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Patients in France are going without healthcare for financial reasons

In France, some 5 million people have no complementary health insurance. While France's national health insurance system offers extensive coverage of hospital care and certain chronic illnesses, it only pays for a portion of many types of health care, including doctors' appointments, dental care, eyeglasses and many prescription drugs. Many users opt for a complementary health insurance policy to cover expenses not covered by French national health insurance.

More than 4 million of France's lowest-income individuals qualify for the country's universal complementary health care (CMUC) scheme, which is designed to help them pay for expenses not reimbursed by French national health insurance. Of the more than 2 million people whose income is just above the maximum for CMUC coverage, and who would be entitled to assistance for purchasing complementary health insurance, only around 300 000 received such assistance in 2007 (1,2,3).

A heavier financial burden for low-income patients. The lower the income of the households not qualifying for the CMUC scheme, the higher the proportion of income devoted to complementary health insurance: around 10% of the income of the poorest households (less than 800 euros per month per person, or more precisely per "consuming unit"), versus around 3% of income for the "richest" (more than 1867 euros per month) (a). The financial burden for the poorest is proportionally three times as great as that for the "richest", in exchange for inferior coverage.

One fourth of low-income beneficiaries say they have gone without care. 24% of the poorest, versus 7.4% of the "rich" say that they went without care due to financial reasons in 2006. The rate of those doing without climbs to 32% among patients who did not

have complementary health insurance (1). The care that they went without was not nonessential care, but rather the services for which the greatest proportion of the cost has to be assumed by the patient: dental care (63%), eyeglasses (25%), appointments with specialists (16%) and with general practitioners (9%).

Making the system more equitable. For France's most disadvantaged, the barriers to obtaining healthcare are growing: unaffordable complementary health insurance, refusal by some doctors to treat low-income patients covered under the universal healthcare coverage (CMU) scheme, deductibles (though certain patients are exempted from them), and doctors' fees that exceed the scale set by the national health insurance system (4-6).

Patients and healthcare professionals alike should weigh in on the side of equitable medical coverage for all, in the name of public health as well as out of ethical considerations.

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a- "Consuming unit" aims to better compare living standards of differing households. Members of units are weighed by a factor, usually 1 to the first adult, 0.5 to other members aged over 14 years, and 0.3 to those aged under 14 years (ref 7).

Selected references from Prescrire's literature search.

- 1- Institut de recherche et documentation en économie de la santé "Enquête sur la santé et la protection sociale 2006" Paris 2008: 236 pages.
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- 3- Fonds de financement de la protection complémentaire de la couverture universelle du risque maladie "Rapport d'activité 2007" 2008: 63 pages.
- 4- Prescrire Rédaction "Renoncements aux soins par insuffisance de revenus" *Rev Prescrire* 2007; 27 (287): 699.
- 5- Prescrire Rédaction "Refus de soins à des patients bénéficiaires de la CMU (suite)" *Rev Prescrire* 2007; 27 (285): 536.
- 6- Conseil de la Concurrence "Décision n°08-D-06 du 2 avril 2008 relative à des consignes syndicales de dépassement des tarifs conventionnels par les médecins spécialistes de secteur I" 2008: 42 pages.
- 7- "Nomenclatures, définitions, méthodes" www.insee.fr accessed 3 June 2008: 1 page.

