

Revision of the

# System of Health Accounts

ORGANISATION  
FOR ECONOMIC  
CO-OPERATION  
AND DEVELOPMENT



World Health  
Organization

Comment  
Unit 2

## Global boundaries of health care

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**Ministry of Health and Prevention**

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Dept: Health Care Statistics

**Danish Comments for the Unit 2 Proposal Presented by the Eurostat at the Meeting for Health Accounts Experts in Paris the 8 - 9 October 2008**

The Eurostat has presented a brilliant paper that highlights the main challenges regarding the boundaries of health care very well. Hence, the Danish comments shall be limited to a very few specific points.

- *ADL/IADL*: From a Danish point of view ADL should be considered health care. The main argument is that there is a great deal of substitution between 'regular' health care and ADL. In other words: ADL services keep people out of the hospital. We therefore recommend that the current guidelines for ADL are maintained in the revision.
- *Comments for Annex 1*: There is a risk, that the concept of health will be broadened if all these borderline-issues are included as health in the revised manual. Denmark therefore applauds the restrictive approach that has been chosen by Eurostat.

The suggestion of including alternative medicine and acupuncture should however be modified so alternative medicine and acupuncture is only included if the treatments in question have evidence-based effects and if the treatments are performed by authorised practitioners. Otherwise it can lead to inclusion of treatments that are very far from health such as treatments of 'wellness' (Spas etc.) or treatments based on superstitious beliefs.