



National health care in Portugal: a new opportunity



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For the Portuguese translation see Online for appendix

For the 2019 European Health Equity Status Report from WHO see <http://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019>

For the report on the state of health in Portugal from the OECD see http://www.euro.who.int/_data/assets/pdf_file/0007/355993/Health-Profile-Portugal-Eng.pdf?ua=1

On Sept 15, Portugal celebrated the 40th anniversary of its national health system. Since its creation, there has been impressive progress in Portugal's health indicators. Infant mortality per 1000 livebirths decreased from 3.3 in 2006 to 2.9 in 2017, and life expectancy of men and women increased by more than 4 years over the same period to 81.3 years (longer than the EU average). However, the tide is changing and after the economic crisis, cuts in public expenditure have introduced new challenges. According to WHO, Portugal is one of only four countries (of 33 analysed) that reduced public health expenditure between 2000 and 2017.

As this falling investment is preventing the modernisation of hospitals and replacement of obsolete medical equipment, private care is expanding. The public medical workforce, discouraged by poor work conditions, are seeking jobs in the private sector and overseas. Dental consultations and diagnostic tests are most commonly provided by the private sector and are triggering an increase in patient out-of-pocket expenses,

which are already 28% of total health expenditures, substantially higher than the EU average (15%), according to the Organisation for Economic Co-operation and Development. Other elective treatments are becoming restricted to the population who can afford private care. Politicians face challenges at both ends of the age spectrum: child poverty rates are above the EU average, and the ageing population, one of the oldest in Europe, is unhealthy with a poor quality of life in later years.

On Oct 6, *Partido Socialista*, a centre-left-wing political party, won the general election, despite failing to secure a majority. In his manifesto, António Costa, the party's leader, established four major challenges to be addressed by the next government: climate change, demography, the transition to a digital society, and inequality. At a time when the national health-care system no longer meets the needs of a substantial part of the population, the re-elected government must take this new opportunity to prioritise health and make health care accessible for all. ■ *The Lancet*



Bringing frailty into all realms of medicine



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Although the concept of frailty has been recognised for centuries, it wasn't until 2001 that a landmark attempt was made to standardise the definition of frailty, via a description of the condition's core clinical presentations. Characterised by a reduction in functioning across multiple physiological systems, which heightens an individual's vulnerability to stressors, the prevalence of frailty has increased in recent years largely because of population ageing. To recognise this growing burden, this week, *The Lancet* publishes a two-paper Series focusing on the identification, management, and prevention of frailty.

Frailty places a burden not only on affected individuals, their families, and caregivers but also on health and social care systems. Frailty is not an inevitable consequence of ageing and, even at advanced ages, many people do not become frail. Conversely, frailty is not limited to older people: frailty and prefrailty can exist in individuals younger than 65 years, particularly among those with multimorbidity. Frailty is a dynamic condition and individuals can transition in and out of frailty states. Prevention is possible, especially during the early

stages, and prompt identification is crucial to maximise opportunities for intervention.

Frailty increases the risk of adverse outcomes in patients undergoing medical or surgical treatment. Consideration of frailty status should be integral when assessing patients to support decision making. Frailty might also amplify the effect of traditional risk factors on outcomes. For example, frail patients with Alzheimer's dementia have lower levels of Alzheimer's pathology than do non-frail patients, suggesting that frailty might reduce the threshold needed for Alzheimer's pathology to cause clinical symptoms.

In the past two decades, great strides have been made in our understanding of frailty. However, as a comparatively new research discipline, many gaps in knowledge remain: no universal consensus exists on the definition of frailty or its assessment, and more robust, high-quality trials of strategies to prevent and manage frailty are needed. What is clear, however, is that frailty is not solely the realm of geriatricians, and care plans for management of individuals with frailty should involve professionals from a range of relevant medical specialties. ■ *The Lancet*

For more on frailty in younger people see Articles *Lancet Public Health* 2018; 3: 323-32

For more on frailty and Alzheimer's disease expression see Articles *Lancet Neurol* 2019; 18: 177-84