

# Democratic deficit in the health services

The question of whether a new PCI centre should be established in Nordland county illustrates how decision-making in health policy has moved from elected assemblies into the boardrooms. The politicians have become lobbyists.

Mayors from 17 municipalities in Nordland county are «united in the struggle for a shared cause». They argue that Northern Norway Regional Health Authority must endorse the establishment of a PCI centre in Bodø (1).

Northern Norway Regional Health Authority will address the matter at a board meeting in late February. The study *Hjerteinfarkt og PCI i Helse Nord [Myocardial infarction and PCI in the Northern Norway Regional Health Authority]* was sent for an advance consultation round (2). A large number of consultation statements from municipalities, regional councils, the Nordland Medical Association, health personnel, the Norwegian Heart and Lung Patient Organisation and others testifies to a high level of involvement.

Until today, PCI treatment has been available to the population of Northern Norway only at the University Hospital of North Norway in Tromsø. Now, demands are being voiced to provide such treatment also at the Nordland Hospital in Bodø. To patients in Nordland county, quicker access to treatment may have a considerable health effect. The medical community in Tromsø, on the other hand, is concerned that this will mean fewer patients in their hospital.

This issue has important aspects in terms

of health policy and health economics. In addition to the numerous consultation statements and op-ed pieces in newspapers, the Norwegian Heart and Lung Patients Organisation is organising a torchlight proces-

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sion through the streets of Bodø to the local library. There, Nordland Hospital is holding a public lecture on *How the specialists at Nordland Hospital think that this service should be organised* (3).

Only a few years ago, a similar question would have been submitted for a political decision. This is no longer the case. The politicians are in the spectators' seats.

The board of the regional health authority has not been popularly elected. Now, seventeen of our foremost elected representatives – the mayors – act as lobbyists on one of the main health policy issues to emerge in Northern Norway for a long time.

It would be hard to find a better illustration of the democratic deficit in the specialist health services.

**Kai Brynjar Hagen**

*kai.brynjar.hagen@bodo.kommune.no*

Kai Brynjar Hagen (born 1949), general practitioner in Bodø municipality and senior consultant at Nordland Hospital.

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