

Patient insurance in Finland

Information about patient insurance

We handle
all patient injuries
that occur in connection
with healthcare activities
in accordance with the
Patient Injuries Act.

**Patient
Insurance
centre**

Patient Insurance centre

Finnish Patient Insurance Centre

Insurance, tel. +358 40 450 4545

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www.pvk.fi

Patient insurance

Patient insurance provides security not only for patients, but also for nursing staff. Patient insurance covers personal injuries suffered by patients in connection with healthcare and medical care provided in Finland in accordance with the Patient Injuries Act.

According to the Act, all healthcare providers must have patient insurance that provides compensation for injuries covered by the Patient Injuries Act.



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Who is obliged to take out patient insurance?

The following groups are obliged to take out insurance:

- > self-employed healthcare professionals in healthcare occupations who are, or can be, registered by the National Supervisory Authority for Welfare and Health (Valvira)
- > communities and associations that offer healthcare services and have healthcare professionals registered by Valvira in their service
- > companies offering emergency medicine services, including those in which the emergency medicine services are carried out by people other than healthcare professionals
- > pharmacies, for the prescription medicines they sell
- > Hospital Districts, for the public healthcare provided within their jurisdiction
- > universities, for the medical research they conduct
- > Finnish government agencies and public offices, for the healthcare services they provide

Students and trainees are in an equal position to the other personnel working in the company or institution where the traineeship takes place.

Other persons and companies offering care services (e.g. natural healthcare) are not obliged to take out insurance according to the Patient Injuries Act and, therefore, cannot take out patient insurance. Their insurance cover is arranged through liability insurance.

Taking out insurance

Self-employed practitioners and companies or associations (limited liability companies, general partnerships, limited partnerships, etc.) take out insurance policies with insurance companies. Furthermore, professional associations representing their members take out group insurance policies (e.g. the Finnish Medical Association, the Finnish Dental Association, the Union of Health and Social Care Professionals in Finland, the Finnish Union of Practical Nurses, etc.) take out insurance policies with insurance companies.

If, for example, a private physician, physical therapist or other healthcare professional provides their services under a company name, the insurance must also be taken out in the company's name. Agreements on group insurance for professional associations may include exceptions to this. For further information, contact your professional association.

Some public sector insurance (most hospital districts, Ålands hälso- och sjukvård, and governmental institutions) has been arranged through hospital district- and institution-specific agreements with the Patient Insurance Centre, while some has been arranged through patient insurance granted directly by insurance companies.

Healthcare and medical care offered by municipalities and joint municipal authorities (e.g. healthcare centres, transport services offered by rescue departments, educational healthcare institutions, etc.) falls within the scope of the insurance taken out by the specific hospital district.

This insurance does not concern those who operate in public healthcare but are in an employment relationship with a private company or are self-employed practitioners (e.g. physicians through purchased services or similar).



For more information on how to take out insurance, please visit www.pvk.fi/insurancecover



Determining the insurance premium

The assets required for compensation are collected in patient insurance premiums from parties engaged in healthcare and medical care activities. Insurance companies determine the amount of their insurance premiums according to their own payment principles, and it is affected by operational risks.

The insurance premium can be a fixed amount or, for example, based on the company's total wage bill.



Unlike in other companies and institutions, the majority of patient insurance in the public sector is based on the full liability principle. All costs and reasonable handling fees arising from injuries are collected as insurance premiums from the specific hospital district or governmental institution. The public sector may also take out patient insurance policies directly with insurance companies.

Neglecting to take out insurance

A party neglecting to take out insurance is obligated to pay an amount equalling an increased insurance premium

throughout the period it has been without insurance.

The increased premium may be up to ten times higher than an ordinary premium. Usually, the multiplying factor is three if there has been no injury, but it can be six if an injury has occurred.

The charge caused by the failure to take out insurance is collected by the Patient Insurance Centre.

Even if no insurance has been taken out, the person who has suffered an injury has the right to receive compensation for their injury in accordance with the Patient Injuries Act.

What is compensated for?

The Patient Injuries Act lists seven different grounds for compensation. These are a treatment injury, infection injury, accidental injury, equipment-related injury, injury arising from damage to premises or treating equipment, injury due to incorrect delivery of pharmaceuticals and unreasonable injury. Compensation may be paid for a bodily injury from patient insurance if any of the grounds for compensation referred to in the Act are fulfilled.

Treatment injury

A treatment injury is the most typical type of compensable injury. A compensable treatment injury is a bodily injury that was caused by an examination, treatment or other similar action performed on the patient, or the failure to do so. The term “other similar action” refers to, for example, vaccinations and donating blood or organs. An injury caused by an incorrect prescription or the wrong dosage of drugs may also be compensated for as a treatment injury.

It is not always possible to achieve satisfactory treatment results, for example, due to the nature of an illness or trauma. Such consequences are not compensated for if the procedures were in line with the standards required of an experienced medical professional, but the injury could not be avoided. Similarly, unavoidable consequences of properly conducted examinations or treatment activities do not provide any right to

compensation, unless they are unreasonable (see ‘Unreasonable injury’).

Infection injury

Injuries caused by an infection that originated during an examination, treatment or other similar activity can be compensated for as infection injuries. Unlike treatment injuries, infection injuries can be compensated for without determining whether the infection could have been avoided by acting differently.

All treatment activities carry a risk of infection, and infections cannot generally be avoided. Ordinary, superficial, fast-healing infections will always fall outside the scope of compensation.

In other words, not all injuries caused by infection are compensated for. Whether or not compensation will be paid is decided based on a separate infection tolerance evaluation, which takes into account the risk of an infection in each individual case.

Accidental injury

“Accident” refers to different sudden, unexpected and external events caused in connection with a medical examination or treatment, which occur unintentionally and cause a bodily injury. Accidents that occur while patients are being transported by ambulance are classified as accidental injuries, unless the injury is compensable under motor liability insurance.

This means that accident risks that are part of ordinary life are not covered by patient insurance. For example, a bodily injury received by a patient falling off an examination table may be a compensable accidental injury, whereas an injury that results from falling down in a hospital corridor is not an accident that is connected to treatment. However, this may be a compensable treatment injury if proper patient monitoring or assistance was neglected even though it could have been provided, considering the available resources.

Equipment-related injury

Compensation is paid for an equipment-related bodily injury if the patient was injured by a defect in the equipment or device that was used for the examination, treatment or other similar action.

Such equipment or devices typically include medical ventilators, surgical instruments, patient monitoring equipment, hospital beds and examination tables. “Defect” refers to any situation where a piece of equipment does not function the way it should and the defect is not caused by the actions of the medical staff.

Internal devices implanted permanently in the patient, such as joint endoprostheses or pacemakers, do not qualify for compensation if defective. Compensation for injuries caused by internal devices can be applied for under the Tort Liability Act or the Product Liability Act.

Injury arising from damage to premises or treating equipment

Injuries caused by damage to premises or treating equipment are compensable as patient injuries. Such incidents may, for example, be caused by a fire.

Injury due to incorrect delivery of pharmaceuticals

Patient insurance covers bodily injuries caused by prescription pharmaceuticals if these drugs were delivered by the pharmacist contrary to the prescription or regulations governing the delivery of

pharmaceuticals. In the most common cases, the pharmaceutical delivered or the dosage or user instructions differ from what was originally prescribed.

This legal provision concerns the incorrect delivery of prescription pharmaceuticals at a pharmacy. If the pharmaceuticals were administered to the patient in conjunction with an examination or treatment, the claim is processed under the section dealing with treatment injuries. In this case, compensation under patient insurance requires that the mistake was made in prescribing or dosing the medicine, judged against the standards of an experienced medical professional.

Patient insurance does not compensate for side effects of pharmaceuticals that were appropriately prescribed and dosed.

Such consequences may be compensable under voluntary pharmaceutical injuries insurance granted by the Finnish Mutual Insurance Company For Pharmaceutical Injury Indemnities (www.laakevahinko.fi).

Unreasonable injury

If a severe consequence that is significantly out of proportion with the initial situation occurs during an examination, treatment or other similar action, it can

be compensated for as an unreasonable injury, regardless of whether or not the injury could have been avoided by acting in a different manner.

Unreasonableness is determined on the basis of a separate evaluation. The unreasonableness evaluation is only conducted in cases where the patient has suffered a permanent severe illness, injury or loss of life. An illness or injury is considered to be severe if it falls at least into Class 7 in the Ministry of Social Affairs and Health's classification of injuries.



Further information:
www.pvk.fi/whatiscovered



What is not covered?

Not all adverse events that occur in connection with medical treatment and healthcare are compensated for, only bodily injuries that fulfil the conditions laid out in the Patient Injuries Act.

For example, the following are not compensable:

- Injuries that have occurred outside the geographical area of Finland are not compensable, even if the patient was referred for treatment in Finland.

- Material damage, such as torn clothing or the loss of dentures is not compensable. In these instances, the claimant may claim for compensation from the cause of the injury under the Tort Liability Act.
- Pure financial loss is not compensable. This term refers to financial loss that is not connected to bodily injury or material damage..
- Injuries caused by ordinary daily assistance services (e.g. domestic help services and service housing) that are not regarded as medical care or healthcare as referred to in the Patient

Injuries Act. Similarly, assistance and monitoring services connected to living in a residential care home are not covered by the Patient Injuries Act.

- Minor injuries are not compensable, even if they qualify for compensation on other grounds. An injury is considered to be minor if it only causes the patient mild pain or ache and does not result in any permanent functional disability or aesthetic injury, or if the costs incurred by the patient do not exceed EUR 200 (as of September 2003).

Dissatisfaction with the claims decision

If the claimant considers that the claims decision has been based on insufficient documentation, the claimant may send the Patient Insurance Centre a written request for a revision. The request should indicate in detail why the claimant believes the documentation is insuffi-

cient. Any missing documents should be attached to the request, or the request should include information about where these documents may be obtained.



Further information:
www.pvk.fi/patientrights





What type of compensation is paid?

Patient insurance covers the extra necessary costs and other losses caused by the patient injury. Costs and losses that would have been incurred regardless of the patient injury are not covered by patient insurance.

This means that compensation cannot be paid for medical expenses accrued from the original treatment or examination of the patient's illness or injury. Therefore, when assessing the amount of compensation payable, the costs and financial losses resulting from the underlying illness or injury being treated and those resulting from the patient injury must always be separated.

Compensation payable under patient insurance is determined by applying the provisions of the Tort Liability Act and the guidelines and regulations issued by the Traffic Accident Board. Furthermore, the decision principles of the Governmental Patient Injuries Board are taken into account when determining compensation. In principle, costs and losses arising from the injury are compensated for in full. However, the injured party is expected to prevent any subsequent loss whenever possible. The costs incurred must be necessary considering the treatment provided for the patient injury.

Patient insurance is secondary to most other statutory insurance and

benefits. Patient insurance covers only the portion of the patient's costs and losses arising from the patient injury that is not covered by other statutory insurance and benefits.

Patient insurance offers the following compensation:

- > Necessary costs from medical care
- > Other necessary costs
- > Loss of income caused by inability to work
- > Temporary incapacity
- > Permanent functional or cosmetic incapacity
- > Costs and loss of income incurred by a family member from treatment or other care provided to the injured party
- > Unreasonable funeral expenses
- > Loss of necessary support for those entitled to such support



Further information:
www.pvk.fi/compensation



Applying for compensation

You can apply for compensation from patient insurance by sending a written notice of injury to the Patient Insurance Centre.

The quickest way to do this is to use the printable form available on the website.



Further information:
www.pvk.fi/forms



You can also get the notice of injury form by calling the Patient Insurance Centre (tel. +358 40 450 4590) or by contacting the Patient Ombudsman of your treating institution or a social worker. Send the completed and signed form to the Patient Insurance Centre.



Current contact information is
available at www.pvk.fi/contacts



Read the instructions carefully before completing the form. Complete the notice of injury thoroughly. Explain in as much detail as possible in which treatment institution or practice where you believe the injury occurred.

Also list all the other locations where you were examined or treated for the same reason, either before or after the injury occurred. Accurate information about the above will speed up the processing of your claim.

In addition, report as accurately as possible the date or the period when the examination, treatment or neglect that

resulted in the claim took place.

Describe in your own words your bodily injury and on what grounds you are claiming compensation. It is not necessary for the claimant to present medical or judicial grounds for the claim. However, it is important that the notice indicates the injury that it concerns in as much detail as possible. The Patient Insurance Centre will request reports on the treatment or examination performed from the institution where the injury was indicated to have taken place solely on the basis of the notice of injury.

It is not necessary to attach any receipts or other documentation concerning the amount of costs and expenses to the notice of injury. They will be examined separately if it is determined that the claim is compensable. All invoices and receipts should be kept, however, so that they can later be attached to the application for compensation form and it will be easier to complete the application.

If you are applying for compensation under other insurance schemes, such as from the Social Insurance Institution of Finland (Kela), make copies of the documents before submitting the application.

All decisions on compensation related to other types of insurance cover should also be saved once they have been received. Remember to send your claim for compensation for costs to the Patient Insurance Centre within three years of receiving a favourable compensation decision.



Further information:
www.pvk.fi/forms



Patient Injuries Act currently being revised

The Patient Injuries Act is currently being revised. The purpose is to assess whether there is a need to amend the act in full and to revise it in the light of development needs identified. The intention is that the new Act will enter into force from the beginning of 2018.

The current Patient Injuries Act has been valid since 1987. The Act was extensively amended in 1999 regarding the preconditions for compensation for injuries. However, the Act has not been systematically revised since it came into force.

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Safeguarding
patients and
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Contact details of member companies of
the Patient Insurance Centre are available at
www.pvk.fi/membercompanies