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Life expectancy is rising in Finland – unlike in the UK. What's going right?

Annika Koljonen

Scandinavian countries spend more on public services and excel in preventive health. They should beware the British model

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A woman cycling in Finland. 'The Finns have just experienced the fastest health improvements recorded among 20 affluent countries.' Photograph: Kimmo Brandt/EPA

Earlier this week, a new report from the Royal College of Paediatrics and Child Health warned that infant mortality in the UK could be 140% higher by 2030 than in comparatively wealthy countries if current trends continue. Infant mortality rates are already twice as high as in Finland. There are also big gaps between the UK and Finland on rising life expectancy. Life expectancy has stopped rising in the UK, and is now actually falling across much of the country. In stark contrast, Office for National Statistics figures show that out of 20 comparator countries, Finland has experienced the largest increase in improvements in life expectancy for men since 2010, and Finnish women's life expectancy has also consistently risen.

What is it about Finland? And what's wrong with the UK? We know that Finland has some of the <u>best education</u> in Europe. Homelessness rates <u>are falling</u>. And now we learn that the Finns have just experienced the fastest health improvements recorded among 20 affluent countries. In contrast, since 2010 the UK has had the second worst record of the 20 countries, with only the US doing worse.

Finland and its Scandinavian neighbours <u>excel</u> in preventive measures. These are not the measures we are used to talking about in the UK, where you tell people to try harder, eat better, smoke less, and exercise more – implying it is all down to the individual. Finland excels in the provision of healthy, <u>free school meals for all</u>. It takes the eradication of childhood poverty seriously and its <u>politicians are</u> <u>criticised</u> over any apparent lack of action. The Finns spend more than we do on public services and social care.

Unlike the patronising public health information doled out by Public <u>Health</u>England, real preventive measures include genuinely affordable housing for all, so that people can afford good food rather than paying much of their income on astronomical private sector rents. In contrast, the results of a lack of proper prevention services in the UK are shocking. A baby is almost 50% more likely to be stillborn in England and Wales. And the country offers much better maternity packages and paternity and parental leave.

According to the OECD, Finland spends a <u>slightly lower proportion</u> of its GDP (9.5%) on health than does the UK (9.7%). Finland can do far more with that money partly because doctors don't need to be paid as much as they are in the UK, since housing

costs are lower. For every 10,000 people in Finland, there are <u>32 doctors</u> employed, compared to 28 in the UK, and there are 40 hospital beds for every 10,000 Finns, compared to 26 in the UK.

Amazingly, there is now <u>a movement in Finland</u> to introduce more private sector providers across healthcare. If the proposals for reforms are passed these reforms will begin in Finland in January 2021. Perhaps the National Coalition party MPs should come and visit the UK first?

In the UK we are told that the huge rise in mortality in recent years has been partly caused by a series of bad winters. In fact, recent winters have been <u>unusually warm</u>. At the very start of the health crisis we were told that influenza was the main cause of rising deaths, despite this being called out as an old political ploy to put the blame on flu <u>as early as February 2014</u>.

Last month, the BBC revealed that <u>all but one</u> of the many maternity units in Oxfordshire had shut their doors the night before due to lack of midwifery support. No advice was given as to what to do if you went into labour just before the morning rush hour, when getting to the main central hospital in Oxford is nigh-on impossible.

The Finns should definitely come and visit. Please stay a while. Ask people in the NHS what the effect of outsourcing to private providers has been. Come and see the results of underfunding coupled with the encouragement of competition. Much has gone wrong, in England especially, but at least others could come and learn from our mistakes.

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