

Innovation or Provocation? A Swedish Scenario on Future Welfare Services

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More empathy and more high tech in the health and elder health care system in Sweden. That is one conclusion drawn in a recent governmental report analyzing the long-term demand for welfare service by 2050. The report, translated into English (Socialdepartementet, 2013), argues that health and elder care services cannot be produced much longer the way they are done now as the price the patients and clients will pay will be too high in terms of suffering and antiquated working methods (all the time it takes to get an appointment, getting to the clinic, sitting in the waiting room, for example). According to the report, individual patients, clients, caregivers and businesses have already taken the lead to implement innovative approaches and technologies which will enable people to do self-testing and automatic screening at home or at labs located in shopping centers or at metro platforms. Having the individuals themselves managing and monitoring their preventive health care through computerized online decision making by means of online scanners, for example, to analyze the vitality of bodily organs and cells ensures, it is argued, that serious maladies will be detected at an early stage and that treatment will be more cost-effective. The computerized diagnoses available through expert systems in the home are seen as more reliable than those provided by the human brain and will even make the health care centers of today rather superfluous. For such prevention to be successful, the argument continues, it is essential to synchronize the contact between patients and the computer

simulated care system.

To accomplish this, the report introduces a system of mentors. A mentor uses the expert systems to assess what the individual wishes and needs and to make an accurate diagnosis based on the information provided by the automated systems. The accurateness thus accomplished will, according to the report, be the case in 87% of the time. Otherwise, specialists will be called in to deal with rare or, especially in regard to mental matters, serious disease. Generally, a person should have up to three mentors, one until the age of 35, another until they retire at the age of 65-80, and finally one for the rest of life. It is important, it is stated, that both parties accept each other, otherwise the system will not work. The mean number of mentees for a mentor is estimated to 50 or so. The skills for many mentors are described as those traditionally referred to as psychologists, primary care physicians, and physiotherapists, for example. Even patients with a long-term disease can, when "hyperlinked", manage most of their own health care through access to networks and technical resources such as robotics and exoskeletal machines, for example, thereby increasing autonomy and reducing personal costs.

Comments: The health care sector in Sweden has undergone great changes in recent years. From a health psychology point of view, changes have been both positive and negative. It is now quite common that psychologists are employed in community health care centers. Cognitive behavioural therapy (CBT) has developed dramatically and is a familiar concept to the

public. Its popularity has resulted in education in CBT, generally through short-term courses, being offered to various groups of non-psychologists within the public and private health care sector. Such short education of psychological therapists acting in the health care market has been met by criticism. The governmental report and the recent development must be seen as an urgent need to reflect on the status of health psychology in the future



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Reference

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