

Poverty causes illness!

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The articles presented in this edition of SPM impressively illustrate that people of low socio-economic position and with less education are ill more often and have a reduced life expectancy.

The extreme consequences of poverty can be observed when studying homeless persons. The article by Völlm et al. (2004) confirms the high morbidity of the homeless compared to the general population. The authors indicate that the regular health system has enormous difficulties in providing adequate care for this population. Homeless people live in a world of exclusion, a world "without": without a home, money, a family, security, and often without much perspective. A frequently observed paradox is also confirmed in the study of Völlm: despite evident morbidity and high multimorbidity, the homeless often rate their health status as being satisfying, or even good. The frequent denial of their enduringly if hardly bearable reality is what allows them to survive. On the one hand, at least having the ability to say "no" remains a right that a homeless person doesn't have to share. But on the other hand, health care offers are frequently refused. How are we in the health professions to counter this problem? How can we supply high quality health care to the homeless? The solution must occur on several levels. A networked system of care which is easily accessible and that can readily respond to the specific needs of the homeless and other marginalized groups is needed. Relational work is also crucial, with confidence boosting being of major importance. Aspects of social medicine should be emphasized in the educational program of social and health care workers

and interdisciplinary collaboration should be promoted. Concerning communication and contact with socially deprived persons, stigmatization and blame should be avoided, and recognition and respect should be promoted.

In 1996, with the specific aim of ensuring quality health care for all its citizens, Switzerland mandated obligatory health care insurance and created a basis catalog for health care services. This aim is mostly achieved, although poor people frequently choose an insurance type with a high personal contribution in order to keep their premium low, which causes major financial problems when health care is actually needed. The recent decision of the Swiss government to increase the minimal personal contribution from CHF 230 to CHF 300 will raise the threshold for medical claims even more. It will increase social inequality and its negative impact on health. The attempt to withdraw some services from the basis catalog for health care and to transport liberal market principles to the health sector will further increase inequality in access to health care, and thereby widen the already large differences in morbidity between rich and poor.

A major goal of every civilized society should be the achievement of the best possible health status for all its citizens. In order to achieve this goal it is of prime importance to ensure feasible access to health care and other social services for persons of low socio-economic position. The health insurance and other social systems should serve cohesion of the society in strengthening solidarity.

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References

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