

Hippokrates Exchange Programme

Final Report Hippokrates exchange Sweden – by Ilona Schets

At the end of April 2022, I was warmly welcomed in the health care clinic in Linköping. Olof and his staff made a week schedule so I could experience different aspects of the care that is provided by the clinic. I already noticed several differences with the Dutch primary healthcare system at first glance. This particular health care centre is a private organisation of an international health care chain (Capio). Everybody wears a professional outfit, and not their own clothes, what makes it look more like a hospital outpatient clinic than a Dutch primary care centre.

Besides the General Practitioners, there is a lot of other staff, for example nurses, nurses in training, specialized nurses, nurses committed to children's care and assistant nurses. It is also possible to take a blood draw or perform an EKG right away. Also they have several point of



care tests, of course for covid, but also strep A. The GPs are, besides the consultations, responsible for writing sick leaves and regular developmental check-ups for young children. In general, the Swedish GP's have more time per patient, 20-30 minutes, in comparison to the Dutch doctors.

Also, the fika pause is something that is pleasantly obligatory. I was surprised almost no one took out their phone on the breaks, but really took this time to drink a nice coffee and chat with each other.

In the morning the day starts with a short online meeting in which all the staff working that day is summed up including what they do that time. Also, short announcements are made. They have another short meeting at the end of the lunch break, and on Friday there was a fun quiz.

I noticed the atmosphere at the clinic is very convivial and not hierarchical at all. Creating a good working environment is something that is considered important here, and also to make everybody feel included.



Hippokrates Exchange Programme

One of the downsides of working as a GP in Sweden, I think, is that you are responsible for deciding how long people cannot go to work when they are sick, physically or mentally. In the Dutch system, this task is performed by a separate doctor, who is more independent in my opinion and maybe also more experienced in this kind of judgements.

The patients I have seen in this week are also somewhat different from the patients I have seen in the Netherlands. I was surprised about how many 70 plus men and women are still in considerable good health. For example, an 81-year-old man came in with the complaint of acid reflux when he went jogging more than 5 kilometres. I don't think I have ever seen an 80-plus-year-old Dutch man run that far. One of the GPs, who is also an elderly care specialist, told me that research done in this area in Sweden, Östergötland, showed that around 50% of all 65 plus inhabitants don't use any medications and are in good health.

Also, I noticed the patients are more agreeable with the doctor and not so bold as the Dutch.

All in all, I had a very interesting and fun week at the centre. I can see myself working in Sweden, although I need to upgrade my Swedish language skills. But according two foreign doctors working there now, that is a something that will improve very fast while working here.

