegian Fiscal budget and is worth $386,000 per person in Norway. The UK, following Thatcherite faith in market forces and laissez faire economic policies, reduced taxes for the wealthy.

Jeremy Hunt , best known for getting the nationality of his wife confused, was of course the man who presided over the NHS as Secretary of State during the catastrophic austerity years.

Shameless.

Round up from across Europe and elsewhere

At a time when the UK's government policies are coming in for more criticisms for failing to deliver on promises to cut waiting lists and waiting times; and when the effectiveness of the so-called three shifts is called into question ; and when targeted interventions have had limited effectiveness. It is incumbent on commentators and advisers to come up with solutions.

Often this can be merely copying what is being done in other countries. For example, Euronews has covered ways in which European countries have sought to control costs.

"Based on recent reporting from Euronews Health, controlling healthcare costs in Europe involves a shift toward treating health as an investment rather than a cost, enhancing prevention, and managing chronic diseases to reduce expensive hospital admissions. With EU healthcare expenditure reaching €1,720 billion in 2023 (10% of GDP), sustainability is a key concern.
Key strategies highlighted in Euronews reporting to control costs include:

- **Shift from "Healthcare" to "Lifecare":** Shifting focus from merely keeping patients alive to keeping them "fit" through early diagnosis and intervention, which reduces the burden of chronic diseases.
- **Preventing Chronic Disease Flare-ups:** Pharmaceutical and health leaders are focusing on managing chronic conditions to avoid emergency, resource-intensive hospital stays.
- **Nutritional Intervention in Cancer Care:** Systematically addressing malnutrition in cancer patients can prevent complications, longer hospital stays, and reduce the €120 billion in annual European cancer treatment costs.

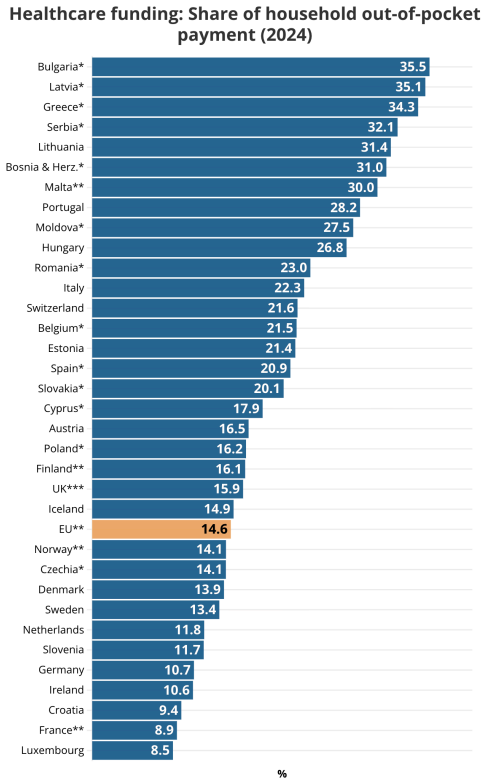
- **Digital Transformation:** The pandemic accelerated the use of teleconsultations, which are being used to manage care more efficiently and reduce in-person, high-cost appointments.
- **Sustainable Funding Mechanisms:** The EU is attempting to ensure long-term, sustainable funding for health systems through mechanisms like EU4Health, although this has faced budget pressures.

Financial Pressures and Disparities
Despite these efforts, financial pressure remains high.

- **Out-of-Pocket Costs:** On average, EU households pay €15 directly for every €100 of medical bills, but this varies wildly, from €136 per person in Croatia to €1,176 in Belgium.
- **High-Cost Countries:** Wealthier Western and Northern European countries, such as Germany (which spent 11.7% of GDP on health in 2023), face higher per capita expenditure due to investments in high-tech medicine.
- **The "Investment" Approach:** Experts argue that treating healthcare as a growth engine ("Illness is recession. Health is growth") rather than a cost burden is essential for future economic stability. “

I’m not sure whether shifting from keeping people alive to keeping them going can be converted into a winning election slogan, however. It’s beginning to look as though a de facto ushering the elderly to a premature death as they wait forlornly either for an appointment, treatment or care is the actual policy, in the UK at least.

This article has looked at out of pocket contributions, which vary enormously across Europe, and which may provide one way of funding healthcare.



Other poorer countries ask their populations to pay for more of their healthcare out of their pockets, mainly by adjusting the coverage levels of state or private insurance coverages.

But this paper from the now defunct free market thinktank the Centre for the New Europe in 2012 argues that countries

should be moving to a Swiss based system where people should be forced to build up capital funds in their old age to pay for their health and social care.

This paper examines European healthcare reform efforts over nearly two decades, analysing how market-oriented mechanisms were introduced alongside increased government control. [1] The author conducted a comparative study of healthcare systems across Western European nations, with particular focus on Germany, The Netherlands, and Switzerland as examples of partially privatised systems. [2] The analysis reveals that while market mechanisms were introduced throughout Europe, they were implemented primarily as cost-containment tools rather than to empower patients, with the goal of restricting healthcare sector growth through consumption limits. [3] [4]
The study found that European healthcare systems face a fundamental funding crisis due to pay-as-you-go financing structures where current workers fund current patients, which has become unsustainable given aging populations. [5] The author argues that real spending on social security is expected to increase three-fold by 2015 as the percentage of West Europeans over 60 nearly doubles between 1990 and 2030. [6]
The paper concludes that successful healthcare reform requires capitalisation rather than mere privatisation - transforming from pay-as-you-go systems to ones where current contributions are invested as capital for future needs. [7] Switzerland's system, which relies heavily on patient copayments (covering one-third of costs) and forces citizens to capitalise through private savings, demonstrates superior health outcomes despite high costs. [8] The author recommends consumer-powered healthcare with unrestricted supply, competition, and capitalisation to allow the healthcare sector to become a major engine of economic growth rather than viewing it as a fiscal burden. [9]

I like the idea of unrestricted supply and unrestricted capitalisation but it's hard to see how anything short of restricting ISAs to individual healthcare funds for spending on health and social care will generate much by way of additional funding in the UK. Abolishing ISAs completely would save only c£7bn from tax reliefs. There is ample scope for redirecting subsidies for speculative investment to investment in health and social care however, as this summary of the work of Richard Murphy shows:

"Based on research and proposals by Professor Richard Murphy (Tax Research LLP/Taxing Wealth Report 2024), the UK government could save, or redirect, tens of billions of pounds annually by withdrawing or reforming tax subsidies for savings and investments.
Key findings regarding potential savings from investment subsidies include:

- **Total Savings Subsidies:** Murphy estimates the government subsidies ISA and pension savings by over **£70 billion to £80 billion a year**.
- **Pension Tax Relief:** Reforming pension tax relief could release **£35 billion a year** for investment in a UK Green New Deal.
- **ISA Subsidy Waste:** He estimates that at least **£3.7 billion a year** is spent subsidising ISAs, which he

characterises as "economically dead money" that does not create new investment.

- **Targeting the Wealthy:** A major portion of these subsidies—over £30 billion—benefits the top 10% of income earners.
- **"Productive Use" Proposal:** Rather than outright withdrawal, Murphy has proposed that if tax-advantaged savings (ISAs and 25% of pension contributions) were required to be invested in "new, socially and environmentally necessary investment," it could direct **over £100 billion a year** into productive use in the economy. "

Richard Murphy +7

Hopefully Louise Casey is looking at this to generate the capital required to increase the UK health and social care capacity. But the terms of reference of her task seemingly rule this out, bounded as it is in the next three years by the spending review.

Perhaps she can recommend that a UK equivalent of a Norwegian /Swiss Wealth Fund can be created to fund the necessary investment in enhanced health and social care.

Belgium

Belgium is the latest European government to announce proposals designed to manage government expenditure on healthcare. It seems that it is one of the few things there is agreement to in Belgium , after going 600 days without a government. Judging by the linked summary the measures will shift more expenditure to the patient, reduce sick leave and make the system work in a more co-ordinated manner. The doctors are not happy and negotiations are on-going...

Meanwhile in Portugal...

The socialist candidate for the Presidential election swept into power countering the prevailing narrative of a rightward drift in European politics. The post is largely ceremonial however and there is a minority centre right government since 2024.

Judging by the Summary of the Portugese healthcare system on the European Healthcare Observatory they pay double the EU average in out of pocket payments at 30% .

...And Spain

"The Spanish coalition government, led by the Socialist Party (PSOE) alongside left-leaning partners, has focused its healthcare policies on strengthening the public National Health System (SNS) through increased funding, enhancing universal coverage, and reducing wait times, particularly following the COVID-19 pandemic and in contrast to previous austerity measures. The coalition aims to reverse privatization trends and reduce out-of-pocket expenses for citizens.
Key pillars of the new/current socialist-led healthcare policy include:

- **Strengthening Primary Care:** A major focus is on rebuilding primary care, which has faced significant

strain, by increasing resources and staff.

- **Expansion of Coverage:** The government has introduced reforms to expand public coverage to include, or improve, services such as dentistry, eye care (glasses/ contacts), and mental health, with a specific focus on vulnerable groups.
- **Reduction of Co-payments:** Following the 2020 reforms, further exemptions from co-payments for outpatient prescriptions have been introduced, benefiting low-income pensioners, disabled children, and beneficiaries of the minimum income scheme.
- **Limiting Private Outsourcing:** The government has pushed to restrict the privatisation of health services, with the 2023 coalition pact aiming to limit the outsourcing of public health services to private entities.
- **Digitalization and Mental Health:** Investment in technological modernisation, the digitalisation of health services, and improved mental health services (especially for young people) are key, as evidenced by the 2023 pact proposals.
- **Addressing Wait Times:** The government has proposed legally binding maximum wait times for specialized care (e.g., 60 days for a specialist appointment) and diagnostic tests.
- **Global Health Strategy 2025-2030:** A new strategy focused on health equity, strengthening public services, and responding to climate-related health threats has been adopted.

Contextual Factors:

- **Devolution:** While the central government sets policy, 17 autonomous regions manage the actual provision of care, leading to regional disparities in implementation.
- **Resistance to Privatisation:** The government is responding to long-standing health activism (e.g., Marea Blanca) against the privatisation of hospitals, a process which saw significant pushback during the 2010-2015 austerity period.
- **Resource Challenges:** Despite the emphasis on public spending, the system faces sustainability challenges, including a shortage of physicians in specific specialties and rural areas. “

See links here.

It seems that there is a lot going on in Europe with regards healthcare which appears driven by the need to cut costs. You would have thought that the UK experience of cash limiting expenditure

would have deterred that approach. Cost sharing may be the better way of putting it. Pretending that the NHS provides a comprehensive, universal and high quality service entirely paid by tax payers is running out of road, no matter how you spin it.

Norway may after all be a country to emulate, but not for the reasons Jeremy Hunt claims.

Even the Kings Fund, the politician's friend, are starting to acknowledge that if the world is spending more on health and social care that doing the same might not be a bad thing. Although they will be the last to say so outright. Prevention is not going to stop ageing and dying. And slowing it down was never going to be cheap.

Just as it has become more difficult to deny young children educational support when needed or help to the disabled and those unable to find work in today's jobs market, so it has become more difficult to deny the sick and chronically ill treatment and care. That hasn't stopped this (and previous) government(s) trying, however.

Database of editions of Alternative European Healthcare Perspectives 2025/6

2026	Key Issues
January	Summary of 2025 newsletters, Reith Lectures, Thiel, Tipping points and the future according to McKinsey's. Productivity.
February	The rise of fascism, American, European and UK health developments. Wes Streeting and more on AI.
2025	**Key Issues**
January	United healthcare, Trump's new Team, 'free to Obey', Losing faith with Deliverism, Major Trends in 2024
February	Trumps early steps, State of Play in Europe, Preventing Chris Ham, Bidenomics Failures, AI and the NHS, and Waiting lists in Europe.
March	Trump latest on healthcare; Mario Draghi and improving Europe. On the UK as per 'Get In', Field Marshall Alan Brooke and Sam Freedman. DHSC accounts 2023/24, German healthcare reforms and more on UK death rates and prevention policies.
April	Wilful Blindness; Ignorance and Bliss. Abolition of NHS England. Benefits cuts in UK vs Benefits for the disabled in Europe. Covid. On why the NHS has Queues.
May	Trump sours the world; The Unaccountability Machine; Public attitudes to Health in UK and EU; the Care Dividend. Cataracts.
June	Inactivity levels; Population planning; Waiting lists; The Unaccountability Machine and crack-up capitalism; Homelessness, Social Care Review; Assisted Dying, Rachel Reeves and German Plans

July	Trump floods the Zone, UK economy, lessons on Planning and for Wes Streeting, Long term care and Primary Care. Gatekeeping.
August	Trump impact on Healthcare, EU budget, NHS 10-year Plan, Neo-natal care. Rachel Reeves, Unmet needs in Europe and New Drugs benefits.
September	Recap on Covid, the World Economy and EU, Brexit, Doctors Pay, Reconfiguring Health Services, Access to New Drugs, Productivity, Politicians, Notebook LM, EU Waiting Lists, Nurses Pay, the French Pathology Industry.
October	Ursula von der Leyen. Spinoza, Stupidity, plans that don't work. Rachel Reeves Dilemma. Immigration. AI bubble. Assisted Dying.
November	The November Budget, East Germany, France. OHE Annual Lecture, The Good, the Bad and the ugly. Waiting lists. Workfare across Europe. The EU campaign for deregulation. Actuaries plan for Social Care.
December	Scanning US and EU healthcare developments, comparing tax rates, problems of international comparisons, verdicts on UK Budget, comparing welfare benefits. Planetary Health.

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