

COMPARATIVE LEGAL ANALYSIS OF HEALTH SYSTEMS IN THE RUSSIAN FEDERATION AND SWITZERLAND

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Abstract: This article is devoted to a comparative legal analysis of healthcare systems in Russia and in Switzerland. The fundamental differences are identified. The legal nature of the healthcare system, the implementation of state control in the field of healthcare in the Russian Federation and in Switzerland, as well as promising directions for overcoming them are revealed.

Keywords: state control, healthcare, insurance, medical care, code, supervision, regulatory act.

1. Introduction

The modern healthcare system is wider than its usual understanding and is increasingly being included in the

process of formation of a market economy of any state. This system acquires new features of the economic entity along with the preservation of everyday problems of the social sphere [12]. The implementation of state control and supervision in the field of healthcare both in the Russian Federation and in Switzerland should be carried out as efficiently as possible. However, this should not interfere with the normal operation of organizations and officials. Therefore, the powers of state control are strictly regulated by a system of certain regulatory legal acts within the framework of both domestic and international legislation. The Swiss health care system largely reflects the federal structure of the state. In recent

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years, there has been a continuous increase in government spending on health. In Switzerland, the cantons are endowed with broad powers in the field of healthcare, namely in such areas as medical care, the introduction of innovations, the performance of professional duties in the healthcare system, and the prevention of diseases. According to the current legislation of the Russian Federation, the right to protection of health and medical care is one of the priority constitutional rights of residents (Part 1 of Article 41 of the Constitution of the Russian Federation) [8]. This means that the state recognizes and guarantees the observance of human and civil rights and freedoms in the field of health protection. In the social state characterized by the Russian Federation, protecting the health of citizens plays a fundamental role and is an essential condition for ensuring the dignity of society (part 1 of article 7 of the Constitution of the Russian Federation) [8]. One of the measures designed to ensure the above guarantees is state control.

2. METHODS

Various general scientific methods and the methods of logical

cognition are used in the work: analysis and synthesis, systemic, functional and formal-logical approaches. The development of conclusions was facilitated by the application of formal-legal and comparative-legal methods.

3. DISCUSSION AND RESULTS

The health system is one of the most important factors determining the formation of social security in different countries. International acts in the field of healthcare (for example, the 1953 European Convention on Social and Medical Assistance) define both general goals and socially significant international standards in the field of public health services [2]. However, it is worth noting that in the modern world this type of security is implemented with varying degrees of effectiveness. This is due to the different level of the regulatory legal framework, the frequency of its updating in accordance with international standards, the level of funding and, of course, the level of medical care, in particular paying attention to special social groups. For a more complete understanding of the type of social security under consideration, it is advisable to conduct a comparative analysis of the level of the domestic

health system and the Swiss health system, since it is Switzerland that is one of the world leaders in the level and quality of medical care. As the comparison criteria, we have chosen: the basis of medical insurance in the state, the financing mechanism of this branch of social security, as well as the availability and quality of the provision of medical services to the population. In accordance with the Constitution of the Russian Federation, the policy implemented in our country in the field of protecting the health of citizens should be aimed at creating conditions that ensure a decent life for the population. The Constitution of the Russian Federation in Art. 41 secured the right of everyone to health protection and medical care [8]. The exercise of this right is ensured by raising to the federal level the provision that medical assistance in state and municipal health care institutions is provided to citizens free of charge from the corresponding budget, insurance contributions and other income. To ensure constitutional rights enshrined in this article, a system of compulsory medical insurance has been created in Russia. The most important regulatory act here is the Federal Law “On Compulsory Health

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Insurance in the Russian Federation” [9]. It fixes the legal, organizational, economic foundations of medical insurance of the population, defines the means of compulsory medical insurance as the main source of financing for medical institutions, determines the legal status of participants in the compulsory medical insurance, their rights, obligations, as well as guarantees for their implementation and other provisions [9]. The compulsory medical insurance system, in accordance with the Law, is an integral part of state social insurance and provides all citizens with equal opportunities to receive medical and medical assistance provided at the expense of compulsory medical insurance. Swiss law also establishes compulsory health insurance as a basis for public health services. The BAG Federal Office is committed to providing compulsory medical insurance to all citizens living in Switzerland with unhindered access to medical care. The main legal act is the Federal Law on Health Insurance (KVJ) [4]. In accordance with it, every person living in the country should receive medical care in Switzerland. It is worth noting that the legislator focuses on the fact that each person has access to receive quality

medical care. So, since 1996, every resident of Switzerland, regardless of age, social status, citizenship, must have a compulsory medical in-surance policy [5]. Swiss law requires all citizens to purchase a basic “package” of medical insurance policies [4]. A significant difference from the Russian mechanism of compulsory medical in-surance is that in Switzerland only a small part of employers provide their em-ployees with health insurance, or at least pay part of the contributions. The cor-responding expenses are borne by the citizens themselves. As a rule, basic poli-cies are purchased individually by individuals, and are provided by private insur-ers. The amount of monthly insurance premiums is set depending on the commu-nity in which the insured person lives, his gender, age and the chosen deductible. In addition to basic health insurance, every Swiss citizen can conclude a volun-tary supplementary insurance contract [4]. Thus, comparing the general provisions in the field of healthcare in Russia and Switzerland, it should be concluded that in both countries the basis of healthcare is compulsory health insurance, which is enshrined in a number of legal docu-ments at the federal level. Next, we

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consider the mechanism for financing health care in the above countries. In the Russian Federation, compulsory medical insurance funds are generated from income from payment of: insurance premiums for compulsory medical in-surance, arrears of contributions, tax payments, accrued interest and fines; funds of the federal budget, budgets of constituent entities of the Russian Federation, other sources provided by law. Funds, in accordance with the law, are accumu-lated and redirected to finance measures for the development, adoption and im-plementation of targeted programs, development of the material and technical base of health care institutions, scientific research, professional training, as well as these funds can be used to pay for particularly expensive types treatment. The formation of these funds is carried out due to deductions of policyholders. According to the Federal State Statistics Service, in 2018, healthcare spending in the Russian Federation amounted to 4.1% of GDP. In Switzerland, the same indi-cator is significantly higher - 11.5% of GDP. Per capita health care costs in Rus-sia are \$ 998, in Switzerland - \$ 5489 per year. In Switzerland, as well as in the Russian Federation, there is no

single state budget to finance health care needs. The budget is formed at the expense of compulsory medical insurance, direct state financing and other types of social health and life insurance. More than half of the health budget in Switzerland is made up of public funding and about 30% is made up of private funds. This situation is due to the fact that the healthcare system here is based on the principle of “controlled competition”, the healthcare system operates within the framework of the state-regulated “artificial market”, and healthcare costs are controlled. Based on this, it can be concluded that the mechanisms for financing health care in Russia and Switzerland have, in general, many common features, which relates primarily to the lack of a single source of financing for the health system. The next criterion for comparative analysis is the availability and quality of medical care. One of the main indicators of the level of healthcare development in the state is the quality of medical care for the population. The Federal Law “On the Basics of Protecting Citizens' Health in the Russian Federation” contains a provision that determines the availability and quality of medical care [10]. Based on this provision, the quality

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and accessibility of medical services is determined by such factors as the timeliness of medical care, the level of prevention, diagnosis, treatment and rehabilitation, the level of professional training of medical workers, etc. According to the All-Russian Center for the Study of Public Opinion (VTsIOM), 65% of the population assess the quality of the provision of medical services in state and municipal institutions as low. Moreover, the main problem is the low level of service provision and the insufficient level of professionalism of medical personnel. Such indicators can be due to the fact that Russian medicine does not properly meet the new medical standards of service quality and medical technologies. There are many approaches to treatment, the inefficiency of which has already been proved by world science, used in modern Russian medicine. For example, the use of obsolete drugs [11]. Swiss law establishes that patients have the right to safe and quality medical care. According to the Quality Strategy, medical services should be safe, effective, modern, and most importantly, patient-oriented. The propaganda of the so-called safety culture is widespread here, which aims to reduce the risk of medical errors. The

state is primarily interested in providing quality medical services, since a lack of quality can lead to increased costs at the level of the health system. Improving the quality of medical services is one of the priority areas in the healthcare sector. To ensure this direction, a number of programs are being created in both Russia and Switzerland. In Russia, for example, a three-tier system for the distribution of medical capacities (expensive equipment, narrow-profile specialists, etc.) has been created. In Switzerland, one such program is the national program for operational safety, which helps prevent and avoid the risk of various surgical incidents. Based on this, it is worth saying that in general, both in Russia and in Switzerland, the state takes care of the safety of its citizens in the healthcare sector, developing and adopting various development programs and strategies for this. However, despite common goals, they are achieved in different ways. It depends on the level of material and technical equipment of medical institutions, the professional training of medical workers, the current methods and approaches to the implementation of medical activities. This, in particular, is

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a consequence of the peculiarities of the Russian legal system [13].

4. CONCLUSION

The health care system is one of the basic elements of social security in any country. It reflects both the degree of development of social security law and the general level of development of the state. Each state carries out its activities on the basis of generally accepted standards in the field of medical care, implements various state targeted programs, and acts in the interests of the population as a whole. States are interested in achieving high levels of health system performance, however, the process for achieving results has significant differences. Such differences are due to many parameters: the general development of the country, the completeness of legal regulation in this area, the presence of programs and development strategies aimed at improving the quality of medical care, the degree and mechanism of financing, and others. Based on the performed comparative analysis, we can summarize the following: the domestic health care system at the present stage of development, although it meets the general requirements, needs to be

improved primarily in the field of material and technical support, as well as to improve the quality of medical services. In our opinion, in order to achieve decent results, when pursuing a health policy, it is necessary to focus on the successes of foreign countries.

CONFLICT OF INTEREST

The authors confirm that the information provided in the article does not contain a conflict of interest.

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