



The Future of Hospitals and Healthcare



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My strongest memory is the friendships forged during my ten years with HOPE. The participants in the Exchange programme will I predict have the same experience making friends that may last a professional lifetime.

My term as President began working with a new constitution which had been created during the Presidency of Gerard Vincent and with a young Secretary General Pascal Garel.

The issues we dealt with included:

- Cross Border Collaboration
- Working Time and Services Directives
- DRG's The German experience in particular
- Mutual recognition of Qualifications
- EU Centres of Reference
- Mental health and particularly the changes in Italy
- Patient Safety
- The Luxembourg conference
- Danish initiatives
- Impact of Aging Populations with Ministers of Health
- Organ donation...the Spanish policies
- Waiting Lists
- Migrant friendly hospitals

Ten years ago I was invited as President to address a European conference in Grenoble on the theme of the hospital in ten years time. It is always instructive to look back and see what I got right and perhaps more important what I got wrong. It might inform the debate tomorrow.

I was right that lengths of patient stay in hospital would continue to decline and hospital beds reduce as a consequence. Day surgery I rightly predicted would increase radically as would a gradual switch to more single rooms.

What I did not anticipate was the financial crash and the years of austerity that would follow. The hoped for increases in capital investment that would enable new hospitals to emerge did not happen except in a very limited manner. I forecast vertical integration between hospital and community care but again progress has been limited as has the development of fully integrated pathways of care for patients. There has been progress but it has not yet changed health systems.



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IT development has been painful in most countries but the diagnostic skill base of medicine has expanded enormously. I was wrong to predict that surgical departments, including wards, would become wholly sterile areas. The hoped for transfer of clinical activity from hospital to primary care has been weak. We have closed most of the long stay asylums but in mental health we have not seen the expansion of new and innovative treatment programmes that I had anticipated. The Genome has profoundly increased our knowledge of medicine but thus far led to only a limited number of clinical interventions. They will come but slowly. I was right to forecast the continued specialisation of medicine and the extended role of the nurse. I did not anticipate the acute shortages of trained staff being experienced in some countries today or the extent of professional migration. Robotics wasn't even contemplated.

My advice for those designing the hospitals of tomorrow: plan for change!

The one constant has been the wonderful people who staff our health systems. Their amazing skills and commitment to patient care is at the core of our endeavour. Long may that be true.