# Publication / Renoncement aux soins pour raisons économiques

Renoncement aux soins médicaux pour raisons économiques

**Patrick Bodenmann, Policlinique médicale universitaire Lausanne, Bernard Favrat, Hans Wolff, Idris Guessous, Francesco Panese, Lilli Herzig, Thomas Bischoff, Alejandra Casillas, Thomas Golano, Paul Vaucher, PLOS one, publ. April 03, 2014**

« Avez-vous renoncé à des soins médicaux pour des raisons économiques au cours des douze derniers mois ? » En Suisse romande, 11 à 14% des personnes interrogées répondent oui. C'est le résultat inquiétant d'une série d'études menées en Suisse romande depuis le début des années 2010. Dans le cadre de l'étude publiée par PLOS one en avril, quarante-sept médecins généralistes ont participé à l'enquête en inscrivant un échantillon aléatoire de leurs patients. La totalité de ces patients étaient assurés auprès d'une caisse maladie et 80% d'entre eux étaient Suisses. Les données principales :

**BACKGROUND** : Growing social inequities have made it important for general practitioners to verify if patients can afford treatment and procedures. Incorporating social conditions into clinical decision-making allows general practitioners to address mismatches between patients' health-care needs and financial resources.

**OBJECTIVES** : Identify a screening question to, indirectly, rule out patients' social risk of forgoing health care for economic reasons, and estimate prevalence of forgoing health care and the influence of physicians' attitudes toward deprivation.

**DESIGN** : Multicenter cross-sectional survey.

**PARTICIPANTS** : Forty-seven general practitioners working in the French-speaking part of Switzerland enrolled a random sample of patients attending their private practices.

**MAIN MEASURES** : Patients who had forgone health care were defined as those reporting a household member (including themselves) having forgone treatment for economic reasons during the previous 12 months, through a self-administered questionnaire. Patients were also asked about education and income levels, self-perceived social position, and deprivation levels.

**KEY RESULTS** : Overall, 2,026 patients were included in the analysis ; 10.7% (CI95% 9.4-12.1) reported a member of their household to have forgone health care during the 12 previous months. The question "Did you have difficulties paying your household bills during the last 12 months" performed better in identifying patients at risk of forgoing health care than a combination of four objective measures of socio-economic status (gender, age, education level, and income) (R(2) = 0.184 vs. 0.083). This question effectively ruled out that patients had forgone health care, with a negative predictive value of 96%. Furthermore, for physicians who felt powerless in the face of deprivation, we observed an increase in the odds of patients forgoing health care of 1.5 times.

**CONCLUSION** : General practitioners should systematically evaluate the socio-economic status of their patients. Asking patients whether they experience any difficulties in paying their bills is an effective means of identifying patients who might forgo health care.

Lire notamment les comptes rendus

- « Pas de moyens, pas de soins », Le Courrier, Genève, 10 septembre 2014, page 7
- « Je renonce à me faire soigner », Le Temps, Genève, 10 septembre 2014, page 22

L'étude en ligne