

Patient safety and quality of healthcare

Full report

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This survey was requested by Directorate-General for Health and Consumers and coordinated by Directorate-General for Communication ("Research and Political Analysis" Unit)

This document does not represent the point of view of the European Commission.
The interpretations and opinions contained in it are solely those of the authors.

SPECIAL EUROBAROMETER 327

Patient safety and quality of healthcare

Conducted by TNS Opinion & Social at the request
of Directorate-General for Health and Consumers

Survey co-ordinated by Directorate-General
for Communication

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INTRODUCTION

When being treated, patients hope and trust that their health-related problems will be appropriately handled and that they will be well looked after. However, it is estimated that in EU Member States between 8% and 12% of patients admitted to hospitals suffer from adverse events whilst receiving healthcare.¹ In addition, the European Centre for Disease Prevention and Control (ECDC) estimates that healthcare-associated infections occur in 5% of hospitalised patients. This would equate to 4.1 million patients a year in the EU. They also estimate that 37 000 deaths are caused every year as a result of such infections.²

Since patient safety is such a serious concern, the Council of the European Union recently adopted the recommendation on patient safety, including the prevention and control of healthcare-associated infections (hereafter referred to as the Council recommendations). In brief, these recommendations cover measures to help prevent and reduce the occurrence of adverse events in healthcare, such as:

- **Greater reporting of patient safety events.** It is recommended that more comprehensive reporting on adverse events take place, in a blame-free manner. This will help monitor and control patient safety, but also provide data on the effectiveness of implemented measures.
- **Education and training of healthcare workers, focusing on patient safety.** Patient safety should be embedded in the education and training of all healthcare workers, including on-the-job training and the development of core competencies in patient safety.
- **Greater awareness of patient safety amongst patients.** Patients themselves need to be aware of the authorities responsible for patient safety, the patient safety measures and standards which are in place, and available complaints procedures.³
- **Standardisation of patient safety measures, definitions and terminology.** The Member States are at different levels of development and implementation of patient safety strategies. It is recommended that common

¹ Source: http://ec.europa.eu/health/ph_systems/patient_safety_en.htm

² Source: http://ec.europa.eu/health/ph_systems/docs/patient_rec2009_en.pdf

³ Source: http://ec.europa.eu/health/ph_systems/docs/patient_rec2009_en.pdf

terminology, as well as patient safety standards and best practices be developed and shared amongst Member States.

* * * * *

In the light of the importance of patient safety, this Eurobarometer survey has been conducted with the main objective of exploring Europeans' perceptions regarding patient safety and their attitudes toward the quality of healthcare in their country and cross-border.

Broadly speaking, the survey covers the extent to which citizens perceived they are likely to be harmed by hospital- and non-hospital care, including to what extent they feel they are at risk of experiencing specific adverse events and to what extent they are informed about safety measures in their own country and in other EU Member States.

Europeans' actual experiences regarding adverse events are then measured – whether they have experienced an adverse event, whether the event was reported and to which authority. Connected to this measure, respondents' spontaneous awareness of organisations responsible for patient safety was determined, as well as their main sources of information regarding adverse events. The report then looks at awareness and probable use of different forms of redress, distinguishing between the adverse event occurring in one's own country or another EU Member State. Finally, the report provides information on respondents' rating of the quality of healthcare in their country, how it compares to other Member States and the most important characteristics of quality healthcare.

This wave of the Eurobarometer was carried out from 11 September to 5 October 2009.⁴ The survey was conducted in the 27 European Union Member States. The results are analysed at three levels: the average for the 27 Member States (EU27), the national average and socio-demographic analysis (age, gender etc. including a number of healthcare-related indicators such as the perceived overall quality of healthcare). The average for the EU27 is weighted to reflect the actual population of each of the Member States.

⁴ For precise details of the fieldwork dates in each country, please refer to the technical specifications.

Unless noted otherwise in the text all data is reported. However, where filtered samples sizes drop below 200 for a Member State or demographic group this is not included in our analysis.

This survey was carried out by the TNS Opinion & Social network. The methodology used is that of Eurobarometer surveys as carried out by the Directorate General for Communication ("Research and Political Analysis" Unit)⁵.

A technical note on the manner in which interviews were conducted by the Institutes within the TNS Opinion & Social network is appended as an annex to this report. This note indicates the interview methods and the confidence intervals.

The Eurobarometer web site can be consulted at the following address:

http://ec.europa.eu/public_opinion/index_en.htm

We would like to take the opportunity to thank all the respondents

across the continent

who have given of their time to take part in this survey.

Without their active participation, this study would simply not have been possible.

⁵ Source: http://ec.europa.eu/public_opinion/index_en.htm

In this report, the countries are represented by their official abbreviations. The abbreviations used in this report correspond to:

ABBREVIATIONS

EU27	European Union – 27 Member States
DK/NA	Don't know / No answer
BE	Belgium
BG	Bulgaria
CZ	Czech Republic
DK	Denmark
DE	Germany
EE	Estonia
EL	Greece
ES	Spain
FR	France
IE	Ireland
IT	Italy
CY	Republic of Cyprus*
LT	Lithuania
LV	Latvia
LU	Luxembourg
HU	Hungary
MT	Malta
NL	The Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovakia
FI	Finland
SE	Sweden
UK	The United Kingdom

* Cyprus as a whole is one of the 27 European Union Member States. However, the “*acquis communautaire*” is suspended in the part of the country that is not controlled by the government of the Republic of Cyprus. For practical reasons, only the interviews conducted in the part of the country controlled by the government of the Republic of Cyprus are recorded in the category “CY” and included in the EU27 average.

MAIN MESSAGES

- Nearly half the respondents feel they could be harmed by healthcare in their country (both by hospital and non-hospital care).
- The majority of respondents feel *hospital infections* or *incorrect, missed or delayed diagnoses* are either fairly likely or very likely to occur when receiving healthcare in their own country.
- Over 25% of respondents claim that they or a member of their family have experienced an adverse event with healthcare. However, these events largely go unreported.
- Where adverse experiences were reported this was mainly to the *hospital management* or the relevant *doctor, nurse or pharmacist*.
- Nearly one third of respondents do not know which body is responsible for patient safety in their country. Others see the *ministry of health* or the *healthcare providers (e.g. clinic, hospital, doctor, nurse)* as the responsible bodies.
- Of the people who underwent surgery, 17% say written consent was *never* obtained, though great variance across the Member States is evident.
- Most respondents (73%) say *television* is their main source of information regarding adverse events in healthcare, followed by *newspapers and magazines* (44%) and *friends or family* (31%). Only 9% would seek information in *official statistics* or in *hospital*.
- Whether harm occurred in their own country, or another Member State, respondents expect that *an investigation into the case* or *financial compensation* would be the forms of redress.
- Should they be harmed in their own country, most respondents anticipate that they would seek help from a *lawyer*, or else the *hospital management* or *ministry of health*. If the harm occurs in another Member State, they claim they would first contact their *embassy or consulate*.

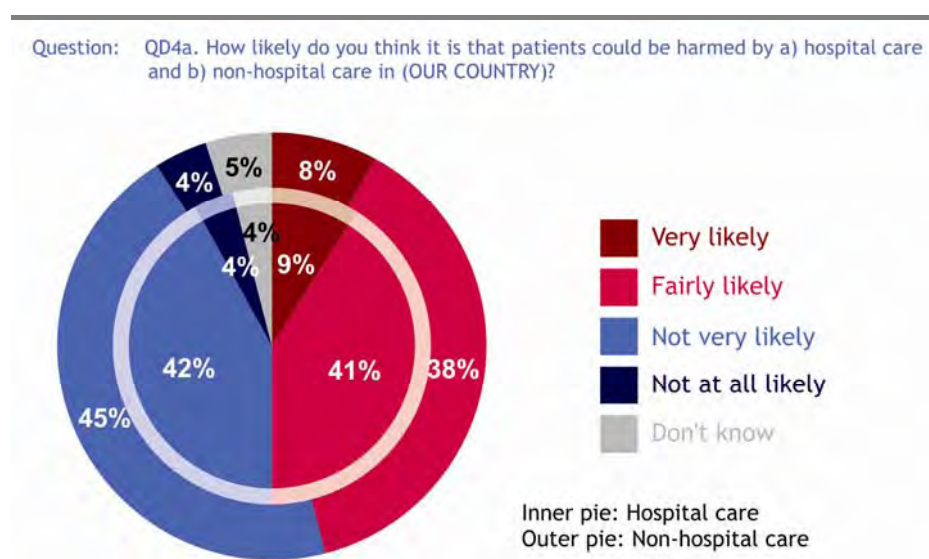
- When thinking of high quality healthcare, the most important criterion is *well-trained medical staff*, followed by *treatment that works*. Thereafter, *no waiting lists*, *modern medical equipment* and *respect of a patient's dignity* receive roughly equal responses.
- Most respondents rate the healthcare in their country as *good*, though the majority feel it is *fairly good* rather than *very good*. However, there is again great variance on a national level (from 97% to 25% of respondents rating quality of healthcare in their country as good).
- Respondents from 16 EU Member States consider the quality of healthcare in their country as worse than in other Member States, whereas respondents from 11 Member States consider it as better.

1. PERCEPTIONS OF PATIENT SAFETY

1.1 Perceived likelihood of being harmed by hospital- or non-hospital care

- Fifty percent of citizens think there is a risk of patients being harmed by hospital care -

Half the respondents feel there is a risk they could be harmed by **hospital care** in their country⁶ – though only 9% feel it is *very likely*, 41% feel it is *fairly likely*. This result is very striking given that healthcare should be benefiting patients, not harming them. When asked about the likelihood of being harmed by **non-hospital care**⁷ 8% feel it is *very likely* and 38% state it is *fairly likely*.

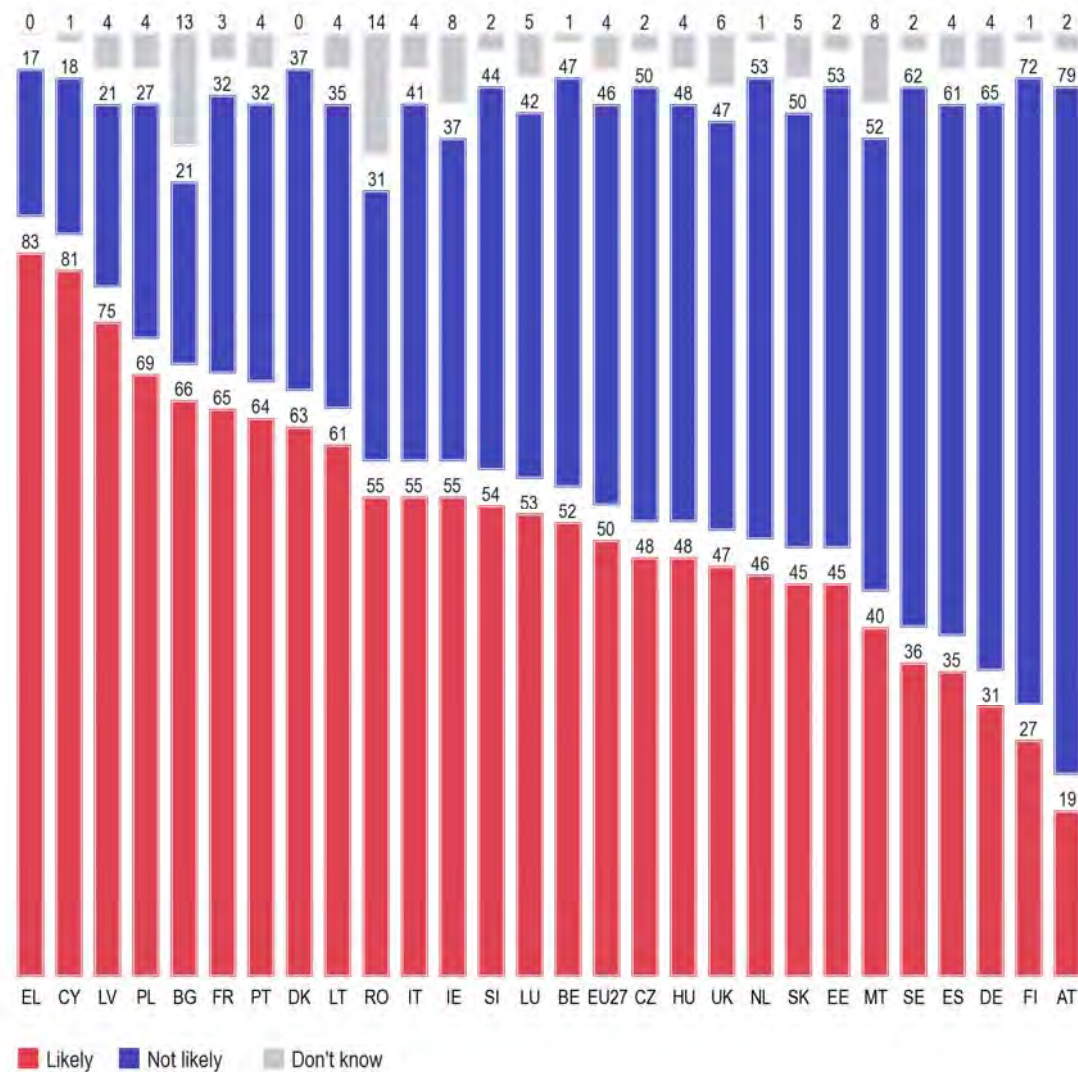


Turning first to the likelihood of being harmed by *hospital care*, an examination of the data shows that the perceptions of this differ greatly across the EU. Respondents in Greece (83%), Cyprus (81%) and Latvia (75%) feel that the risk of being harmed is much higher than respondents in Austria (19%), Finland (27%) and Germany (31%).

⁶ QD4a How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.

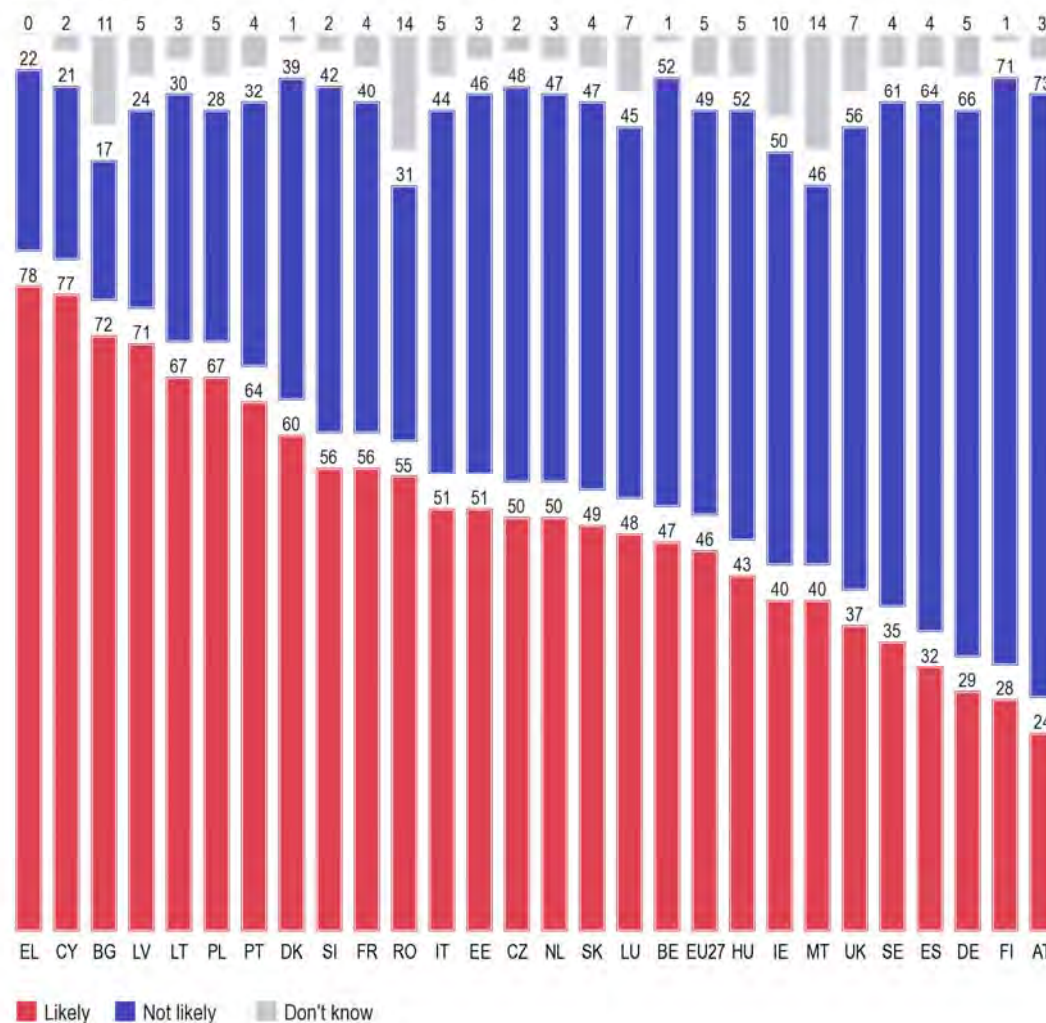
⁷ QD4b And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.

QD4a. How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.



A similar pattern is found in perceptions of the likelihood of being harmed by *non-hospital care*. Again, respondents in Greece (78%), Cyprus (77%), and Latvia (71%), as well as those in Bulgaria (72%) feel that the risk of adverse events in connection to such care is much greater than respondents in Austria (24%), Finland (28%) and Germany (29%).

QD4b. And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.



The results at the national level show a high correlation between perceived likelihood of being harmed by hospital- and non-hospital care. In Greece and Cyprus more than eight out of ten citizens feel it is likely they will be harmed by hospital care (and, in fact, the view is quite strongly held in that at least three out of ten citizens feel it is *very likely* this may occur). These two countries also top the list for perceived likelihood of being harmed by non-hospital care (78% *likely* for Greece; 77% *likely* for Cyprus).

After Greece and Cyprus, Latvians perceive the third highest probability of harm from hospital care (75% *likely*) and fourth for non-hospital care (71% *likely*). Bulgaria, Poland, France and Portugal are other countries providing a high response rate for both these measures.

Countries where the majority of citizens feel it is *not likely* they will be harmed by hospital- or non-hospital care include Austria and Finland, where more than seven out of ten respondents feel it is *not likely* they will be harmed (by either hospital or non-hospital care). In Germany, Spain and Sweden at least six out of ten respondents state that it is not likely they will be harmed.

QD4a How likely do you think it is that patients could be harmed by...? - % Likely			
		Hospital care in (OUR COUNTRY)	Non-hospital healthcare in (OUR COUNTRY)
	EU27	50%	46%
	EL	83%	78%
	CY	81%	77%
	LV	75%	71%
	PL	69%	67%
	BG	66%	72%
	FR	65%	56%
	PT	64%	64%
	DK	63%	60%
	LT	61%	67%
	IE	55%	40%
	IT	55%	51%
	RO	55%	55%
	SI	54%	56%
	LU	53%	48%
	BE	52%	47%
	CZ	48%	50%
	HU	48%	43%
	UK	47%	37%
	NL	46%	50%
	EE	45%	51%
	SK	45%	49%
	MT	40%	40%
	SE	36%	35%
	ES	35%	32%
	DE	31%	29%
	FI	27%	28%
	AT	19%	24%

The following socio-demographic groupings perceive a higher likelihood of being harmed by either hospital or non-hospital care:

- ✓ Women.
- ✓ Those that ended their schooling between the ages of 16-19.
- ✓ Are experiencing other difficulties in life, for example frequently having difficulties paying bills (i.e. they are in financial difficulty).

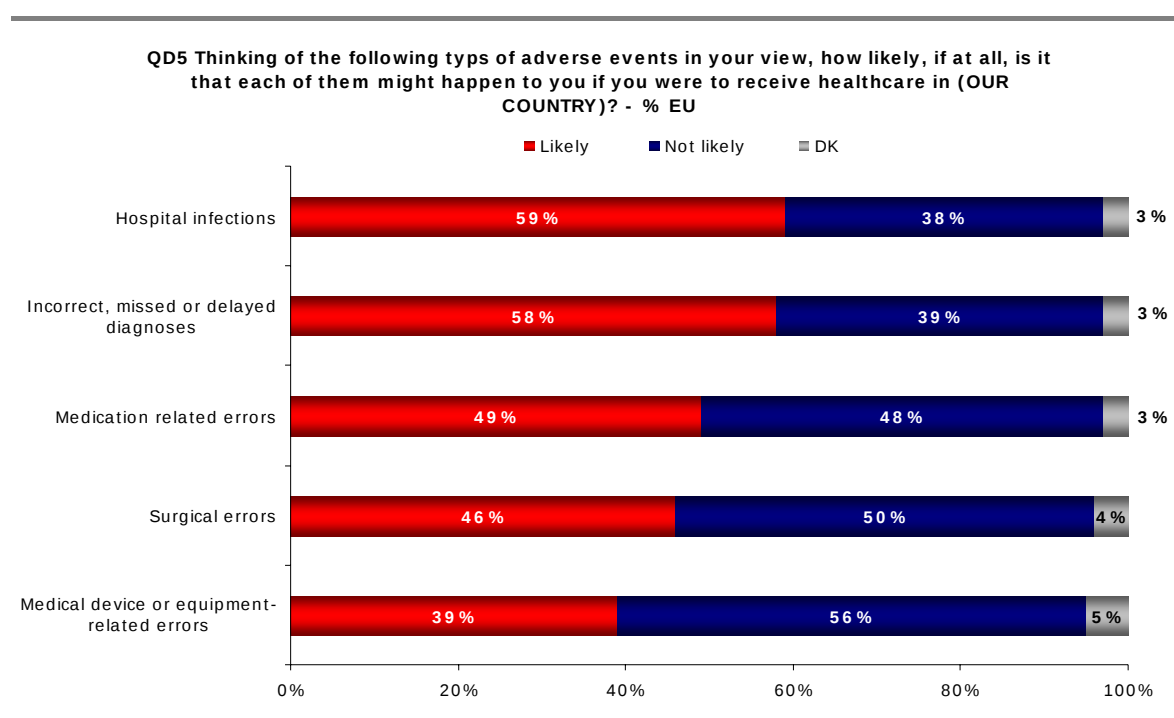
QD4 How likely do you think it is that patients could be harmed by a) hospital care in (OUR COUNTRY)? And b) by non-hospital care in (OUR COUNTRY)? % EU				
		HOSPITAL CARE		NON-HOSPITAL CARE
		Likely	Not likely	Likely Not likely
EU27		50%	46%	46% 49%
Sex				
	Male	47%	49%	44% 51%
	Female	53%	43%	48% 47%
Education (End of)				
	15-	49%	46%	44% 50%
	16-19	52%	44%	48% 47%
	20+	49%	48%	47% 49%
	Still studying	45%	48%	45% 48%
Difficulties to pay bills				
Most of the time		60%	35%	56% 39%
From time to time		56%	40%	52% 43%
Almost never		47%	49%	43% 52%

1.2 Likelihood of experiencing specific adverse events

- Hospital infections are the most widely anticipated adverse events -

Respondents were asked to state how likely they thought specific adverse events were to occur when they were receiving healthcare⁸. *Hospital infections* and *incorrect, missed or delayed diagnoses* top the list with nearly six out of ten respondents feeling it is *likely* each of these may occur. However, again it is noted that most respondents feel the probability is *fairly likely* (43% for *hospital infections*, 45% for *incorrect diagnoses*) rather than *very likely* (16% for *hospital infections*, 13% for *incorrect diagnoses*).

Around half of those surveyed see a potential for *medication-related errors* or *surgical errors* to occur (though no more than one out of ten feel it *very likely*). *Medical device or equipment-related errors* rank last on the list, however 39% of respondents see it likely this might happen (7% feel it is *very likely*).



⁸ QD5.1 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

On a national level, the countries posting the highest *likelihood*, across all types of adverse events, are Greece, Cyprus, Poland, Lithuania and Latvia. The highest proportions of those who perceive these adverse events as *not likely* occur in Austria, Finland, Sweden and Spain. The reader should be aware that there is a clear correlation with the results for “likelihood of being harmed by hospital- and non-hospital care” reported in the previous section.

QD5 Being harmed when receiving healthcare is also referred to as “adverse events”. Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

		Hospital infections	Incorrect, missed or delayed diagnoses	Medication related errors (wrong prescription, wrong dose, dispensing error in pharmacy, wrong administration route)	Surgical errors	Medical device or equipment-related errors
	EU27	59%	58%	49%	46%	39%
	BE	68 %	51%	44%	43%	33%
	BG	71%	76 %	67%	59%	51%
	CZ	39%	59 %	45%	45%	31%
	DK	75 %	73%	72%	47%	38%
	DE	51 %	49%	38%	37%	24%
	EE	47%	70 %	51%	46%	37%
	IE	71 %	55%	39%	34%	29%
	EL	85 %	82%	68%	73%	60%
	ES	36%	37 %	31%	27%	24%
	FR	75 %	66%	58%	56%	47%
	IT	59%	63 %	55%	58%	49%
	CY	78%	85 %	75%	76 %	68 %
	LV	70%	89 %	77%	74%	55%
	LT	74%	88 %	77%	73%	62%
	LU	52%	57 %	49%	47%	28%
	HU	46%	61 %	45%	50%	44%
	MT	61 %	55%	50%	43%	39%
	NL	56%	57 %	52%	41%	32%
	AT	18%	26 %	24%	17%	15%
	PL	76%	81 %	69%	74%	66%
	PT	67 %	64%	62%	58%	57%
	RO	66%	68 %	60%	59%	52%
	SI	70 %	68%	58%	58%	46%
	SK	53%	68 %	45%	47%	40%
	FI	41 %	38%	31%	24%	13%
	SE	35%	45 %	31%	17%	13%
	UK	59 %	49%	37%	31%	29%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

Analysis of the socio-demographic groupings shows:

- ✓ Women perceive a higher likelihood that all adverse events could occur, compared to men.
- ✓ Those who left educated at 16-19 years of age tend to say adverse events are more likely to occur, especially *surgical errors* and *medical device or equipment-related errors*. Those who are still studying, and most likely are of a younger age with less experience, tend to view most adverse events as less likely to happen.
- ✓ The most significant differences between socio-demographic groupings come when comparing peoples' overall life situations: those who frequently have difficulty paying their bills perceive a greater likelihood that all these adverse events could happen.

QD5 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)? - % EU

	Hospital infection	Incorrect, missed or delayed diagnoses	Medication related errors (wrong prescription, wrong dose, dispensing error in pharmacy, wrong administration route)	Surgical errors	Medical device or equipment-related errors
EU27	59%	58%	49%	46%	39%
Sex					
 Male	55%	55%	46%	44%	36%
Female	62%	60%	51%	48%	41%
Education (End of)					
 15-	57%	54%	47%	47%	40%
16-19	61%	60%	50%	50%	40%
20+	59%	56%	47%	42%	35%
Still studying	49%	57%	48%	42%	35%
Difficulties to pay bills					
Most of the time	65%	69%	58%	57%	49%
From time to time	61%	63%	54%	53%	45%
Almost never	57%	54%	45%	43%	35%

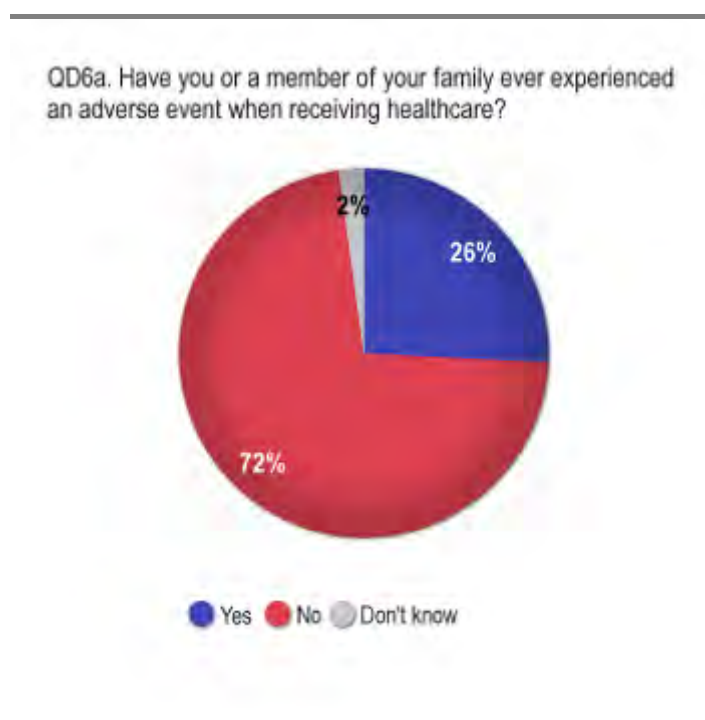
2. EXPERIENCES OF ADVERSE EVENTS

2.1 Claimed incidence of adverse events

- Nearly a quarter of respondents say they have experienced an adverse event with healthcare -

Respondents were asked whether they, or their family members, have ever experienced an adverse event when receiving healthcare⁹. Just over a quarter of respondents (26%) say they (or their family members) have experienced an adverse event. Here, it should be noted that the reported incidence includes family members as well as the respondents themselves and that the nature of the adverse event was not determined.

Amongst those who have experienced an adverse event, this mostly took place in their own country (99%), with the remaining 1% experiencing the adverse event in another EU Member State¹⁰.



⁹ QD6a Have you or a member of your family ever experienced an adverse event when receiving healthcare?

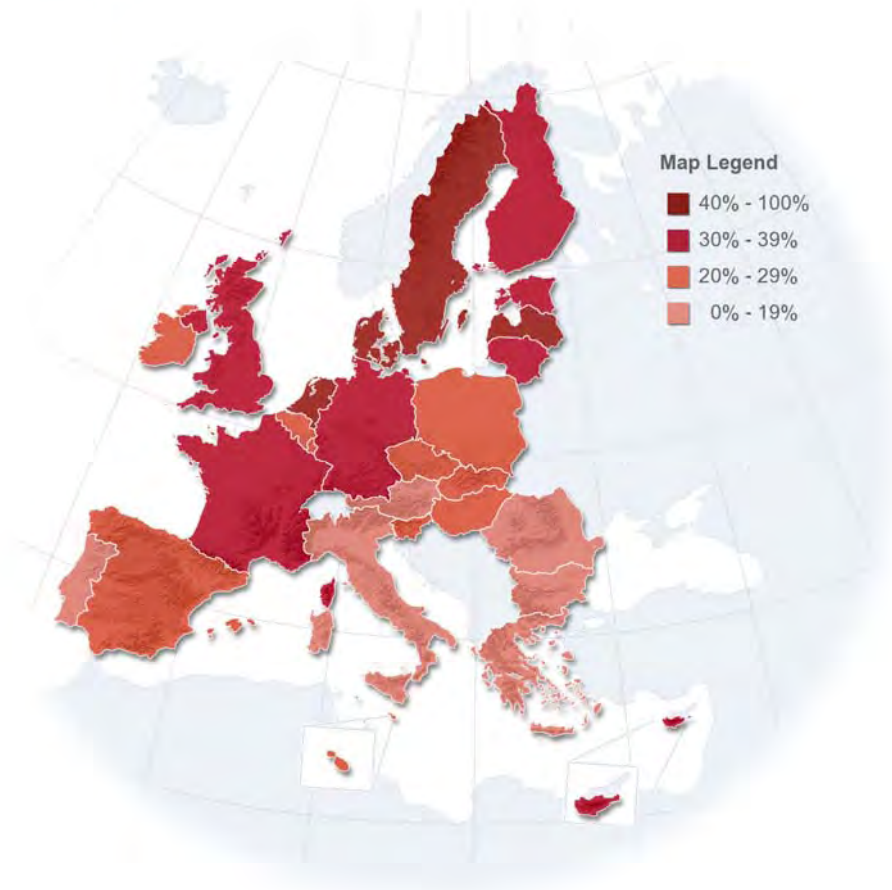
¹⁰ QD6b Where did this adverse event take place?

On a national level, more than four out of ten respondents in Sweden, Denmark, Latvia and the Netherlands say they, or a member of their family, have experienced an adverse event. By contrast, more than eight out of ten respondents in Austria, Greece, Bulgaria and Portugal say they have *not* experienced an adverse event.

 SE	49%
 DK	43%
 LV	43%
 NL	42%
 EE	39%
 FR	39%
 LT	36%
 CY	35%
 FI	34%
 UK	31%
 DE	30%
 SI	29%
 BE	29%
 LU	29%
 SK	29%
 EU27	26%
 HU	24%
 CZ	23%
 MT	23%
 ES	20%
 PL	20%
 IE	20%
 EL	16%
 RO	16%
 BG	15%
 IT	15%
 PT	13%
 AT	12%

Question: QD6a. Have you or a member of your family ever experienced an adverse event when receiving healthcare?

Answers: Yes



The socio-demographic analysis shows:

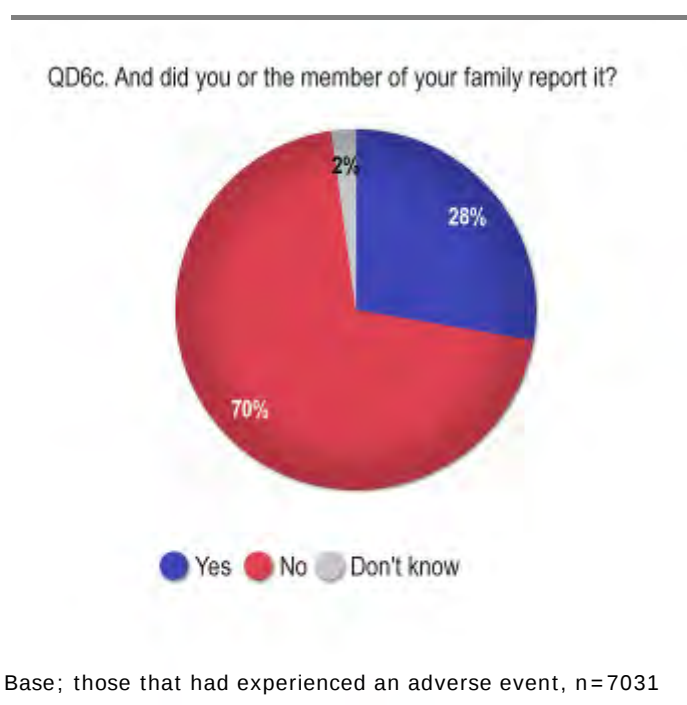
- ✓ Respondents 40-54 years old are more likely to report experience of an adverse event, compared to their younger and older counterparts.
- ✓ A greater proportion of better educated respondents say they have experience of an adverse event, compared with those that left education earlier on.
- ✓ Managers claim to have more experience of adverse events compared to other occupational groups.
- ✓ More adverse experiences are also reported by people who frequently have problems paying their bills.

QD6a Have you or a member of your family ever experienced an adverse event when receiving healthcare? - % EU			
	Yes	No	DK
EU27	26%	72%	2%
Age			
 15-24	23%	74%	3%
25-39	27%	71%	2%
40-54	30%	68%	2%
55 +	25%	73%	2%
Education (End of)			
 15-	21%	76%	3%
16-19	26%	72%	2%
20+	33%	65%	2%
Still studying	23%	74%	3%
Respondent occupation scale			
 Self- employed	26%	72%	2%
Managers	34%	64%	2%
Other white collars	24%	73%	3%
Manual workers	25%	73%	2%
House persons	27%	71%	2%
Unemployed	28%	70%	2%
Retired	26%	72%	2%
Students	23%	74%	3%
Difficulties to pay bills			
Most of the time	36%	61%	3%
From time to time	24%	73%	3%
Almost never	26%	72%	2%

2.2 Incidence of reporting adverse events

- Adverse healthcare experiences are largely unreported -

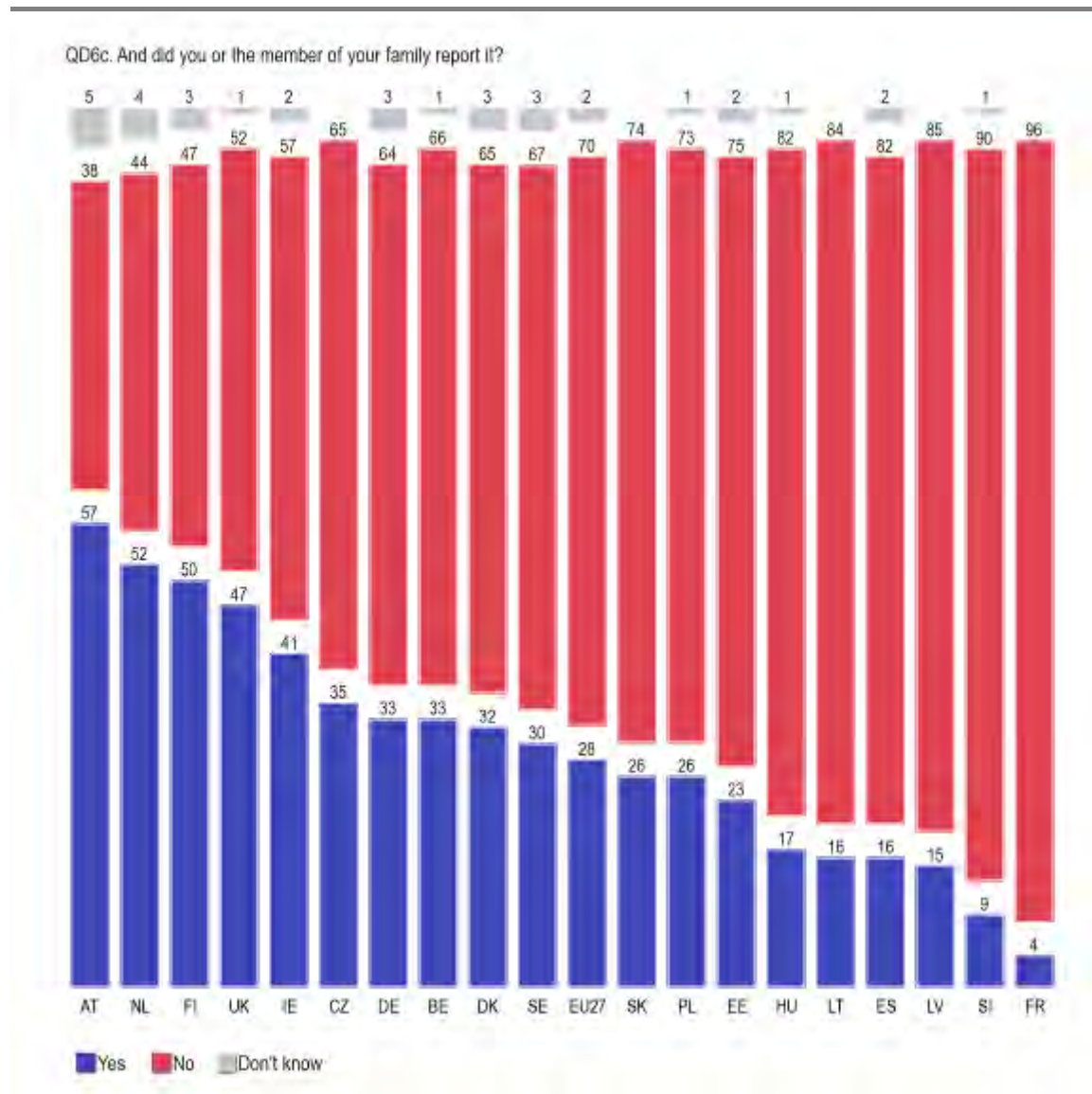
Amongst the respondents who claim to have experienced an adverse healthcare event, seven out of ten *did not* report it, whilst only 28% did¹¹.



In order to secure reliable results from the following analysis, countries with a base size below 200 have been excluded¹². Five out of ten respondents in the Netherlands and Finland, and four out of ten in the United Kingdom and Ireland who experienced adverse events made a report. By contrast, 96% of affected French citizens did not report the event. Slovenia, Latvia and Lithuania also show lower reporting rates.

¹¹ QD6c And did you or the member of your family report it?

¹² That is, where fewer than 200 respondents claimed to have experience of an adverse event. Countries excluded from the analysis are: BG, CY, EL, IT, LU, MT, PT, RO



Base; those that had experienced an adverse event, EU27 n=7031, country level n>200.

Still looking at respondents (or their families) with claimed experienced of an adverse healthcare event, the following socio-demographic groups are more likely to report the event:

- ✓ Little difference is noted between the genders, but women appear slightly more likely to have reported the event.
- ✓ Those that left education after the age of 16.
- ✓ Managers or the self-employed.
- ✓ Those living in large towns (compared to those living in rural villages).
- ✓ Those who have less difficulty paying their bills.

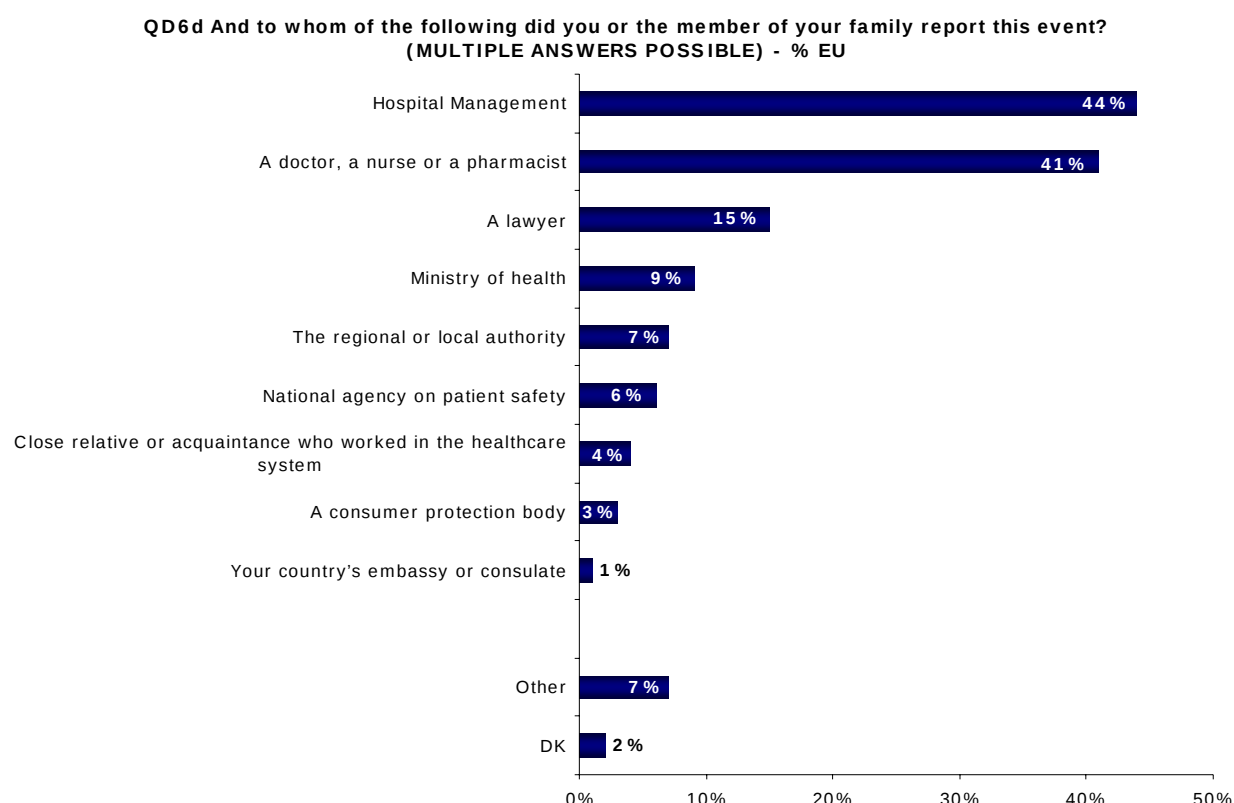
QD6c And did you or the member of your family report it?			
	Yes	No	DK
EU27	28 %	70%	2%
Sex			
 Male	29 %	68%	3%
Female	26 %	72%	2%
Education (End of)			
 15-	25 %	74%	1%
16-19	30 %	68%	2%
20+	27 %	70%	3%
Still studying	25 %	71%	4%
Respondent occupation scale			
 Self- employed	31 %	66%	3%
Managers	32 %	66%	2%
Other white collars	25 %	73%	2%
Manual workers	27 %	70%	3%
House persons	26 %	73%	1%
Unemployed	27 %	72%	1%
Retired	27 %	71%	2%
Students	25 %	71%	4%
Subjective urbanisation			
 Rural village	24 %	73%	3%
Small/mid size town	28 %	71%	1%
Large town	32 %	66%	2%
Difficulties to pay bills			
Most of the time	25 %	74%	1%
From time to time	26 %	72%	2%
Almost never	29 %	69%	2%

Base: Those respondent that had experienced an adverse event, n=7031

2.3 Where adverse events are reported

- If adverse experiences are reported, it tends to be to the hospital management or medical staff involved -

As we have seen, only 28% of respondents who claim to have experience of an adverse event reported it. However, where the event was reported, this tended to be to the *hospital management* (44%) or the relevant *doctor, nurse or pharmacist* (41%)¹³. Fifteen percent of respondents who have experienced an adverse event and reported it, consulted with a *lawyer*. Less than one out of ten respondents reported the adverse event to an authority with direct oversight of health matters, such as *ministry of health*, a *regional or local authority* or *national agency on patient safety*. *Close relative who have worked in the healthcare system* and a *consumer protection body* together with *embassy or consulate* are quoted less frequently. A further 7% of respondents opt for another body not mentioned here.



Base; those that had reported an adverse event, n=1949

¹³ QD6d And to whom of the following did you or the member of your family report this event? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

Analysis of this data on a national level is not included since all the countries, barring one, have base sizes below 200, making such analysis insufficiently robust¹⁴.

The socio-demographic analysis shows:

- ✓ Respondents aged 15-24 are more likely to report an adverse event to a *doctor, nurse or pharmacist*. Those aged 40-54 were more likely to have gone to the *hospital management* and the *ministry of health* and less likely to have gone to a *doctor, nurse or pharmacist*. The oldest respondents (aged 55+) reported an adverse event to a *lawyer* less frequently than other groups.
- ✓ Respondents who have been educated to age 20 and beyond more often identify a *doctor, nurse or pharmacist* and the *national agency on patient safety* as the place they went to report an adverse event (though the latter is still selected by only 9% of well-educated respondents). A greater proportion of respondents who ended their education earlier (before age 16) went to a *lawyer* or the *ministry of health*. Those who are still studying are more likely to have reported the event to a *doctor, nurse or pharmacist* and less likely to have gone to the *hospital management*.
- ✓ Looking at the occupational groupings, more *other white collared*¹⁵ workers (as opposed to managers or self-employed persons) reported the event to *hospital management* and the *ministry of health*, whilst the self-employed reported it to *the regional or local authority* more. A tenth of unemployed respondents are unsure to whom the event was reported.

¹⁴ This question was filtered on both experience of an adverse event and reporting it.

¹⁵ With 'other white collars' we refer to all other non-manual occupations.

QD6d And to whom of the following did you or the member of your family report this event? (ROTATE – MULTIPLE ANSWERS POSSIBLE) - % EU												
		Hospital Management	A doctor, a nurse or a pharmacist	A lawyer	Ministry of health	The regional or local authority	National agency on patient safety	Close relative or acquaintance who worked in the healthcare system	A consumer protection body	Your country's embassy or consulate	Other (SPONT.)	DK
	EU27	44%	41%	15%	8%	7%	6%	4%	3%	1%	7%	2%
Sex												
	Male	42%	41%	14%	7%	7%	7%	5%	2%	1%	6%	3%
	Female	46%	41%	15%	10%	7%	6%	4%	3%	1%	7%	2%
Age												
	15-24	40%	47%	14%	7%	5%	4%	4%	2%	0%	6%	9%
	25-39	41%	41%	17%	7%	6%	8%	7%	3%	2%	8%	3%
	40-54	50%	37%	17%	12%	7%	7%	3%	5%	1%	5%	1%
	55 +	43%	42%	11%	6%	7%	5%	4%	1%	1%	7%	1%
Education (End of)												
	15-	43%	33%	19%	13%	7%	5%	6%	4%	0%	11%	3%
	16-19	46%	39%	16%	8%	8%	5%	4%	3%	1%	7%	2%
	20+	43%	45%	12%	8%	5%	9%	4%	2%	2%	5%	2%
	Still studying	36%	50%	14%	7%	7%	3%	6%	3%	0%	7%	4%
Respondent occupation scale												
	Self- employed	51%	35%	12%	5%	11%	7%	6%	2%	3%	6%	0%
	Managers	46%	45%	10%	8%	6%	8%	2%	2%	2%	3%	3%
	Other white collars	51%	45%	11%	13%	6%	5%	8%	3%	1%	5%	0%
	Manual workers	42%	40%	18%	7%	3%	7%	4%	4%	0%	8%	2%
	House persons	42%	32%	18%	12%	4%	2%	3%	3%	0%	11%	4%
	Unemployed	40%	40%	16%	11%	4%	8%	0%	4%	1%	5%	10%
	Retired	44%	39%	15%	8%	10%	7%	5%	3%	1%	8%	1%
	Students	36%	50%	14%	7%	7%	3%	6%	3%	0%	7%	4%

Base: Those respondent that had reported an adverse event, n=1949

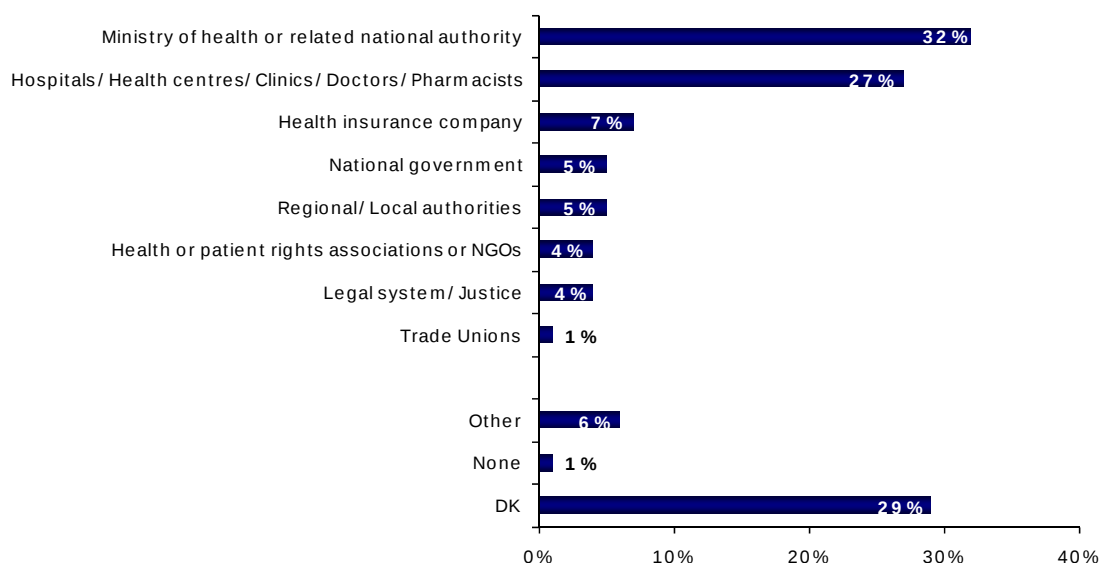
3. INFORMATION ON PATIENT SAFETY

3.1 Awareness of organisations responsible for patient safety

- There is a good deal of uncertainty about which body is responsible for patient safety -

Nearly one third (32%) of respondents believe that the responsibility for patient safety in their country lies with their *ministry of health or a related national authority*. About a quarter (27%) believes that the responsibility lies with the *hospitals, health centres, clinics, doctors or pharmacists*¹⁶. Levels of response for all other types of authority are relatively low: *health insurance companies* (7%), *national government* (5%) and *regional/local authorities* (5%). However, information on the matter is clearly missing as almost one third of respondents (29%) answers that they do not know which organisations are mainly responsible for patient safety in their country.

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE) - % EU



¹⁶ QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

The proportion of respondents that are unaware where responsibility lies varies greatly across the EU. As many as half (50%) of the respondents in Luxembourg do not have an answer to this question. High levels of unawareness are also found in France (45%), Estonia (38%) and Sweden (36%). In Greece and Slovenia (both 13%) on the other hand, more people have an opinion on which body is mainly responsible for patient safety. Low levels of unawareness are also found among respondents from the Netherlands (14%), Cyprus (15%) and the Czech Republic (16%).

There are also some marked differences between countries concerning the different bodies identified. The *ministry of health or related national authorities* receive the highest number of responses in 16 countries; the highest proportions of respondents referring to this body are found in Ireland (62%), Denmark (60%), Cyprus (58%) and Romania (56%). Four countries post the highest levels of response for *hospitals, health centres, clinics, doctors and pharmacists* and the Dutch (63%), together with the Maltese (56%) produce the highest scores. The *legal system* is perceived as the main body in charge by respondents in Austria where 37% selected this answer. The most frequent answer from respondents in the remaining six countries is that they do not know, as noted above.

Only in Sweden (31%) and Germany (15%) are *regional and local authorities* selected to any significant extent. Similarly, *health or patient rights associations/NGOs* are rarely selected in most countries, with the exception of Slovenia (18%) and Austria (15%). Considerable proportions of respondents selected *other* options than those included in our questionnaire list, most notably, citizens in the Netherlands (28%) and Romania (27%). Lastly, *trade unions* (1%) are hardly ever selected with the largest proportion here being found in the UK (3%).

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

		Ministry of health or related national authority	Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	Health insurance company	National government	Regional/ Local authorities	Health or patient rights associations or NGOs	Legal system / Justice	Trade Unions	DK
	EU27	32%	27%	7%	5%	5%	4%	4%	1%	29%
	BE	16%	49 %	17%	7%	1%	4%	2%	0%	20%
	BG	48 %	44%	10%	6%	0%	5%	0%	0%	20%
	CZ	49 %	34%	5%	4%	6%	3%	1%	0%	16%
	DK	60 %	10%	0%	8%	6%	2%	0%	0%	19%
	DE	11%	27%	19%	2%	15%	4%	5%	0%	34 %
	EE	17%	31%	7%	1%	0%	6%	1%	0%	38 %
	IE	62 %	11%	0%	3%	2%	2%	0%	0%	21%
	EL	52 %	27%	3%	6%	0%	2%	0%	0%	13%
	ES	33 %	25%	4%	6%	3%	3%	2%	0%	27%
	FR	22%	23%	4%	5%	1%	2%	2%	0%	45 %
	IT	51 %	38%	0%	0%	4%	5%	6%	0%	18%
	CY	58 %	30%	1%	7%	0%	2%	1%	0%	15%
	LV	33 %	22%	1%	4%	0%	7%	3%	1%	29%
	LT	50 %	25%	0%	6%	0%	1%	1%	0%	22%
	LU	23%	16%	8%	1%	0%	11%	1%	0%	50 %
	HU	30 %	23%	13%	5%	0%	5%	11%	0%	24%
	MT	20%	56 %	0%	10%	0%	2%	0%	1%	18%
	NL	11%	63 %	5%	15%	0%	0%	0%	1%	14%
	AT	15%	22%	10%	1%	3%	15%	37 %	1%	33%
	PL	19%	29%	18%	5%	0%	2%	4%	0%	32 %
	PT	43 %	27%	0%	5%	0%	0%	1%	0%	30%
	RO	56 %	3%	7%	7%	1%	13%	2%	0%	29%
	SI	39 %	36%	11%	8%	0%	18%	1%	0%	13%
	SK	54 %	26%	3%	6%	1%	3%	1%	0%	19%
	FI	21%	40 %	1%	2%	5%	13%	4%	0%	28%
	SE	31%	9%	0%	3%	31%	4%	2%	0%	36 %
	UK	39 %	18%	1%	10%	5%	4%	1%	3%	32%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

The socio-demographic groupings more likely to refer to the *ministry of health or related national authorities* include:

- ✓ The middle age groups (age 25-39; 40-54).
- ✓ Educated to age 20 and more.
- ✓ Self-employed, managers or other white-collar workers.
- ✓ People living in large towns.

The socio-demographic groups who show a greater tendency to be *unsure* of who the responsible authorities are include:

- ✓ Those aged 15-24.
- ✓ Those who completed education before the age of 16 or are still studying.
- ✓ Those living in rural villages.

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE) - % EU

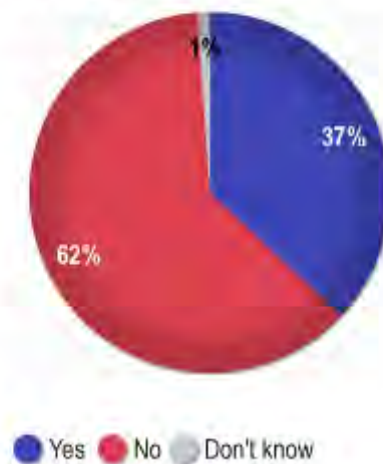
	Ministry of health or related national authority	Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	Health insurance company	National government	Regional/ Local authorities	Health or patient rights associations or NGOs	Legal system / Justice	Trade Unions	DK
EU27	32%	27%	7%	5%	5%	4%	4%	1%	29%
Age									
 15-24	28%	26%	6%	5%	3%	3%	3%	0%	36%
25-39	35%	25%	8%	6%	4%	4%	3%	0%	27%
40-54	33%	27%	8%	5%	6%	5%	5%	1%	27%
55 +	30%	29%	6%	4%	5%	4%	4%	1%	29%
Education (End of)									
15-	29%	26%	5%	4%	4%	3%	4%	0%	33%
 16-19	30%	27%	8%	5%	5%	4%	4%	0%	29%
20+	37%	28%	8%	6%	7%	5%	4%	1%	23%
Still studying	30%	28%	7%	6%	3%	3%	2%	0%	36%
Respondent occupation scale									
 Self- employed	37%	26%	8%	4%	6%	6%	4%	1%	24%
Managers	37%	23%	9%	6%	9%	6%	4%	1%	24%
Other white collars	37%	27%	6%	5%	4%	5%	5%	0%	25%
Manual workers	30%	27%	8%	6%	5%	4%	4%	0%	30%
House persons	32%	25%	5%	5%	5%	4%	3%	0%	29%
Unemployed	29%	27%	8%	5%	4%	4%	3%	0%	30%
Retired	28%	29%	7%	4%	4%	3%	4%	1%	30%
Students	30%	28%	7%	6%	3%	3%	2%	0%	36%
Subjective urbanisation									
 Rural village	27%	26%	7%	5%	5%	3%	3%	1%	34%
Small/mid size town	32%	28%	7%	4%	6%	5%	4%	0%	27%
Large town	37%	27%	7%	6%	5%	4%	4%	0%	25%
Difficulties to pay bills									
Most of the time	31%	25%	6%	6%	3%	4%	4%	1%	30%
From time to time	36%	28%	6%	5%	3%	4%	4%	0%	27%
Almost never	30%	27%	8%	5%	6%	4%	4%	1%	29%

3.2 Written consent for surgical procedures

- Almost a fifth of people claim they were not asked for written consent before undergoing a surgical procedure -

More than a third of respondents report that they, or a member of their family, have undergone surgery in the last three years (37%)¹⁷.

QD8a. Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

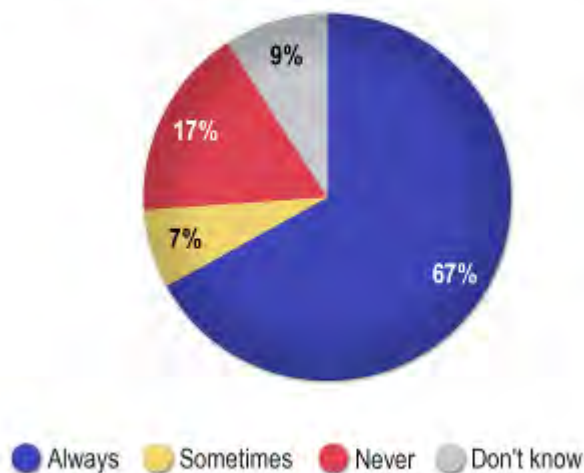


Of the people with experience of surgery, around two-thirds say their written consent was *always* obtained (67%)¹⁸. The remainder say written consent was *sometimes* obtained (7%) though close to a fifth say written consent was *never* obtained (17%). Just under a tenth of respondents are unsure whether or not written consent was obtained.

¹⁷ QD8a Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

¹⁸ QD8b Were you or your family member asked for written consent before such a procedure(s)?

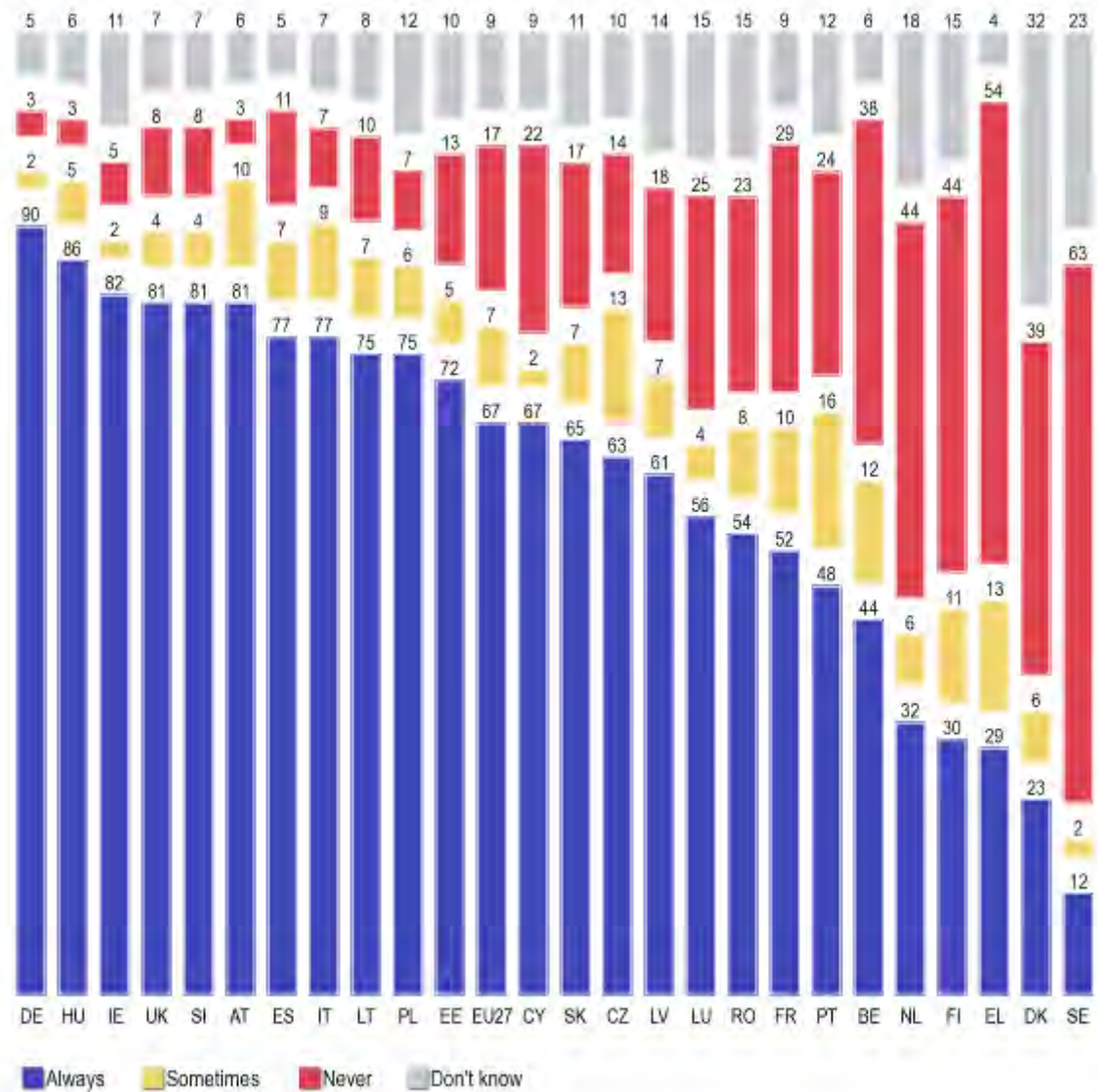
QD8b. Were you or your family member asked for written consent before such a procedure(s)?



Base; those that did undergo a surgical procedure, n=9891

The proportion of patients who were asked for their written consent varies widely across countries. In Germany written consent is almost *always* obtained (90%), with more than eight out of ten respondents in Hungary, Ireland, Austria, the United Kingdom and Slovenia stating the same. By contrast 63% of Swedes say written permission was *never* obtained (and a further 23% are unsure whether permission was obtained). More than four out of ten respondents in Greece (54%), the Netherlands (44%) and Finland (44%) say written permission was *never* obtained. Two countries, with base sizes of less than 200, have been excluded from the graph below (Malta and Bulgaria).

QD8b. Were you or your family member asked for written consent before such a procedure(s)?

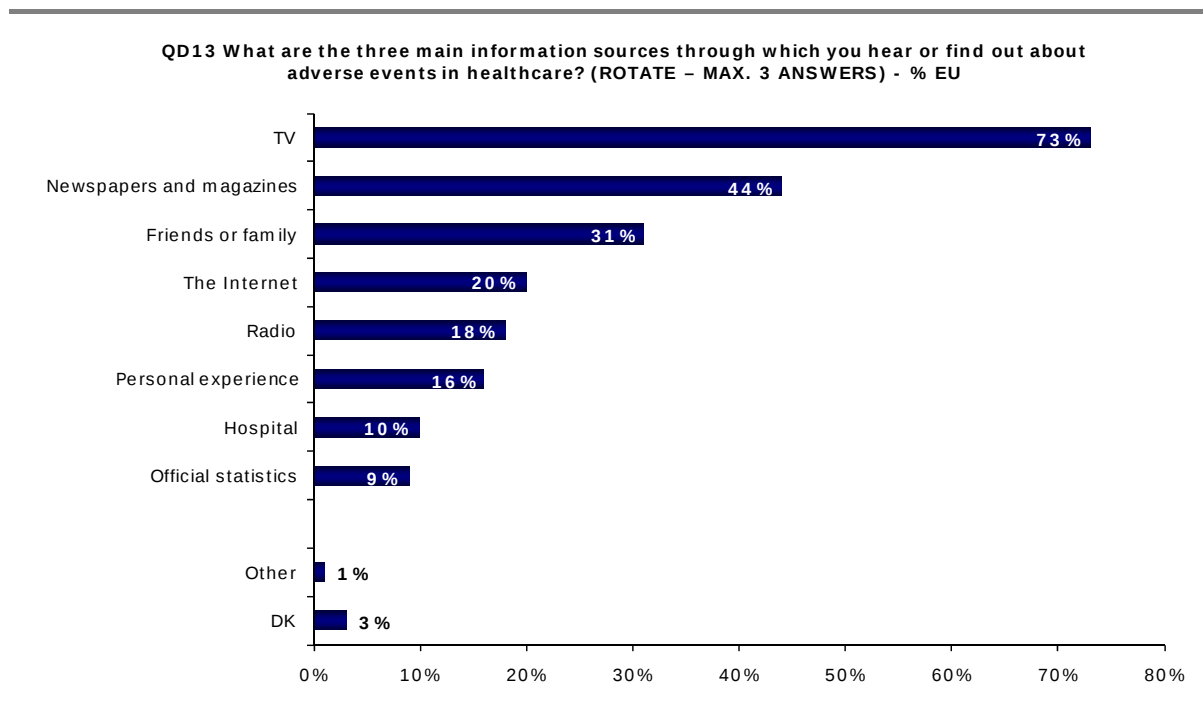


Base; those that did undergo a surgical procedure, n=9891. At country level >200 cases.

3.3 Information sources

**- Television is the main route through which people find out
about adverse events in healthcare -**

When asked where they hear or find out about adverse events in healthcare 73% of people identify television as one of their main information sources¹⁹. After television, people state that *newspapers and magazines* (44%) or *friends or family* (31%) are their main sources of information. Around a fifth of respondents cite *the internet, radio or personal experience* as sources of information. Only around a tenth of respondents selected *hospital or official statistics*.



Television receives the highest number of responses as main information source in most countries, especially Greece (89%), Cyprus and Slovenia (both at 86%), the Czech Republic, Hungary and Portugal (all at 85%). Greece and Cyprus are the countries where *friends or family* is most frequently identified as a source of information (57% and 52% respectively).

An exception to *television* being the most frequently selected medium is in the Netherlands, where *newspapers and magazines* receive slightly higher levels of response than television (53% and 51% respectively). The Dutch are also the most likely to identify *official statistics* as an information source. In Finland, *friends or family*

¹⁹ QD13 What are the three main information sources through which you hear or find out about adverse events in healthcare? (ROTATE – MAX. 3 ANSWERS)

(47%) and *the internet* (44%) are more frequently selected as main sources than both *television* (36%) and *newspapers and magazines* (35%). The Finns also provide the highest proportion of those identifying the *hospital* as a source of information (24%). Using *newspapers and magazines* as sources of information receives the highest response rate in Sweden (72%), followed by Denmark (62%).

QD13 What are the three main information sources through which you hear or find out about adverse events in healthcare? (ROTATE – MAX. 3 ANSWERS)

		TV	Newspapers and magazines	Friends or family	The Internet	Radio	Personal experience	Hospital	Official statistics	Other (SPONT.)	DK
	EU27	73%	44%	31%	21%	18%	16%	10%	9%	1%	3%
	BE	57 %	43%	30%	30%	21%	21%	21%	15%	1%	1%
	BG	81 %	30%	48%	11%	6%	11%	7%	5%	0%	7%
	CZ	85 %	42%	33%	22%	17%	16%	6%	8%	0%	1%
	DK	82 %	62%	25%	28%	31%	16%	2%	4%	1%	1%
	DE	76 %	57%	27%	19%	17%	15%	6%	11%	0%	2%
	EE	58 %	51%	32%	25%	28%	19%	5%	6%	0%	3%
	IE	61 %	52%	39%	15%	23%	22%	12%	9%	1%	8%
	EL	89 %	34%	57%	7%	5%	13%	7%	3%	0%	0%
	ES	69 %	26%	47%	13%	8%	31%	14%	3%	1%	2%
	FR	68 %	43%	29%	24%	29%	14%	9%	9%	1%	3%
	IT	80 %	42%	26%	14%	11%	10%	11%	11%	1%	2%
	CY	86 %	43%	52%	10%	11%	23%	6%	5%	0%	0%
	LV	71 %	32%	31%	31%	19%	21%	9%	8%	0%	2%
	LT	80 %	49%	19%	25%	27%	13%	5%	5%	1%	2%
	LU	61 %	40%	35%	19%	14%	25%	11%	7%	2%	2%
	HU	85 %	40%	28%	18%	26%	13%	7%	8%	0%	1%
	MT	56 %	43%	41%	26%	14%	21%	9%	8%	0%	3%
	NL	51%	53 %	25%	43%	11%	24%	14%	25%	1%	1%
	AT	70 %	56%	35%	21%	22%	18%	15%	16%	1%	2%
	PL	79 %	30%	30%	21%	22%	12%	4%	4%	0%	5%
	PT	85 %	24%	22%	10%	10%	8%	13%	3%	1%	4%
	RO	77 %	27%	37%	16%	14%	24%	15%	6%	1%	5%
	SI	86 %	51%	30%	22%	18%	14%	3%	5%	1%	1%
	SK	76 %	36%	33%	24%	16%	20%	10%	11%	0%	2%
	FI	36%	35%	47 %	44%	12%	24%	24%	15%	1%	1%
	SE	74 %	72%	39%	25%	24%	21%	5%	11%	1%	0%
	UK	69 %	56%	25%	26%	22%	13%	12%	7%	1%	3%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

The socio-demographic analysis shows:

- ✓ Men select *newspapers and magazines* as well as *the internet* more than women, who in turn report higher incidences for *friends or family* and *personal experience*.
- ✓ Respondents in the older age groups (age 40-54 and 55+) are more likely to identify *television*, *newspapers and magazines* and *radio* as main information sources. By contrast, respondents in the younger age groups (age 15-24 and

25-39) are more likely to refer to *friends or family* and *the internet* as their main sources of information.

- ✓ Those respondents who left education earlier are more likely to say *television*, while those who stayed longer in education are more likely to turn to *newspapers and magazines* and *radio*. People who are still studying are more likely to find *the internet* a main information source.
- ✓ More managers and other white-collar workers give *newspapers and magazines*, *the internet* and *official statistics* as information sources. Housepersons and the unemployed are more likely to select *television* and *friends or family*. Retired people are also more likely to refer to *television* as well as *radio*. Students are more likely to include *the internet*.

QD13 What are the three main information sources through which you hear or find out about adverse events in healthcare?
(ROTATE – MAX. 3 ANSWERS) - % EU

	TV	Newspapers and magazines	Friends or family	The Internet	Radio	Personal experience	Hospital	Official statistics	DK
EU27	73%	44%	31%	21%	18%	16%	10%	9%	3%
Sex									
 Male	73%	46%	29%	23%	19%	15%	10%	9%	2%
Female	74%	42%	33%	18%	16%	18%	10%	8%	3%
Age									
 15-24	70%	33%	33%	38%	13%	12%	12%	9%	3%
25-39	71%	42%	33%	29%	15%	16%	10%	9%	2%
40-54	74%	48%	30%	19%	20%	18%	9%	10%	2%
55 +	76%	46%	30%	8%	20%	17%	9%	7%	3%
Education (End of)									
15-	77%	38%	32%	7%	17%	17%	10%	5%	4%
 16-19	76%	46%	31%	19%	19%	15%	9%	8%	2%
20+	68%	49%	31%	28%	20%	18%	9%	11%	2%
Still studying	69%	34%	33%	42%	11%	12%	13%	11%	3%
Respondent occupation scale									
 Self-employed	73%	44%	29%	22%	17%	17%	8%	8%	3%
Managers	67%	55%	29%	29%	21%	17%	8%	13%	1%
Other white collars	73%	47%	29%	28%	18%	15%	9%	11%	2%
Manual workers	74%	44%	32%	21%	17%	17%	11%	9%	2%
House persons	77%	37%	35%	13%	17%	19%	9%	7%	4%
Unemployed	75%	37%	35%	21%	16%	17%	12%	6%	2%
Retired	75%	45%	30%	8%	20%	16%	9%	6%	3%
Students	69%	34%	33%	42%	11%	12%	13%	11%	3%
Experience of an adverse event									
Yes	68%	46%	37%	24%	18%	30%	9%	10%	1%
No	75%	44%	29%	19%	18%	11%	10%	8%	3%

4. AWARENESS REGARDING REDRESS IN OWN COUNTRY AND IN ANOTHER MEMBER STATE

4.1 Awareness of forms of redress

- An investigation and financial compensation are the most widely known forms of redress -

Respondents' perceptions regarding the forms of redress available to them in the event of harm by healthcare in their own country²⁰ or another Member State²¹ were measured. We can note that the anticipated forms of redress for one's *own country* correlate strongly with those expected in *another Member State*, except that more respondents are unsure of what form of redress would be available in another Member State.

Indeed, the proportion of respondents that feels uncertain about what sources of redress might be available in other Member States is considerable. Almost a fifth (18%) of respondents cannot give an answer to this and this figure is much higher in several countries, including Bulgaria (29%), the United Kingdom (29%), France and Estonia (both at 27%) and Romania (26%).

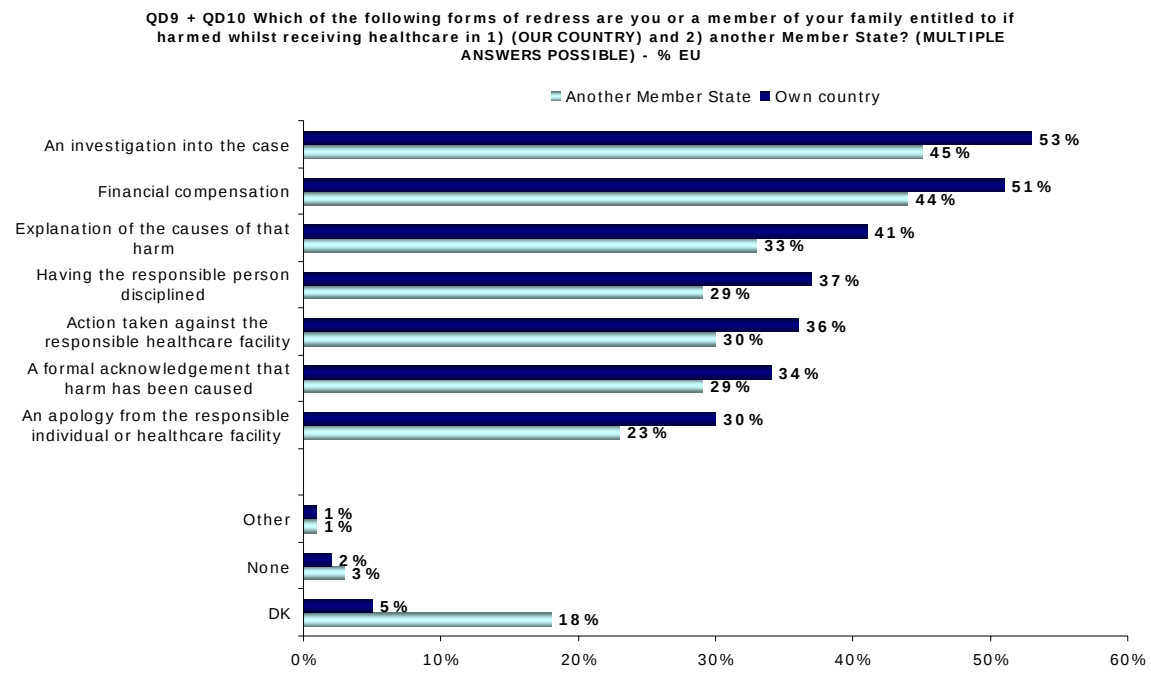
In their own country, more than half of the respondents felt they would be entitled to *an investigation into the case* (53%). Half also felt they would be entitled to *financial compensation* (51%). These two forms of redress were also the most frequently identified in the context of an incident occurring in another Member State (45% and 44% respectively).

More than four out of ten (41%) respondents feel they would be entitled to receive an *explanation of the causes of that harm* in their own country and 33% state the same should the harm occur in another Member State.

Just over a third of respondents feel that *having the person disciplined* (37%), *action taken against the responsible healthcare facility* (36%) and *a formal acknowledgement that harm has been caused* (34%) are available forms of redress in their own country. Around three out of ten respondents identify these three forms of redress as being

²⁰ QD9 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

available in another Member State. Finally, *an apology from the responsible individual or healthcare facility* is anticipated by 30% of respondents when the harm occurs in their own country and 23% if the harm occurs in another Member State. As already noted, more respondents are undecided about what redress would be available in another Member State (18%) compared to their own country (5%).



4.1.1 Redress available in own country

This section focuses specifically on the forms of redress available in respondents' *own countries*, on a national level.

In most countries *an investigation into the case* or *financial compensation* are identified as the two most expected forms of redress. *An investigation into the case* is selected most frequently in Finland (68%), Denmark and Cyprus (both 67%). *Financial compensation* is selected most often in Austria (69%), Hungary and Greece (67% for each).

Finland again ranks first for *explanation of the causes of that harm*, together with Sweden, with 62% of people selecting this in each country. These countries are followed by Denmark and Slovenia (59% for both). Slovenia is also the only country where this form of redress is the most frequently selected. The Greeks feel strongly

²¹ QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed

that *having the responsible person disciplined* is an available form of redress (64%), followed by Cyprus and the Czech Republic (both 55%).

Action taken against the responsible healthcare facility is selected most frequently in Italy (51%), also ranking as Italy's most regularly chosen form of redress. Italy is followed by Cyprus (49%), Greece (48%) and Sweden (43%). These three countries also rank highest for a *formal acknowledgement that harm has been caused* - Sweden (58%), Greece (53%) and Cyprus (52%) together with Ireland (52%).

The last form of redress, *an apology from the responsible individual or healthcare facility* is selected most frequently in Slovenia (50%), Ireland (46%) and the Netherlands (44%).

Unawareness with respect to redress in their own country is 5% at the EU level, but, this figure is noticeably higher in several of the polled countries. Almost a fifth (18%) of the respondents in Bulgaria do not know where to go for these matters with 13% of respondents in Estonia and Romania, 11% in Portugal and 10% in Ireland being in the same position.

On average, respondents identified three different forms of redress. However, we see greater numbers identified by Cypriots (3.7 forms of redress), Greeks (3.6), Slovenians, the Irish and Austrians (all at 3.5). The lowest number of responses is found in Lithuania (2.4) and Latvia (2.5).

QD9 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)									
		An investigation into the case	Financial compensation	Explanation of the causes of that harm	Having the responsible person disciplined	Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	A formal acknowledgement that harm has been caused	An apology from the responsible individual or healthcare facility	DK
	EU27	53%	51%	41%	37%	36%	35%	30%	5%
	BE	50%	52 %	44%	35%	28%	46%	37%	2%
	BG	55 %	47%	37%	50%	37%	23%	16 %	18%
	CZ	63%	65 %	42%	55%	34%	26%	35%	2%
	DK	67 %	62%	59%	27%	28%	45%	30%	4%
	DE	62%	65 %	41%	34%	37%	31%	35%	5%
	EE	49 %	35 %	38%	35%	15%	31%	26%	13%
	IE	58 %	42%	45%	35%	35%	52%	46%	10%
	EL	54%	67 %	44%	64 %	48%	53%	28%	1%
	ES	62 %	51%	50%	43%	42%	44%	37%	2%
	FR	48 %	39%	44%	31%	30%	38%	21%	6%
	IT	45%	44%	35%	48%	51 %	26%	18%	2%
	CY	67 %	54%	57%	55%	49%	52%	26%	2%
	LV	43%	48 %	28%	36%	19%	31%	21%	6%
	LT	34%	54 %	36%	29%	14 %	38%	17%	6%
	LU	47 %	42%	43%	35%	32%	36%	28%	6%
	HU	60%	67 %	37%	53%	32%	13 %	31%	2%
	MT	62 %	51%	56%	45%	30%	37%	24%	3%
	NL	46 %	41%	36%	24%	36%	45%	44%	5%
	AT	60%	69 %	46%	43%	38%	39%	40%	3%
	PL	31 %	61 %	34%	35%	25%	24%	27%	8%
	PT	42 %	41%	29%	40%	26%	26%	24%	11%
	RO	40%	43 %	25 %	36%	26%	32%	18%	13%
	SI	54%	58%	59 %	40%	33%	42%	50 %	2%
	SK	64 %	53%	39%	42%	35%	31%	27%	3%
	FI	68 %	54%	62 %	18%	24%	30%	23%	2%
	SE	65 %	60%	62 %	14 %	43%	58 %	36%	1%
	UK	60 %	41%	44%	33%	33%	40%	40%	8%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

Analysis by socio-demographic variables shows that:

- ✓ Men are more likely to refer to *financial compensation* than what women are, but apart from this little differences are found between the genders.
- ✓ The oldest (age 55+) and youngest (age 15-24) respondents identify fewer forms of redress.
- ✓ Those who left education later on, identify more forms of redress.
- ✓ Managers and Other white-collar workers identify more types of redress than the unemployed, retired and students.

QD9 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Having the responsible person disciplined	Action taken against the responsible healthcare facility*	A formal acknowledgement that harm has been caused	An apology from the responsible individual or healthcare facility	DK
EU27	53%	51%	41%	37%	36%	35%	30%	5%
Sex								
 Male	52%	53%	41%	37%	35%	35%	29%	5%
Female	53%	49%	41%	38%	36%	34%	31%	6%
Age								
 15-24	47%	56%	38%	36%	32%	32%	29%	6%
25-39	55%	55%	42%	42%	39%	36%	31%	4%
40-54	55%	53%	43%	37%	39%	38%	31%	4%
55 +	51%	45%	41%	35%	32%	33%	28%	7%
Education (End of)								
 15-	50%	47%	39%	38%	33%	31%	28%	8%
16-19	54%	52%	40%	39%	36%	34%	31%	4%
20+	56%	51%	45%	36%	39%	40%	30%	4%
Still studying	48%	58%	41%	35%	32%	32%	30%	6%
Respondent occupation scale								
 Self- employed	53%	53%	41%	41%	40%	36%	30%	4%
Managers	59%	54%	48%	36%	40%	40%	33%	3%
Other white collars	55%	52%	39%	41%	42%	35%	31%	5%
Manual workers	54%	54%	43%	38%	36%	36%	31%	4%
House persons	54%	50%	42%	41%	38%	35%	32%	5%
Unemployed	50%	53%	39%	39%	33%	36%	29%	7%
Retired	51%	45%	39%	35%	31%	31%	27%	7%
Students	48%	58%	41%	35%	32%	32%	30%	6%

* Including, for example, increased control through sanitary inspection, closure of the facility, financial penalties

4.1.2 Redress available in another Member State

As with the preceding question regarding redress in one's own country, the most frequently identified forms in another Member State are *an investigation into the case* or *financial compensation*. Again, Italians go against this trend by selecting *action taken against the responsible healthcare facility* most frequently. Respondents in Cyprus (3.7 forms of redress), Greece and Slovenia (3.5 each) tend to identify the greatest number of redress measures, those in Lithuania (2.2), Poland and Latvia (2.4 each) the least. It should be noted that, since more respondents are unaware of what forms of redress are available in other Member States (compared to in their own country) the average number of responses here (for EU27) is 2.8.

Turning now to the national results, for each form of redress in another Member State, *an investigation into the case* receives the highest response rate in Cyprus (63%), Malta (62%) and Finland (61%). The reader is reminded that Finland and Cyprus also provided the highest number of responses for this form of redress in their own countries, suggesting a limited awareness of any differences which might exist between Member States. *Financial compensation* receives high levels of response from Greeks (69%) and Hungarians (68%). Hungarians also ranked second when commenting on this form of redress being available in their own country.

An explanation of the causes of that harm is most often selected in Slovenia (55%), Finland (53%) and Cyprus (52%). As noted above, Italy has the most people who selected *action taken against the responsible healthcare facility* (48%) followed by Cyprus (44%) and Greece (42%). Greece and Cyprus also rank highest for the next two forms of redress: *a formal acknowledgement that harm has been caused* (54% for Greece, 50% for Cyprus) and *having the responsible person disciplined* (59% for Greece and 47% for Cyprus). *An apology from the responsible individual or healthcare facility* is again the most frequently selected by Slovenians (48%).

As previously noted, considerable proportions of respondents are unaware of where to go in the event of an adverse healthcare event in another Member State. More than a quarter of those in Bulgaria (29%), the United Kingdom (29%), France and Estonia (both at 27%) and Romania (26%) say they do not know what forms of redress are available in other Member States.

QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in another Member State?
(ROTATE – MULTIPLE ANSWERS POSSIBLE)

		An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	A formal acknowledgment that harm has been caused	Having the responsible person disciplined	An apology from the responsible individual or healthcare facility	None (SPONT.)	DK
	EU27	45%	44%	33%	30%	29%	29%	23%	3%	18%
	BE	46%	46%	37%	26%	38%	28%	30%	9%	6%
	BG	48%	51%	29%	30%	26%	37%	14%	1%	29%
	CZ	58%	60%	36%	26%	23%	40%	27%	0%	11%
	DK	48%	40%	37%	18%	31%	20%	19%	4%	24%
	DE	52%	51%	30%	28%	28%	25%	21%	3%	18%
	EE	42%	36%	29%	12%	26%	24%	17%	4%	27%
	IE	50%	36%	40%	31%	45%	30%	35%	1%	22%
	EL	53%	69%	41%	42%	54%	59%	29%	1%	2%
	ES	58%	51%	43%	40%	40%	41%	34%	1%	8%
	FR	38%	27%	31%	23%	26%	19%	16%	4%	27%
	IT	42%	42%	31%	48%	25%	41%	19%	1%	7%
	CY	63%	58%	52%	44%	50%	47%	27%	3%	6%
	LV	34%	51%	22%	15%	29%	24%	15%	4%	19%
	LT	32%	59%	28%	9%	32%	19%	12%	3%	14%
	LU	45%	41%	37%	30%	37%	29%	25%	3%	11%
	HU	58%	68%	35%	30%	16%	39%	29%	2%	7%
	MT	62%	59%	49%	30%	37%	41%	20%	1%	6%
	NL	42%	34%	30%	27%	37%	16%	27%	3%	21%
	AT	52%	58%	39%	29%	34%	31%	31%	3%	10%
	PL	29%	52%	29%	21%	18%	23%	19%	1%	19%
	PT	38%	36%	27%	23%	24%	33%	21%	2%	19%
	RO	33%	38%	22%	22%	28%	26%	16%	4%	26%
	SI	53%	61%	55%	31%	41%	38%	48%	4%	5%
	SK	57%	52%	35%	26%	29%	28%	23%	0%	9%
	FI	61%	51%	53%	19%	24%	16%	17%	4%	8%
	SE	50%	47%	40%	24%	38%	9%	22%	1%	22%
	UK	41%	31%	33%	25%	27%	22%	27%	5%	29%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

The socio-demographic analysis shows:

- ✓ Men are more likely to select *financial compensation*.
- ✓ The oldest (age 55+) and youngest (age 15-24) respondents are less likely to select an *investigation into the case* and *action taken against the responsible healthcare facility*. The oldest respondents are also less likely to select most other forms of redress, and more likely to have no opinion.
- ✓ Managers, self-employed and other white-collar workers identify more types of redress, compared to those who are retired.

QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE) - % EU								
	An investigation into the case	Financial compensation	Explanation of the causes of that harm	Action taken against the responsible healthcare facility*	A formal acknowledgment that harm has been caused	Having the responsible person disciplined	An apology from the responsible individual or healthcare facility	DK
EU27	45 %	44 %	33 %	30 %	29 %	29 %	23 %	18 %
Sex								
 Male	46 %	46 %	34 %	30 %	29 %	29 %	23 %	16 %
 Female	44 %	41 %	32 %	30 %	28 %	28 %	23 %	19 %
Age								
 15-24	43 %	46 %	32 %	27 %	28 %	28 %	23 %	15 %
25-39	48 %	47 %	35 %	34 %	30 %	32 %	24 %	15 %
40-54	47 %	45 %	34 %	32 %	31 %	28 %	24 %	17 %
55 +	42 %	39 %	30 %	26 %	26 %	27 %	21 %	22 %
Respondent occupation scale								
 Self-employed	47 %	51 %	37 %	34 %	32 %	34 %	26 %	13 %
Managers	48 %	43 %	38 %	33 %	31 %	27 %	25 %	16 %
Other white collars	47 %	47 %	34 %	36 %	29 %	31 %	24 %	14 %
Manual workers	46 %	45 %	35 %	28 %	30 %	28 %	23 %	18 %
House persons	46 %	40 %	32 %	32 %	32 %	32 %	24 %	17 %
Unemployed	45 %	47 %	31 %	30 %	32 %	32 %	23 %	17 %
Retired	41 %	39 %	28 %	25 %	24 %	26 %	20 %	22 %
Students	45 %	48 %	34 %	28 %	28 %	29 %	23 %	14 %

* Including, for example, increased control through sanitary inspection, closure of the facility, financial penalties

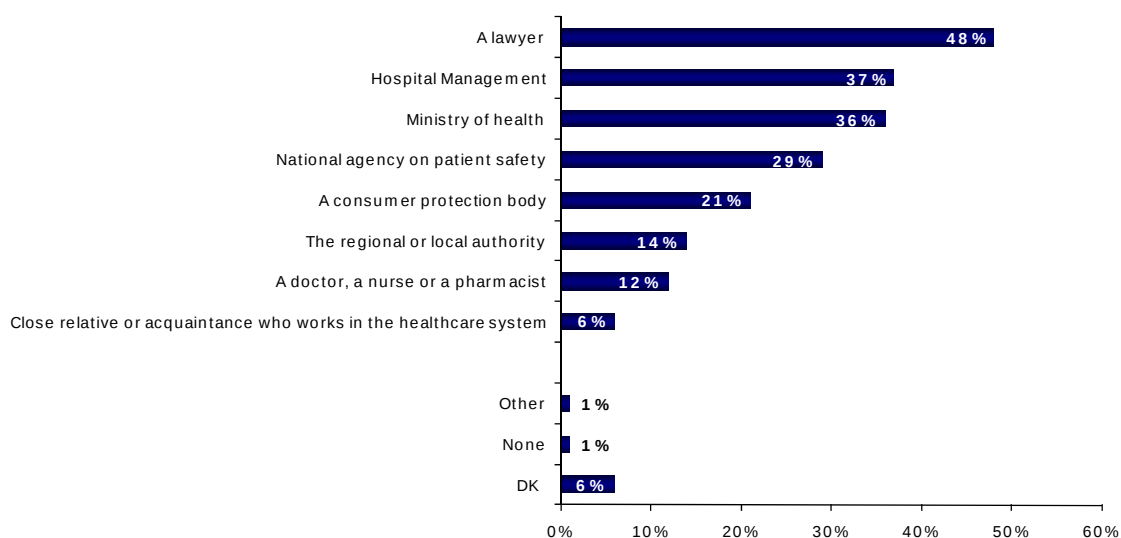
4.2 Seeking help if harmed when receiving healthcare

- The most frequently identified source of help in seeking redress is a lawyer -

4.2.1 Seeking help in one's own country

Nearly one in two respondents say they would expect to be able to seek help from a *lawyer* if they were harmed whilst receiving healthcare in their own country (48%)²². This is followed by the *hospital management* (37%) or the *ministry of health* (36%). The *national agency on patient safety* is selected by 29% of people, followed by a *consumer protection body* (21%). The individuals or institutions selected least frequently are *the regional or local authority* (14%), *a doctor, nurse or pharmacist* (12%) and *a close relative or acquaintance working in the healthcare system* (6%).

QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE) - EU %



On a national level, countries where people are most likely to see a *lawyer* as a source of help include Germany (75%), Austrian (65%) and the Netherlands (60%). The *hospital management* is selected most often in Greece and Malta (64%).

Cypriots are more likely to identify their *ministry of health* as a source of help (71%), far more likely than even the country with the second highest response rate (Greece at 56%). Denmark stands out from all other Member States because 91% of Danes

identify the *national agency on patient safety* – this is much higher than the EU average (29%) and the second highest response rate for this form of redress (Slovakia and Finland both at 68%). However, it should be noted that Finland, which shows very low levels of response for most other sources of redress, ranks high only on the *national agency on patient safety*.

QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

		A lawyer	Hospital Management	Ministry of health	National agency on patient safety	A consumer protection body	The regional or local authority	A doctor, a nurse or a pharmacist	Close relative or acquaintance who works in the healthcare system	DK
	EU27	48%	37%	36%	29%	21%	14%	12%	6%	6%
	BE	53 %	46%	39%	34%	27%	14%	27%	14%	1%
	BG	35%	55 %	54%	27%	20%	11%	13%	7%	15%
	CZ	50%	53 %	51%	23%	10%	12%	9%	2%	3%
	DK	35%	31%	26%	91 %	15%	18%	24%	4%	1%
	DE	75 %	28%	28%	30%	27%	15%	10%	4%	3%
	EE	21%	29%	45 %	43%	15%	6%	16%	5%	13%
	IE	38%	49%	51 %	22%	21%	12%	12%	7%	12%
	EL	46%	64 %	56%	29%	21%	7%	12%	7%	1%
	ES	31%	51 %	49%	23%	18%	15%	6%	4%	5%
	FR	49 %	42%	28%	27%	31%	7%	19%	9%	4%
	IT	53 %	18%	36%	28%	19%	20%	6%	6%	3%
	CY	47%	58%	71 %	28%	21%	8%	18%	6%	2%
	LV	24%	29%	29%	34 %	20%	3%	6%	4%	6%
	LT	26%	41%	48 %	16%	14%	6%	7%	3%	6%
	LU	50 %	39%	42%	34%	19%	8%	12%	7%	5%
	HU	39%	37%	29%	41 %	10%	13%	8%	3%	5%
	MT	31%	64 %	54%	27%	7%	8%	19%	10%	2%
	NL	60 %	31%	23%	31%	34%	13%	15%	4%	4%
	AT	65 %	56%	38%	50%	30%	27%	19%	11%	2%
	PL	44 %	31%	25%	26%	17%	10%	9%	6%	10%
	PT	30%	41%	47 %	12%	13%	11%	9%	7%	10%
	RO	23%	51 %	45%	20%	15%	8%	6%	3%	15%
	SI	47 %	44%	41%	36%	17%	4%	23%	9%	2%
	SK	23%	42%	48%	68 %	9%	6%	12%	6%	2%
	FI	16%	23%	18%	68 %	23%	16%	14%	4%	2%
	SE	27%	48%	15%	56 %	15%	28%	12%	4%	5%
	UK	41%	38%	44 %	23%	16%	20%	19%	5%	9%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

On a socio-demographic level:

²² QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

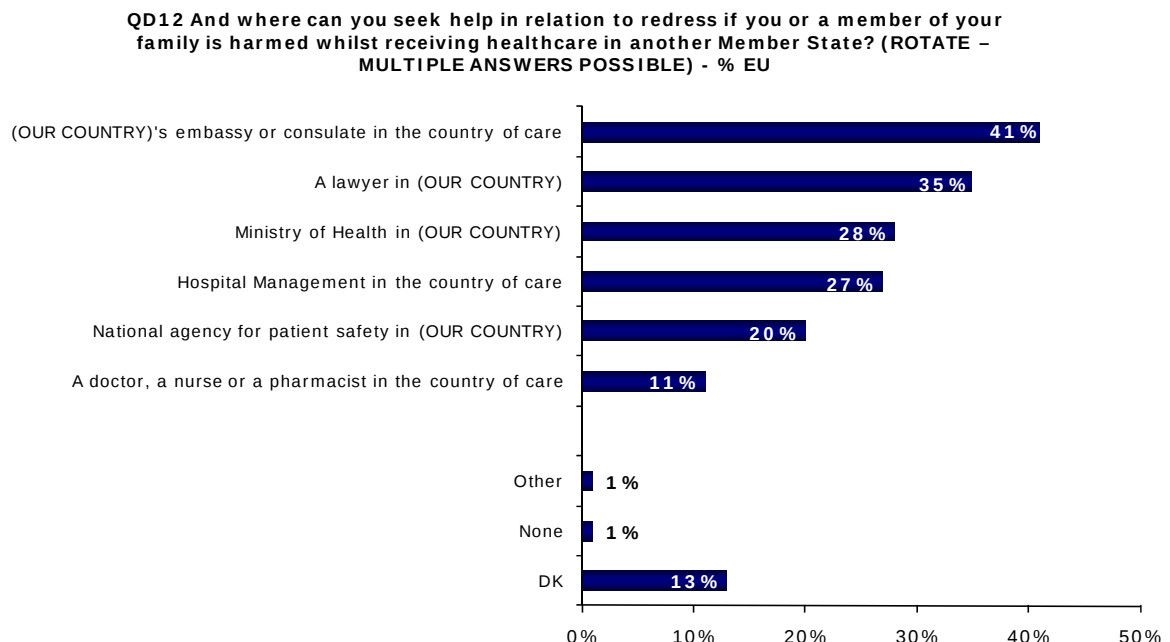
- ✓ Men are more likely to identify a *lawyer* as a source of help. Apart from this, hardly any variation is found between the genders.
- ✓ The oldest respondents (age 55+) identify the fewest possible sources and the age 40-54 respondents the most, particularly for a *lawyer*.
- ✓ Those who left education before the age of 16 identify fewer places they could go for help, showing particularly low levels of response for *lawyer* and a *consumer protection body*.
- ✓ Workers who are self-employed, managers or other white-collar workers are more likely to identify a *lawyer* compared to housepersons, the unemployed and retired. Overall, managers and other white-collar workers identify more forms of redress than the unemployed and retired.

QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE) - % EU

	A lawyer	Hospital Management	Ministry of health	National agency on patient safety	A consumer protection body	The regional or local authority	A doctor, a nurse or a pharmacist	Close relative or acquaintance who works in the healthcare system	DK
EU27	48%	37%	36%	29%	21%	14%	12%	6%	6%
Sex									
 Male	50%	36%	36%	29%	21%	15%	11%	6%	6%
Female	45%	39%	37%	29%	21%	14%	13%	5%	6%
Age									
 15-24	46%	37%	38%	29%	18%	13%	13%	7%	7%
25-39	49%	37%	38%	30%	21%	15%	12%	6%	5%
40-54	52%	38%	37%	31%	23%	15%	11%	6%	4%
55 +	44%	37%	33%	27%	21%	13%	12%	5%	7%
Education (End of)									
 15-	44%	36%	34%	23%	18%	15%	12%	5%	8%
16-19	49%	38%	38%	29%	22%	15%	12%	5%	5%
20+	49%	39%	34%	35%	24%	14%	12%	6%	4%
Still studying	47%	35%	37%	31%	18%	14%	13%	7%	7%
Respondent occupation scale									
 Self-employed	52%	36%	34%	29%	20%	14%	8%	7%	5%
Managers	54%	38%	37%	33%	23%	18%	11%	5%	3%
Other white collars	50%	36%	41%	33%	24%	16%	12%	6%	4%
Manual workers	48%	39%	38%	30%	22%	14%	12%	5%	5%
House persons	46%	41%	40%	27%	19%	15%	13%	5%	6%
Unemployed	45%	37%	37%	26%	18%	14%	9%	5%	7%
Retired	44%	37%	32%	26%	20%	13%	13%	5%	7%
Students	47%	35%	37%	31%	18%	14%	13%	7%	7%

4.2.2 Seeking help in another Member State

Respondents were also asked where they expected to be able to seek help should they (or a member of their family), be harmed whilst receiving healthcare in another Member State²³. Most respondents feel that their *country's embassy or consulate (in the country of care)* (41%) is the place they could seek help. Alternatively, a *lawyer in their home country* could be consulted (35%). Just over a quarter of respondents selected the *ministry of health (in their own country)* (28%) or the *hospital management (in the country of care)* (27%). One out of five respondents refer to the *national agency on patient safety (in their own country)*, with a *doctor, nurse or pharmacist (in the country of care)* being the least frequently selected (11%). It is noted that 13% of respondents felt unable to offer an opinion.



On a national level, respondents in most countries identify their country's *embassy or consulate* as their main point of assistance. Countries where this source receives the highest response rates include Cyprus (68%), Greece and Malta (both 62%).

At 61%, Germans again top the list for consulting a *lawyer* (Germans also showed the highest response rate for consulting a *lawyer* should harm occur in their own country). Germany is followed by Austria (52%) and the Netherlands (50%). It is also notable

²³ QD12 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

that Germany and the Netherlands are the only two countries where consulting a *lawyer* is more frequently selected than their *embassy or consulate*.

Cyprus again tops the list for respondents selecting the *ministry of health* (44%) – in Cyprus *ministry of health* also received the highest response rate for being contacted should harm occur in Cyprus itself. Also, it is noted that Cypriots provide the most responses for four of the available forms of redress. For example, for the next statement, *hospital management (in country of care)*, Cyprus ranks first (57%) followed by Greece (53%) and Malta (52%).

As seen in the previous question (forms of redress in own country), the Danish rank first for consulting their *national agency for patient safety* (47%). Finally, just under a quarter of Cypriots (23%) say they would contact a *doctor, nurse or pharmacist* (in the country of care).

Countries where close to a quarter of respondents were unable to form an opinion include Bulgaria (26%), the United Kingdom (24%), Estonia and Romania (both at 23%) and Ireland (22%).

QD12 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)								
		(OUR COUNTRY)'s embassy or consulate in the country of care	A lawyer in (OUR COUNTRY)	Ministry of Health in (OUR COUNTRY)	Hospital Management in the country of care	National agency for patient safety in (OUR COUNTRY)	A doctor, a nurse or a pharmacist in the country of care	DK
	EU27	41%	35%	28%	27%	20%	11%	13%
	BE	47 %	47 %	36 %	32%	30%	17%	4%
	BG	48 %	17%	33 %	41%	16%	15%	26%
	CZ	50 %	32%	36 %	32%	9%	9%	7%
	DK	47 %	30%	33 %	24%	47 %	11%	8%
	DE	38%	61 %	23 %	19%	21%	9%	10%
	EE	37 %	20%	27 %	21%	20%	9%	23%
	IE	33%	25%	31 %	42 %	19%	15%	22%
	EL	62 %	25%	35 %	53%	30%	13%	2%
	ES	43%	17%	34 %	44 %	18%	12%	10%
	FR	44 %	36%	29 %	29%	17%	9%	14%
	IT	41 %	39%	33 %	18%	24%	11%	8%
	CY	68 %	30%	44 %	57 %	27%	23 %	4%
	LV	38 %	15%	17 %	20%	19%	4 %	18%
	LT	44 %	14%	21 %	26%	15%	4 %	17%
	LU	39%	42 %	33 %	35%	33%	12%	8%
	HU	41 %	34%	19 %	22%	25%	9%	10%
	MT	62 %	23%	35 %	52%	20%	15%	6%
	NL	44%	50 %	23 %	23%	18%	10%	12%
	AT	51%	52 %	34 %	38%	36%	18%	7%
	PL	35 %	32%	22 %	20%	15%	9%	19%
	PT	23%	26%	37 %	35%	12%	11%	19%
	RO	31%	17%	29 %	40 %	12%	9%	23%
	SI	43 %	41%	35 %	38%	29%	19%	5%
	SK	49 %	17%	30 %	35%	31%	10%	5%
	FI	45 %	16%	20 %	24%	37%	12%	8%
	SE	55 %	18%	13%	33%	30%	8%	16%
	UK	36 %	30%	23 %	19%	14%	11%	24%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

The socio-demographic analysis shows:

- ✓ The oldest respondents (age 55+) are less likely to refer to most forms of redress, and more likely to not have an opinion on the matter.
- ✓ Those who left education the earliest provide lower responses for most forms of redress.
- ✓ Retired, housepersons and unemployed are also more likely to say that they do not know what sources of redress that would be available.

QD12 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE) - % EU

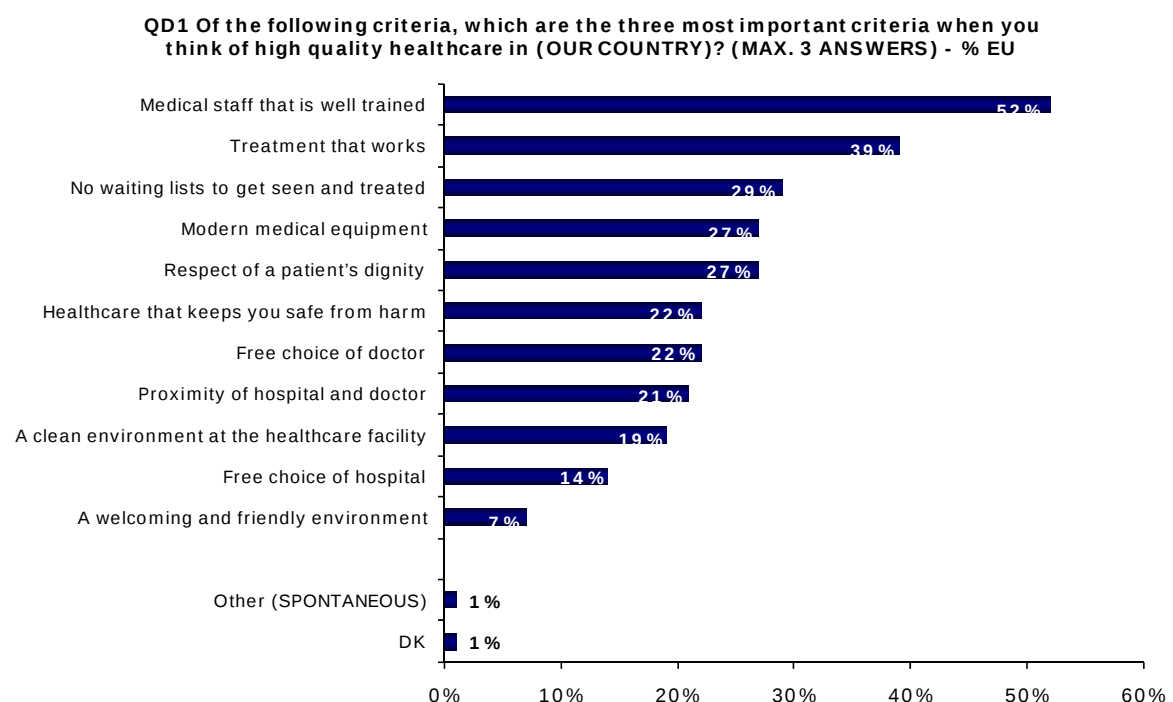
	Hospital Management in the country of care	A doctor, a nurse or a pharmacist in the country of care	(OUR COUNTRY)'s embassy or consulate in the country of care	National agency for patient safety in (OUR COUNTRY)	Ministry of Health in (OUR COUNTRY)	A lawyer in (OUR COUNTRY)	DK
EU27	27 %	11 %	41 %	20 %	28 %	35 %	13 %
Age							
 15-24	28 %	13 %	42 %	20 %	28 %	33 %	11 %
25-39	27 %	11 %	43 %	21 %	29 %	37 %	11 %
40-54	28 %	10 %	43 %	20 %	28 %	38 %	12 %
55 +	26 %	10 %	37 %	18 %	26 %	34 %	17 %
Education (End of)							
15-	26 %	10 %	36 %	17 %	26 %	31 %	18 %
 16-19	26 %	11 %	40 %	19 %	29 %	37 %	13 %
20+	29 %	10 %	46 %	22 %	26 %	37 %	11 %
Still studying	28 %	12 %	43 %	22 %	27 %	35 %	11 %
Respondent occupation scale							
 Self-employed	27 %	10 %	42 %	19 %	26 %	37 %	11 %
Managers	27 %	9 %	47 %	23 %	28 %	40 %	11 %
Other white collars	27 %	11 %	44 %	22 %	31 %	41 %	9 %
Manual workers	29 %	11 %	42 %	20 %	28 %	35 %	12 %
House persons	31 %	12 %	37 %	20 %	30 %	34 %	15 %
Unemployed	27 %	9 %	41 %	18 %	27 %	30 %	14 %
Retired	25 %	10 %	36 %	17 %	26 %	33 %	18 %
Students	28 %	12 %	43 %	22 %	27 %	35 %	11 %

5. PERCEPTIONS REGARDING QUALITY OF HEALTHCARE

5.1 Evaluation criteria

- Well trained medical staff and treatment that works are the most important elements of high quality healthcare -

The most important criterion for EU citizens, when thinking about quality healthcare, is *well-trained medical staff*, a characteristic referred to by at least half of respondents (52%)²⁴. Furthermore, 39% of respondents feel *treatment that works* is an important criterion for quality healthcare. Just over a quarter of respondents identify *no waiting lists to get seen and treated* (29%), *modern medical equipment* and *respect of a patient's dignity* (27% for each). Around a fifth of respondents state that *healthcare that keeps you safe from harm*, *free choice of doctor* (both at 22%) and *proximity of hospital and doctor* (21%) are important for quality healthcare. A *free choice of hospital* and a *welcoming and friendly environment* receive the lowest level of response (14% and 7% respectively).



On a national level, countries where *medical staff that is well trained* is rated as the most important criterion include Sweden (68%), the Netherlands (65%), Germany (62%) and Cyprus (61%).

²⁴ QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

Treatment that works is especially important to those in Bulgaria (64%), as well as people in Poland (52%). It is noted that Poland produced the lowest response rate for *medical staff that is well trained*, in favour of *treatment that works* and, to a lesser extent, *no waiting lists to get treatment* (39%). However, it is the Finns who provide the highest response rate for *no waiting lists* (65%), followed by Slovenians (59%). Slovenia and Finland are also the only two countries for which *no waiting lists* is the most important criterion when thinking of quality healthcare.

Respect of a patient's dignity receives the highest response amongst Cypriots (43%) and the lowest amongst Lithuanians (16%). Those in Lithuania post the highest response level for *modern medical equipment* (51%), followed by respondents in the Czech Republic (46%).

A *free choice of doctor* is also most important to Cypriots (39%) as well as those in Luxembourg (36%). *Healthcare that keeps you safe from harm* receives is selected most frequently in *Germany* (33%), *Austria* (31%) and the *United Kingdom* (30%). Interestingly, *proximity of hospital or doctor* is a very important criterion for those in *Sweden* (55%), ranking as the second most important criterion for people in this country. *Luxembourg* (45%) and *France* (40%) also place high importance on *proximity*.

QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (MAX. 3 ANSWERS)													
		Medical staff that is well trained	Treatment that works	No waiting lists to get seen and treated	Respect of a patient's dignity	Modern medical equipment	Free choice of doctor	Proximity of hospital and doctor	Healthcare that keeps you safe from harm	A clean environment at the healthcare facility	Free choice of hospital	A welcoming and friendly environment	DK
	EU27	52%	39%	29%	27%	27%	22%	22%	22%	19%	14%	7%	1%
	BE	52 %	33%	19%	27%	26%	33%	21%	18%	13%	26%	11%	0%
	BG	55%	64 %	10%	23%	36%	23%	25%	19%	8%	13%	8%	1%
	CZ	49 %	47%	20%	25%	46%	26%	19%	13%	12%	14%	11%	0%
	DK	54 %	46%	49%	24%	31%	12%	24%	10%	16%	19%	7%	1%
	DE	62 %	39%	13%	25%	32%	29%	16%	33%	22%	15%	2%	0%
	EE	47 %	38%	35%	20%	41%	27%	17%	11%	10%	11%	16%	1%
	IE	46 %	21%	44%	26%	15%	16%	38%	27%	32%	13%	5%	1%
	EL	45 %	39%	43%	37%	17%	31%	16%	15%	23%	21%	6%	0%
	ES	54 %	28%	47%	23%	21%	23%	28%	18%	11%	10%	4%	1%
	FR	48 %	35%	22%	23%	31%	24%	40%	15%	20%	20%	8%	0%
	IT	44 %	36%	34%	36%	22%	16%	12%	23%	20%	12%	10%	1%
	CY	61 %	42%	33%	43%	18%	39%	5%	23%	12%	10%	2%	0%
	LV	46 %	44%	7%	28%	36%	26%	39%	16%	5%	13%	8%	1%
	LT	60 %	46%	19%	16%	51%	28%	13%	12%	6%	16%	5%	0%
	LU	55 %	16%	25%	20%	26%	36%	45%	10%	17%	16%	12%	1%
	HU	51 %	42%	35%	28%	35%	22%	18%	22%	12%	13%	7%	0%
	MT	57 %	21%	39%	25%	16%	22%	16%	17%	34%	11%	8%	0%
	NL	65 %	40%	38%	31%	17%	20%	21%	23%	14%	14%	5%	1%
	AT	60 %	41%	15%	27%	35%	22%	20%	31%	24%	14%	6%	0%
	PL	27%	52 %	39%	28%	29%	23%	17%	21%	8%	12%	11%	3%
	PT	49 %	28%	38%	38%	19%	16%	33%	11%	14%	12%	7%	3%
	RO	54 %	37%	12%	34%	23%	26%	22%	12%	24%	15%	10%	1%
	SI	48%	30%	59 %	34%	21%	22%	16%	17%	6%	12%	20%	0%
	SK	41%	48 %	23%	31%	36%	21%	21%	23%	14%	13%	15%	0%
	FI	57%	48%	65 %	24%	14%	15%	24%	14%	6%	7%	11%	0%
	SE	68 %	35%	39%	28%	25%	14%	55%	5%	12%	7%	5%	0%
	UK	60 %	40%	28%	20%	24%	12%	13%	30%	30%	14%	7%	3%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

The socio-demographic analysis shows:

- ✓ Women are more likely to refer to *respect of a patient's dignity*. Men, on the other hand, are more likely to select *modern medical equipment*.
- ✓ The youngest respondents (aged 15-24) believe *medical staff that is well trained* is more important, at the expense of *respect of a patient's dignity*, compared to the oldest respondents. The younger respondents (aged 15-39) are also more likely to select *modern medical equipment* and a *clean environment* than their older counterparts.
- ✓ Longer-educated respondents, and those still studying, place greater value on *medical staff that is well trained*. Respondents educated up to age 15 select *no waiting lists to get seen and treated* more frequently.
- ✓ Managers select *medical staff that is well trained* and *modern medical equipment* more frequently. Self-employed and other white-collar workers are more likely to feel *respect of a patient's dignity* is an important criterion for quality healthcare.

QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS) - % EU							
	Medical staff that is well trained	Treatment that works	No waiting lists to get seen and treated	Respect of a patient's dignity	Modern medical equipment	Proximity of hospital and doctor	
EU27	52 %	39 %	29 %	27 %	27 %	22 %	
Sex							
 Male	52 %	39 %	28 %	24 %	29 %	22 %	
Female	52 %	38 %	29 %	29 %	24 %	21 %	
Age							
 15-24	55 %	37 %	26 %	24 %	30 %	21 %	
25-39	52 %	38 %	29 %	27 %	29 %	20 %	
40-54	52 %	40 %	28 %	29 %	26 %	21 %	
55 +	50 %	38 %	29 %	27 %	24 %	24 %	
Education (End of)							
15-	48 %	36 %	32 %	28 %	22 %	24 %	
 16-19	50 %	39 %	27 %	27 %	28 %	20 %	
20+	57 %	40 %	29 %	27 %	29 %	23 %	
Still studying	55 %	39 %	27 %	24 %	31 %	20 %	
Respondent occupation scale							
 Self- employed	50 %	40 %	30 %	31 %	27 %	19 %	
Managers	59 %	41 %	30 %	26 %	31 %	22 %	
Other white collars	50 %	38 %	27 %	30 %	27 %	18 %	
Manual workers	51 %	38 %	28 %	27 %	27 %	22 %	
House persons	51 %	35 %	31 %	27 %	23 %	22 %	
Unemployed	53 %	41 %	30 %	24 %	27 %	22 %	
Retired	49 %	38 %	29 %	27 %	25 %	24 %	
Students	55 %	39 %	27 %	24 %	31 %	20 %	
Difficulties to pay bills							
Most of the time	48 %	38 %	28 %	26 %	22 %	22 %	
From time to time	48 %	38 %	30 %	28 %	27 %	21 %	
Almost never	54 %	39 %	28 %	26 %	28 %	22 %	

	Free choice of doctor	Healthcare that keeps you safe from harm	A clean environment at the healthcare facility	Free choice of hospital	A welcoming and friendly environment	DK
EU27	22 %	22 %	19 %	14 %	7 %	1 %
Sex						
 Male	22 %	22 %	17 %	14 %	7 %	1 %
Female	21 %	22 %	20 %	14 %	7 %	1 %
Age						
 15-24	17 %	21 %	24 %	13 %	8 %	2 %
25-39	20 %	21 %	20 %	13 %	7 %	1 %
40-54	23 %	22 %	18 %	14 %	6 %	1 %
55 +	24 %	23 %	16 %	16 %	7 %	1 %
Education (End of)						
15-	21 %	23 %	19 %	15 %	7 %	1 %
 16-19	23 %	24 %	19 %	15 %	7 %	1 %
20+	22 %	19 %	15 %	14 %	6 %	1 %
Still studying	16 %	21 %	25 %	12 %	9 %	1 %
Respondent occupation scale						
 Self- employed	23 %	21 %	16 %	14 %	6 %	2 %
Managers	21 %	20 %	16 %	13 %	6 %	0 %
Other white collars	21 %	22 %	21 %	15 %	7 %	2 %
Manual workers	21 %	22 %	19 %	14 %	7 %	1 %
House persons	24 %	24 %	21 %	15 %	7 %	1 %
Unemployed	21 %	21 %	19 %	14 %	7 %	1 %
Retired	24 %	22 %	16 %	16 %	8 %	1 %
Students	16 %	21 %	25 %	12 %	9 %	1 %
Difficulties to pay bills						
Most of the time	24 %	20 %	22 %	14 %	8 %	2 %
From time to time	21 %	22 %	19 %	15 %	8 %	1 %
Almost never	22 %	22 %	18 %	14 %	6 %	1 %

5.2 Healthcare quality

- There are significant disparities in perception of level of healthcare quality across EU -

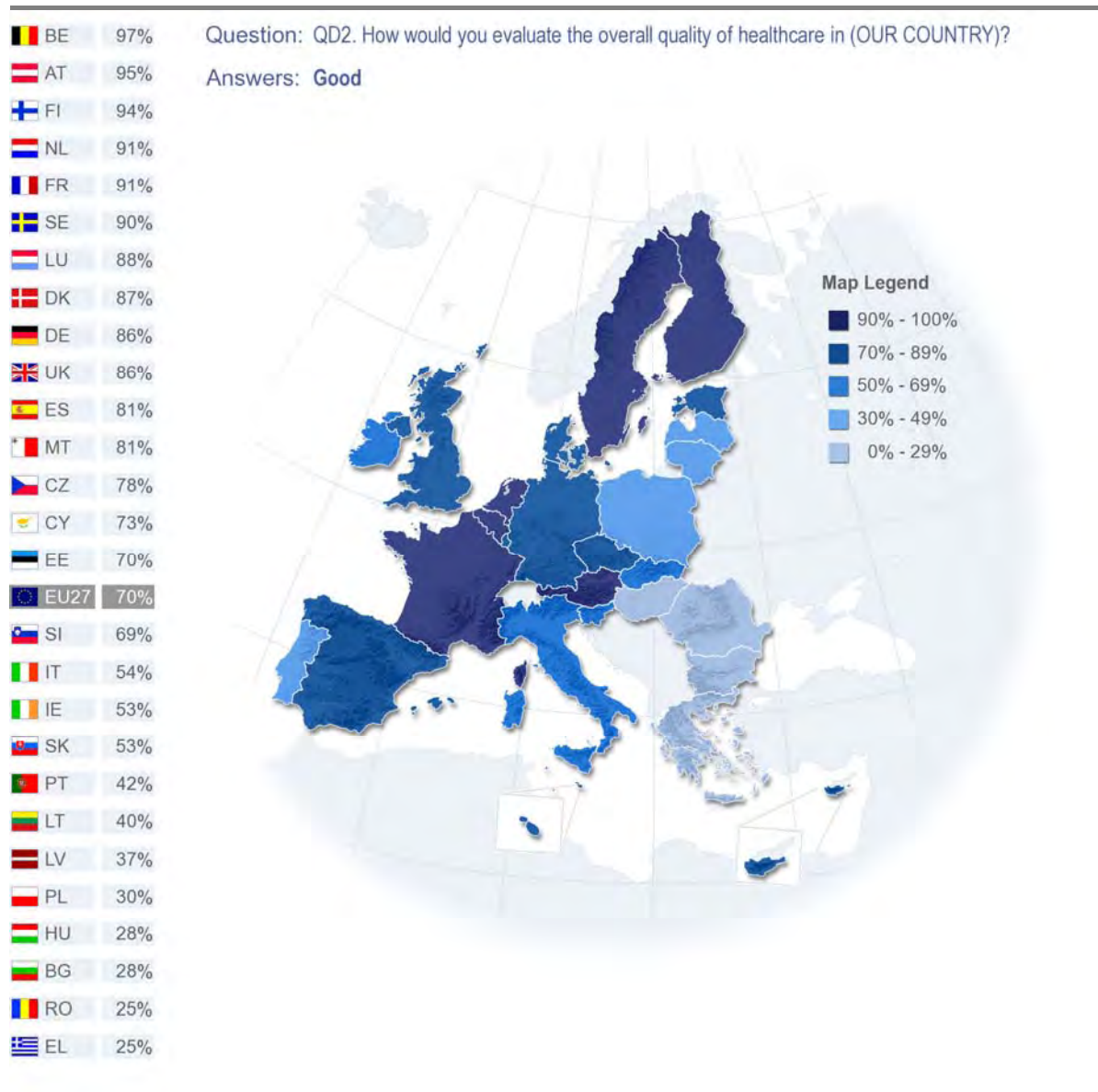
Respondents were asked to evaluate the overall quality of healthcare in their country²⁵. Although an average of 70% of people perceives quality of healthcare provided in their country as good, significant differences are observed among respondents: 97% of respondents from Belgium consider healthcare quality in their country as good, followed by respondents in Austria (95%) and Finland (91%), whereas only 25% of respondents in Greece and Romania state the same.

Across the EU27, 13% of respondents rate the quality of their national healthcare as *very good* and 57% say it is *fairly good*. Thus, seven out of ten respondents feel that their country's healthcare quality is *good*. Of the remaining respondents, 21% feel it is *fairly bad* and 7% rate it as *very bad*. The remaining 2% of respondents could not form an opinion.

The Austrians stand out in that 45% rate the healthcare in their country as *very good*. More than a third of Belgians (37%) and Swedes (34%) also feel their country's healthcare is *very good*. Combining the ratings for *very good* and *fairly good* shows at least nine out of ten respondents in Belgium, Austria, Finland, France, the Netherlands and Sweden rate their country's healthcare as *good*.

By contrast, at least a quarter of Romanians (26%) and Greeks (25%) see the healthcare in their country as *very bad*, while 24% of Bulgarians and 22% of Hungarians state the same. Countries where citizens provide the lowest ratings of the national healthcare system are Greece (75% saying fairly or very bad), Hungary (72%), Romania (69%), Bulgaria (68%), Poland (67%), Latvia (62%), Lithuania (58%) and Portugal (56%).

²⁵ QD2 How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?



On a socio-demographic level, the following groups are more likely to say the healthcare in their country is *bad*:

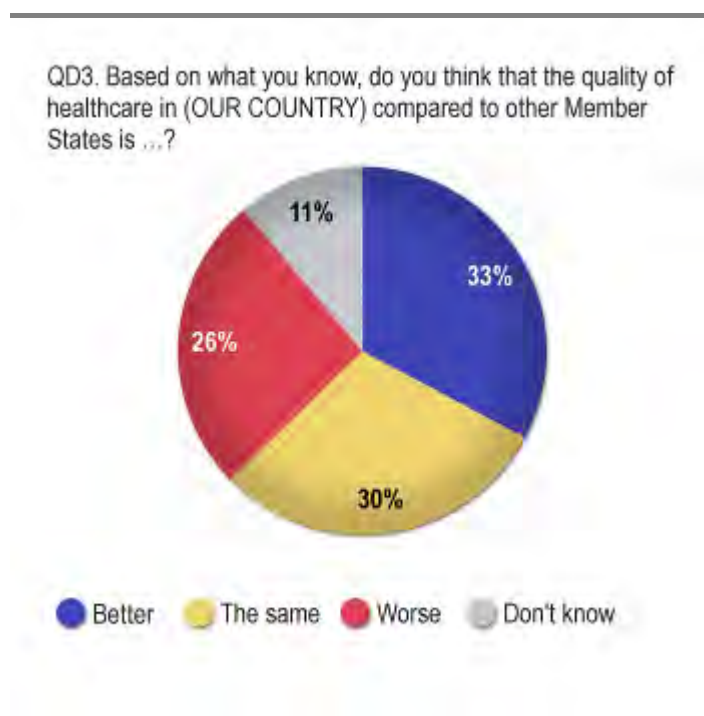
- ✓ People aged 25-39.
- ✓ Those who left education before 19 years of age.
- ✓ Those who are self-employed or unemployed.
- ✓ People struggling financially.

QD2 How would you evaluate the overall quality of healthcare in (OUR COUNTRY)? - % EU				
		Good	Bad	DK
EU27		70%	28%	2%
Sex				
	Male	70%	28%	2%
	Female	69%	29%	2%
Age				
	15-24	70%	27%	3%
	25-39	65%	33%	2%
	40-54	70%	29%	1%
	55 +	73%	25%	2%
Education (End of)				
	15-	70%	29%	1%
	16-19	68%	30%	2%
	20+	74%	24%	2%
	Still studying	71%	27%	2%
Respondent occupation scale				
	Self- employed	60%	38%	2%
	Managers	73%	26%	1%
	Other white collars	69%	29%	2%
	Manual workers	70%	29%	1%
	House persons	72%	26%	2%
	Unemployed	66%	32%	2%
	Retired	72%	27%	1%
	Students	71%	27%	2%
Difficulties to pay bills				
Most of the time		57%	40%	3%
From time to time		62%	37%	1%
Almost never		76%	23%	1%

5.3 Comparing the quality of healthcare to other Member States

- Europeans are divided in their views when comparing their own country's healthcare system with that in other Member States -

After rating the healthcare in their own country, respondents were asked to compare the quality of their country's healthcare with that in other Member States²⁶. Respondents are divided almost equally between perceiving their country's healthcare to be better (33%), the same (30%) or worse (26%) than that offered in other Member States. The remaining 11% of respondents could not form an opinion.

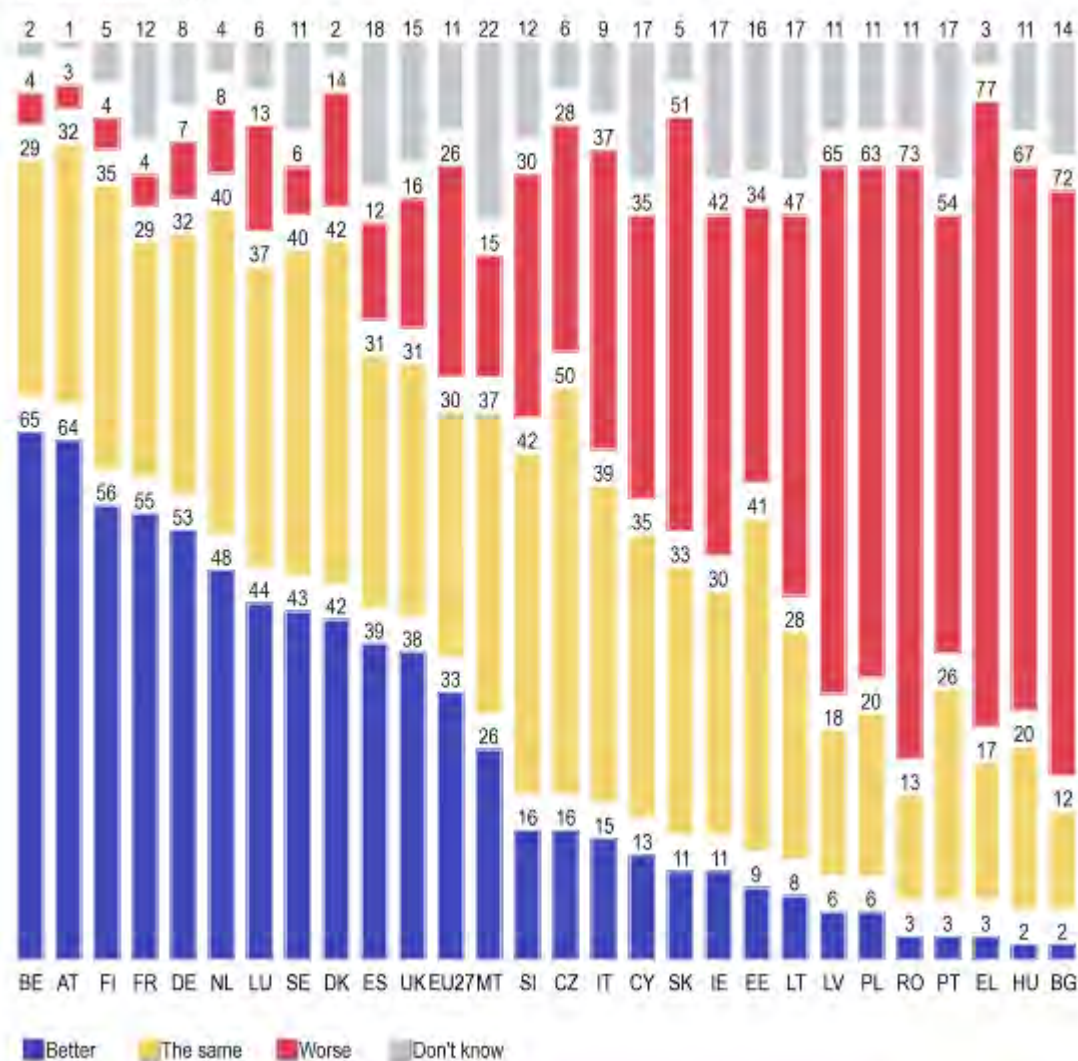


Analysis on a national level shows a high correlation, as would be expected, between those who rate the quality of healthcare in their country as *good* and who feel that healthcare is *better* than is available in other Member States. The countries where this is the case are: Belgium (65%), Austria (64%), Finland (56%), France (55%) and Germany (53%).

A similar correlation exists in countries where people rate the quality of healthcare in the country as *bad*. They will tend to say the quality is *worse* than in other Member States: Greece (77%), Romania (73%), Bulgaria (72%), Hungary (67%) and Latvia

(65%) all fall into this category. For the first four of these countries, it should be noted that no more than 3% of citizens feel the healthcare in their country is *better* than in other Member States.

QD3. Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?



²⁶ QD3 Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?

The socio-demographic groups more likely to say the healthcare is *worse* in their country than in other Member States are:

- ✓ People aged 25-39. Older respondents (55+) are more likely to not have an opinion on the matter.
- ✓ People educated to the ages of 16-19.
- ✓ Those who are self-employed or unemployed.
- ✓ People struggling financially.

QD3 Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...? - % EU				
	Better	The same	Worse	DK
EU27	33 %	30 %	26 %	11 %
Age				
 15-24	32 %	33 %	26 %	9 %
25-39	33 %	28 %	30 %	9 %
40-54	33 %	32 %	27 %	8 %
55 +	33 %	29 %	23 %	15 %
Education (End of)				
 15-	33 %	27 %	24 %	16 %
16-19	31 %	31 %	28 %	10 %
20+	37 %	32 %	24 %	7 %
Still studying	34 %	32 %	25 %	9 %
Respondent occupation scale				
 Self- employed	27 %	28 %	36 %	9 %
Managers	38 %	30 %	26 %	6 %
Other white collars	31 %	33 %	28 %	8 %
Manual workers	35 %	32 %	24 %	9 %
House persons	34 %	29 %	24 %	13 %
Unemployed	31 %	28 %	30 %	11 %
Retired	32 %	28 %	24 %	16 %
Students	34 %	32 %	25 %	9 %
Difficulties to pay bills				
Most of the time	28 %	24 %	36 %	12 %
From time to time	26 %	31 %	32 %	11 %
Almost never	37 %	31 %	22 %	10 %

CONCLUSIONS

Half the respondents feel they could be harmed by healthcare in their home country. However, it should be noted that few people feel it's *very likely* the harm will occur. Rather, they rate the probability as *fairly likely*.

The absolute majority of respondents feel that the harm can be done through hospital infections or incorrect, missed or delayed diagnoses. The Council Recommendation which includes specific provisions for preventing and controlling healthcare-related infections, as well as for embedding patient safety in the education and training of health professionals is therefore in line with respondents' risk perceptions. *Medical device or equipment-related errors* are the lowest source of concern. It should be noted that, despite all the claimed adverse events, respondents still tend to feel the risk is *fairly* rather than *very likely*.

Over a quarter of respondents believe that they (or a member of their family) have experienced an adverse healthcare event at some time, with the event mostly taking place in their own country. However, **these events largely go unreported**, as only 28% of those who claim experience of an adverse event, reported it.

Amongst those who did report their adverse experience, this was largely reported to the *hospital management* (44%) or to the relevant *doctor, nurse or pharmacist* (41%). *Lawyers* are only selected by 15% of respondents. Other authorities (such as the ***ministry of health, local authorities or national agency on patient safety***) receive less than 10% of responses.

The low levels of reporting adverse events may be due to a lack of awareness of the authorities responsible for patient safety, as **29% of respondents do not know who is responsible for patient safety in their country**. Those who could offer an opinion tended to refer to the *ministry of health* or the *healthcare providers (e.g. clinic, hospital, doctor, nurse)*. According to the Council Recommendation, Member States are recommended to designate the competent authority responsible for patient safety on their territory, as well as to provide opportunities for patients and their families to report their experience. These two measures, if implemented, could contribute to increasing the low proportion of adverse events which are reported.

Of the people who underwent surgery, **17% said they were *never* asked to provide written consent, though great variance across countries is evident.**

For example, more than 40% of respondents in Greece, the Netherlands and Finland and more than 60% of Swedes say written consent was *never* asked for, while 90% of respondents in Germany and 86% in Hungary say it was *always* asked.

When informing citizens about patient safety, *television* is likely to be the most effective medium as **73% of respondents identify television as the main source of information regarding adverse events.** After television, *newspapers and magazines* rank second as an information source. **Only 9% of respondents report using official statistics as their main information source,** indicating that reliable and dependable data is either not available in the public domain or is playing a limited role in forming perceptions.

The recently adopted Recommendation on patient safety encourages Member States to disseminate information to patients on risk, safety measures which are in place to reduce and prevent errors and harm, including the right to informed consent to treatment, to facilitate patient choice. If implemented, it should contribute to improving ways of providing information to patients.

When asked about what form of redress they may be entitled to if harm occur to them in their country or in another Member State, most think it would be most likely an investigation into the case or financial compensation. Fewer think it would be an *explanation of the causes of that harm*. Around a third identify *having the responsible person disciplined, action taken against the healthcare facility and a formal acknowledgement that harm has been caused* as available forms of redress. **More respondents do not know what sources of redress would be available in another Member State, compared to their own country (18% vs. 5%).**

Should they experience an adverse event in their own country, most respondents feel they would be able to seek help from a lawyer (48%), or else from the *hospital management* or *ministry of health* (37% and 36% respectively). **If the adverse event occurs in another Member State, they would first and foremost see their embassy or consulate (41%)** as a source of help. It is thus clear that respondents perceive a difference between the *reporting* of adverse events (which occurs to *hospital management* or *the staff involved*) and actively seeking redress (which would start with a *lawyer*).

Furthermore, although the incidence of cross-border healthcare-related harm appears to be low (only 1%), the findings suggest that *embassies or consulates* need to be able to assist patients in the event of harm.

When thinking of **high quality healthcare**, the most important criterion for respondents is ***well-trained medical staff* (52%)**, followed by ***clinical effectiveness of treatment* (39%)**. Thereafter, *no waiting lists*, *modern medical equipment* and *respect of a patient's dignity* receive broadly equal responses (between 27 and 29%)

Although on average, most respondents **rate the quality of healthcare** in their country as *good or very good*, **significant variation is observed at the country level**. Almost all respondents in Belgium (97%), Austria (95%), Finland (94%), the Netherlands and France (both 91%) rate their healthcare system as good, but less than a third of respondents in Greece and Romania (25%), Bulgaria and Hungary (both 28%) as well as Poland (30%) consider the quality of healthcare in their country as *good or very good*.

When asked to compare the healthcare in their own country to that available in other Member States' respondents are divided almost equally between those who judge the healthcare available in their own countries as *better, the same or worse*. Those who rate their country's healthcare positively also tend to feel the quality is better than that available in other Member States. A third (33%) of respondents feels that the quality of healthcare in their country is *better* than in another Member State. Here, respondents in Belgium (65%), Austria (64%), Finland (56%) and France (55%) lead the way. A further quarter (26%) of Europeans tend to think that healthcare in their country is *worse* than other EU Member States, most notably in Greece (77%), Romania (73%), Bulgaria (72%) and Hungary (67%).

On a national level, there are some countries where citizens are consistently negative about the available healthcare. They feel harm from hospital- or non-hospital care is *likely*, feel at risk of experiencing adverse events and rate the quality of their national healthcare *poorly* and *worse* than other Member States. These countries are Greece, Bulgaria, Hungary, Latvia, Lithuania and Poland.

Those countries where citizens are consistently positive about their national healthcare include Austria, Finland, France, Germany and Sweden.

Given the significant differences in perception of healthcare quality among EU citizens on the one hand, and the wish for equal access to good quality care²⁷ on the other, it is clear that there is room for reflection on **how to reduce observed disparities** between countries.

²⁷ As expressed in the Council Conclusions on Common values and principles in European Union Health Systems (2006/C 146/01)

ANNEX

SPECIAL EUROBAROMETER N°327

“Patient safety and quality of care”

TECHNICAL SPECIFICATIONS

Between the 11th of September and the 5th of October 2009, TNS Opinion & Social, a consortium created between TNS plc and TNS opinion, carried out wave 72.2 of the EUROBAROMETER, on request of the EUROPEAN COMMISSION, Directorate-General for Communication, “Research and Political Analysis”.

The SPECIAL EUROBAROMETER N°327 is part of wave 72.2 and covers the population of the respective nationalities of the European Union Member States, resident in each of the Member States and aged 15 years and over. The basic sample design applied in all states is a multi-stage, random (probability) one. In each country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the “administrative regional units”, after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard “random route” procedures, from the initial address. In each household, the respondent was drawn, at random (following the “closest birthday rule”). All interviews were conducted face-to-face in people’s homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

ABBREVIATIONS	COUNTRIES	INSTITUTES	N° INTERVIEWS	FIELDWORK DATES		POPULATION 15+
BE	Belgium	TNS Dimarso	1.015	11/09/2009	27/09/2009	8.866.411
BG	Bulgaria	TNS BBSS	1.000	11/09/2009	24/09/2009	6.584.957
CZ	Czech Rep.	TNS Aisa	1.073	12/09/2009	25/09/2009	8.987.535
DK	Denmark	TNS Gallup DK	1.007	11/09/2009	27/09/2009	4.503.365
DE	Germany	TNS Infratest	1.537	11/09/2009	28/09/2009	64.545.601
EE	Estonia	Emor	1.003	11/09/2009	28/09/2009	916.000
IE	Ireland	TNS MRBI	976	11/09/2009	27/09/2009	3.375.399
EL	Greece	TNS ICAP	1.000	11/09/2009	27/09/2009	8.693.566
ES	Spain	TNS Demoscopia	1.004	13/09/2009	27/09/2009	39.059.211
FR	France	TNS Sofres	1.017	11/09/2009	27/09/2009	47.620.942
IT	Italy	TNS Infratest	1.040	11/09/2009	27/09/2009	51.252.247
CY	Rep. of Cyprus	Synovate	505	11/09/2009	27/09/2009	651.400
LV	Latvia	TNS Latvia TNS Gallup	1.006	11/09/2009	29/09/2009	1.448.719
LT	Lithuania	Lithuania	1.026	12/09/2009	27/09/2009	2.849.359
LU	Luxembourg	TNS ILReS	500	15/09/2009	05/10/2009	404.907
HU	Hungary	TNS Hungary	1.000	11/09/2009	27/09/2009	8.320.614
MT	Malta	MISCO	500	11/09/2009	26/09/2009	335.476
NL	Netherlands	TNS NIPO Österreichisches	1.006	11/09/2009	29/09/2009	13.017.690
AT	Austria	Gallup-Institut	1.001	11/09/2009	27/09/2009	6.973.277
PL	Poland	TNS OBOP	1.000	12/09/2009	28/09/2009	32.306.436
PT	Portugal	TNS EUROTESTE	1.009	17/09/2009	27/09/2009	8.080.915
RO	Romania	TNS CSOP	1.007	11/09/2009	21/09/2009	18.246.731
SI	Slovenia	RM PLUS	1.026	11/09/2009	30/09/2009	1.748.308
SK	Slovakia	TNS AISA SK	1.029	12/09/2009	27/09/2009	4.549.954
FI	Finland	TNS Gallup Oy	1.026	14/09/2009	01/10/2009	4.412.321
SE	Sweden	TNS GALLUP	1.005	13/09/2009	30/09/2009	7.723.931
UK	United Kingdom	TNS UK	1.345	11/09/2009	27/09/2009	51.081.866
TOTAL			26.663	11/09/2009	05/10/2009	406.557.138

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed above.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Observed percentages	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Confidence limits	± 1.9 points	± 2.5 points	± 2.7 points	± 3.0 points	± 3.1 points

QUESTIONNAIRE

Now let's talk about another topic.

ASK QD TO EU27

QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)?

(SHOW CARD – READ OUT – ROTATE – MAX. 3 ANSWERS)

Proximity of hospital and doctor	1,
Free choice of doctor	2,
Respect of a patient's dignity	3,
Medical staff that is well trained	4,
A clean environment at the healthcare facility	5,
Treatment that works	6,
Free choice of hospital	7,
Healthcare that keeps you safe from harm	8,
No waiting lists to get seen and treated	9,
A welcoming and friendly environment	10,
Modern medical equipment	11,
Other (SPONTANEOUS)	12,
DK	13,

NEW

QD2 How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

(READ OUT – ONE ANSWER ONLY)

Very good	1
Fairly good	2
Fairly bad	3
Very bad	4
DK	5

NEW

Parlons maintenant d'un autre sujet.

POSER QD EN UE27

QD1 Dans la liste suivante, quels sont les trois critères les plus importants quand vous pensez à des soins de santé de bonne qualité en (NOTRE PAYS)?

(MONTRER CARTE – LIRE – ROTATION – MAX. 3 REPONSES)

La proximité d'un hôpital ou d'un médecin	1,
Le libre choix du médecin	2,
Le respect de la dignité des patients	3,
Un personnel médical bien formé	4,
La propreté des unités de soins	5,
Des traitements efficaces	6,
Le libre choix de l'hôpital	7,
Des soins de santé qui n'entraînent pas de préjudices	8,
Pas de liste d'attente pour être vu(e) par un médecin et traité(e)	9,
Un environnement accueillant et agréable	10,
Un équipement médical moderne	11,
Autre (SPONTANE)	12,
NSP	13,

NEW

QD2 Comment évalueriez-vous la qualité générale des soins de santé en (NOTRE PAYS)?

(LIRE – UNE SEULE REPONSE)

Très bonne	1
Plutôt bonne	2
Plutôt mauvaise	3
Très mauvaise	4
NSP	5

NEW

--

QD3	Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?
-----	--

(READ OUT – ONE ANSWER ONLY)

Better	1
The same	2
Worse	3
DK	4

NEW

--

QD4a	How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.
------	--

(READ OUT – ONE ANSWER ONLY)

Very likely	1
Fairly likely	2
Not very likely	3
Not at all likely	4
DK	5

NEW

--

QD3	D'après ce que vous savez, pensez-vous que la qualité des soins de santé en (NOTRE PAYS) est ... en comparaison avec celles des autres Etats membres?
-----	---

(LIRE – UNE SEULE REPONSE)

Meilleure	1
La même	2
Moins bonne	3
NSP	4

NEW

--

QD4a	Dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé dans un hôpital en (NOTRE PAYS) ? Par soins de santé dans un hôpital, nous parlons de soins reçus dans un hôpital lors d'une consultation externe ou interne.
------	--

(LIRE – UNE SEULE REPONSE)

Très probable	1
Assez probable	2
Pas très probable	3
Pas du tout probable	4
NSP	5

NEW

--

QD4b	And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.
------	---

(READ OUT – ONE ANSWER ONLY)

Very likely
Fairly likely
Not very likely
Not at all likely
DK

1
2
3
4
5

NEW

--

QD4b	Et dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé en milieu non-hospitalier en (NOTRE PAYS) ? Par soins en milieu non-hospitalier, nous parlons d'une visite, d'un traitement ou d'une prescription faite dans une maison médicale ou un cabinet médical par un médecin généraliste ou par un pharmacien.
------	---

(LIRE – UNE SEULE REPONSE)

Très probable
Assez probable
Pas très probable
Pas du tout probable
NSP

1
2
3
4
5

NEW

QD5	Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?					

(SHOW CARD WITH SCALE – ONE ANSWER PER LINE)

	(READ OUT – ROTATE)	Very likely	Fairly likely	Not very likely	Not at all likely	DK
1	Hospital infections	1	2	3	4	5
2	Incorrect, missed or delayed diagnoses	1	2	3	4	5
3	Surgical errors	1	2	3	4	5
4	Medication related errors (wrong prescription, wrong dose, dispensing error in pharmacy, wrong administration route)	1	2	3	4	5
5	Medical device or equipment related errors	1	2	3	4	5

NEW

QD6a	Have you or a member of your family ever experienced an adverse event when receiving healthcare?
------	--

(ONE ANSWER ONLY)

Yes	1
No	2
DK	3

NEW

QD5	Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?					

(MONTRER CARTE AVEC ECHELLE – UNE REPOSE PAR LIGNE)

	(LIRE - ROTATION)	Très probable	Assez probable	Pas très probable	Pas du tout probable	NSP
1	Des infections nosocomiales (infections contractées dans un établissement de santé)	1	2	3	4	5
2	Des diagnostics erronés, manqués ou tardifs	1	2	3	4	5
3	Des erreurs chirurgicales	1	2	3	4	5
4	Des erreurs liées aux médicaments (mauvaise prescription, mauvais dosage, erreur de prescription en pharmacie, erreur administrative)	1	2	3	4	5
5	Des erreurs liées à un appareil ou un équipement médical	1	2	3	4	5

NEW

QD6a	Avez-vous, ou un membre de votre famille, subi des effets indésirables suite à des soins de santé ?
------	---

(UNE SEULE REPOSE)

Oui	1
Non	2
NSP	3

NEW

ASK QD6b TO QD6e IF "HAS EXPERIENCED AN ADVERSE EVENT", CODE 1 IN QD6a – OTHERS GO TO QD7

--

QD6b Where did this adverse event take place?

(READ OUT – ONE ANSWER ONLY) (INTERVIEWER: IF MORE THAN ONE EXPERIENCE, ASK THE RESPONDENT TO THINK ABOUT THE MOST RECENT ONE)

In (OUR COUNTRY)	1
In another EU Member State	2
In a country outside the EU	3
DK	4

NEW

--

QD6c And did you or the member of your family report it?

(ONE ANSWER ONLY)

Yes	1
No	2
DK	3

NEW

POSER QD6b A QD6e SI "A SUBI DES EFFETS INDESIRABLES", CODE 1 EN QD6a – LES AUTRES ALLER EN QD7

--

QD6b A quel endroit ces effets indésirables ont-ils été subis?

(LIRE – UNE SEULE REPONSE) (ENQ. : SI PLUS D'UNE EXPERIENCE, DEMANDER AU REpondANT DE PENSER A LA PLUS RECENTE)

En (NOTRE PAYS)	1
Dans un autre Etat membre de l'UE	2
Dans un pays hors de l'UE	3
NSP	4

NEW

--

QD6c Et avez-vous, ou le membre de votre famille, porté plainte ?

(UNE SEULE REPONSE)

Oui	1
Non	2
NSP	3

NEW

ASK QD6d AND QD6e IF "HAS REPORTED AN ADVERSE EVENT", CODE 1 IN QD6c – OTHERS GO TO QD7

--

QD6d And to whom of the following did you or the member of your family report this event?

(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)

Hospital Management	1,
The regional or local authority	2,
National agency on patient safety	3,
A lawyer	4,
Ministry of health	5,
A consumer protection body	6,
Close relative or acquaintance who worked in the healthcare system	
	7,
A doctor, a nurse or a pharmacist	8,
Your country's embassy or consulate	9,
Other (SPONTANEOUS)	10,
DK	11,

NEW

--

QD6e And where did you report the adverse event?

(READ OUT – ONE ANSWER ONLY)

In (OUR COUNTRY)	1
In another EU Member State	2
In a country outside the EU	3
DK	4

NEW

POSER QD6d ET QD6e SI "A PORTE PLAINTE", CODE 1 EN QD6c – LES AUTRES ALLER EN QD7

--

QD6d Et à qui avez-vous, ou le membre de votre famille, adressé votre plainte ?

(MONTRER CARTE – LIRE – ROTATION – PLUSIEURS REPONSES POSSIBLES)

A la direction de l'hôpital	1,
Aux autorités locales ou régionales	2,
A l'agence nationale pour la sécurité des patients	3,
A un avocat	4,
Au Ministère de la Santé	5,
A un organisme de protection des consommateurs	6,
A un proche ou une connaissance qui travaille dans le domaine des soins de santé	
	7,
A un médecin, une infirmière ou un pharmacien	8,
A l'ambassade ou au consulat de votre pays	9,
Autre (SPONTANE)	10,
NSP	11,

NEW

--

QD6e Et à quel endroit avez-vous formulé cette plainte ?

(LIRE – UNE SEULE REPONSE)

En (NOTRE PAYS)	1
Dans un autre Etat membre de l'UE	2
Dans un pays hors de l'UE	3
NSP	4

NEW

ASK ALL

A TOUS

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)?

QD7 Quels organismes, institutions ou autorités sont-ils principalement responsables de la sécurité des patients en (NOTRE PAYS) ?

(WRITE DOWN – CODE AT THE OFFICE – MULTIPLE ANSWERS POSSIBLE)

(NOTER – CODER AU BUREAU – PLUSIEURS REPONSES POSSIBLES)

NEW

NEW

QD8a Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

QD8a Avez-vous (ou un membre de votre famille) subi une ou plusieurs interventions chirurgicales au cours des trois dernières années ? Il peut s'agir de n'importe quel type d'intervention chirurgicale, depuis l'intervention mineure au cabinet du médecin ou dans une maison médicale, jusqu'à la grosse intervention effectuée dans un hôpital.

(ONE ANSWER ONLY)

(UNE SEULE REPONSE)

Yes	1
No	2
DK	3

Oui	1
Non	2
NSP	3

NEW

NEW

ASK QD8b IF "UNDERWENT A SURGICAL PROCEDURE", CODE 1 IN QD8a – OTHERS
GO TO QD9

--

QD8b	Were you or your family member asked for written consent before such a procedure(s)?
------	--

(READ OUT – ONE ANSWER ONLY)

Always	1
Sometimes	2
Never	3
DK	4

NEW

ASK ALL

--

QD9	Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was?
-----	--

(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)

A formal acknowledgement that harm has been caused	1,
Explanation of the causes of that harm	2,
An apology from the responsible individual or healthcare facility	3,
Financial compensation	4,
An investigation into the case	5,
Having the responsible person disciplined	6,
Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	7,
Other (SPONTANEOUS)	8,
None (SPONTANEOUS)	9,
DK	10,

NEW

POSER QD8b SI "A SUBI UNE INTERVENTION CHIRURGICALE", CODE 1 EN QD8a –
LES AUTRES ALLER EN QD9

--

QD8b	Un consentement écrit vous a-t-il été demandé, à vous ou à votre famille, avant une telle intervention/ de telles interventions ?
------	---

(LIRE – UNE SEULE REPONSE)

A chaque fois	1
Parfois	2
Jamais	3
NSP	4

NEW

A TOUS

--

QD9	Dans la liste suivante de réparations possibles, à laquelle/auxquelles avez-vous droit si vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS), et ce, quelle que soit la gravité ou la durée du préjudice subi ?
-----	--

(MONTRER CARTE – LIRE – ROTATION – PLUSIEURS REPONSES POSSIBLES)

Une reconnaissance formelle que le préjudice a été causé	1,
Une explication sur les causes du préjudice	2,
Des excuses de la part de la personne responsable ou de l'organisme de soins de santé	3,
Une compensation financière	4,
Une enquête sur l'affaire	5,
Une mesure disciplinaire à l'encontre de la personne responsable	6,
Une action à l'encontre de l'organisme de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités financières)	7,
Autre (SPONTANE)	8,
Aucun (SPONTANE)	9,
NSP	10,

NEW

QD10	Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in another Member State?

(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)

A formal acknowledgement that harm has been caused	1,
Explanation of the causes of that harm	2,
An apology from the responsible individual or healthcare facility	3,
Financial compensation	4,
An investigation into the case	5,
Having the responsible person disciplined	6,
Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	7,
Other (SPONTANEOUS)	8,
None (SPONTANEOUS)	9,
DK	10,

NEW

QD11	From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)?
------	--

(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)

Hospital Management	1,
The regional or local authority	2,
National agency on patient safety	3,
A lawyer	4,
Ministry of health	5,
A consumer protection body	6,
Close relative or acquaintance who works in the healthcare system	7,
A doctor, a nurse or a pharmacist	8,
Other (SPONTANEOUS)	9,
None (SPONTANEOUS)	10,
DK	11,

NEW

QD10	Dans la liste suivante de réparations possibles, à laquelle / auxquelles avez-vous, droit si vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus dans un autre Etat-membre ?

(MONTRER CARTE – LIRE – ROTATION – PLUSIEURS REPONSES POSSIBLES)

Une reconnaissance formelle que le préjudice a été causé	1,
Une explication sur les causes du préjudice	2,
Des excuses de la part de la personne responsable ou de l'organisme de soins de santé	3,
Une compensation financière	4,
Une enquête sur l'affaire	5,
Une mesure disciplinaire à l'encontre de la personne responsable	6,
Une action à l'encontre de l'organisme de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités financières)	7,
Autre (SPONTANE)	8,
Aucun (SPONTANE)	9,
NSP	10,

NEW

QD11	Auprès de qui, dans la liste suivante, pouvez-vous demander de l'aide en vue d'une réparation au cas où vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS) ?
------	---

(MONTRER CARTE – LIRE – ROTATION – PLUSIEURS REPONSES POSSIBLES)

La direction de l'hôpital	1,
Les autorités locales ou régionales	2,
L'agence nationale pour la sécurité des patients	3,
Un avocat	4,
Le Ministère de la Santé	5,
Un organisme de protection des consommateurs	6,
Un proche ou une connaissance qui travaille dans le domaine de la santé	7,
Un médecin, une infirmière ou un pharmacien	8,
Autre (SPONTANE)	9,
Aucun (SPONTANE)	10,
NSP	11,

NEW

QD12	And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State?

(SHOW CARD – READ OUT – ROTATE – MULTIPLE ANSWERS POSSIBLE)

Hospital Management in the country of care	1,
A doctor, a nurse or a pharmacist in the country of care	2,
(OUR COUNTRY)'s embassy or consulate in the country of care	3,
National agency for patient safety in (OUR COUNTRY)	4,
Ministry of Health in (OUR COUNTRY)	5,
A lawyer in (OUR COUNTRY)	6,
Other (SPONTANEOUS)	7,
None (SPONTANEOUS)	8,
DK	9,

NEW

QD13	What are the three main information sources through which you hear or find out about adverse events in healthcare?
------	--

(SHOW CARD – READ OUT – ROTATE – MAX. 3 ANSWERS)

Personal experience	1,
Friends or family	2,
TV	3,
Hospital	4,
The Internet	5,
Newspapers and magazines	6,
Official statistics	7,
Radio	8,
Other (SPONTANEOUS)	9,
DK	10,

NEW

QD12	Et auprès de qui pouvez-vous demander de l'aide en vue d'une réparation au cas où vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'Union européenne ?

(MONTRER CARTE – LIRE – ROTATION – PLUSIEURS REPONSES POSSIBLES)

La direction de l'hôpital du pays dans lequel vous avez reçus les soins	1,
Un médecin, une infirmière ou un pharmacien du pays dans lequel vous avez reçus les soins	2,
L'ambassade ou le consulat de (NOTRE PAYS) du pays dans lequel vous avez reçus les soins	3,
L'agence nationale pour la sécurité des patients en (NOTRE PAYS)	4,
Le Ministère de la Santé en (NOTRE PAYS)	5,
Un avocat en (NOTRE PAYS)	6,
Autre (SPONTANE)	7,
Aucun (SPONTANE)	8,
NSP	9,

NEW

QD13	Quelles sont les trois principales sources d'information par lesquelles vous entendez parler ou trouvez des informations sur les effets indésirables subis par certains suite à des soins de santé ?
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(MONTRER CARTE – LIRE – ROTATION – MAX. 3 REPONSES)

Une expérience personnelle	1,
Des amis ou de la famille	2,
La télévision	3,
L'hôpital	4,
Internet	5,
La presse écrite (journaux et magazines)	6,
Les statistiques officielles	7,
La radio	8,
Autre (SPONTANE)	9,
NSP	10,

NEW

TABLES

Special Eurobarometer 327 – Patient Safety

QD1 Dans la liste suivante, quels sont les trois critères les plus importants quand vous pensez à des soins de santé de bonne qualité en (NOTRE PAYS) ? (ROTATION – MAX. 3 REPONSES)

QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (ROTATE – MAX. 3 ANSWERS)

QD1 Welche drei der folgenden Kriterien sind Ihrer Meinung die wichtigsten, wenn es um eine qualitativ hochwertige medizinische Versorgung in (UNSER LAND) geht? (ROTIEREN - MAX. 3 NENNUNGEN)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
La proximité d'un hôpital ou d'un médecin	22	21	25	19	24	15	16	17	17	38
Le libre choix du médecin	22	33	23	26	12	32	29	20	27	16
Le respect de la dignité des patients	27	27	23	25	24	24	25	26	20	26
Un personnel médical bien formé	52	52	55	49	54	60	62	68	47	46
La propreté des unités de soins	19	13	8	12	16	23	22	17	10	32
Des traitements efficaces	39	33	64	47	46	39	39	40	38	21
Le libre choix de l'hôpital	14	26	13	14	19	16	15	10	11	13
Des soins de santé qui n'entraînent pas de préjudices	22	18	19	13	10	32	33	34	11	27
Pas de liste d'attente pour être vu(e) par un médecin et traité(e)	29	19	10	20	49	12	13	19	35	44
Un environnement accueillant et agréable	7	11	8	11	7	2	2	2	16	5
Un équipement médical moderne	27	26	36	46	31	30	32	37	41	15
Autre (SPONTANE)	1	1	0	0	0	0	0	0	1	1
NSP	1	0	1	0	1	0	0	0	1	1

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Proximity of hospital and doctor	16	28	40	12	5	39	13	45	18	16
Free choice of doctor	31	23	24	16	39	26	28	36	22	22
Respect of a patient's dignity	37	23	23	36	43	28	16	20	28	25
Medical staff that is well trained	45	54	48	44	61	46	60	55	51	57
A clean environment at the healthcare facility	23	11	20	20	12	5	6	17	12	34
Treatment that works	39	28	35	36	42	44	46	16	42	21
Free choice of hospital	21	10	20	12	10	13	16	16	13	11
Healthcare that keeps you safe from harm	15	18	15	23	23	16	12	10	22	17
No waiting lists to get seen and treated	43	47	22	34	33	7	19	25	35	39
A welcoming and friendly environment	6	4	8	10	2	8	5	12	7	8
Modern medical equipment	17	21	31	22	18	36	51	26	35	16
Other (SPONTANEOUS)	0	2	0	1	1	2	1	0	1	1
DK	0	1	0	1	0	1	0	1	0	0

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Nähe von Krankenhaus und Arzt	21	20	17	33	22	16	21	24	55	13
Freie Arztwahl	20	22	23	16	26	22	21	15	14	12
Respekt vor der Würde des Patienten	31	27	28	38	34	34	31	24	28	20
Gut ausgebildetes medizinisches Personal	65	60	27	49	54	48	41	57	68	60
Sauberkeit in der Gesundheitseinrichtung	14	24	8	14	24	6	14	6	12	30
Wirkungsvolle Behandlung	40	41	52	28	37	30	48	48	35	40
Freie Krankenhauswahl	14	14	12	12	15	12	13	7	7	14
Medizinische Versorgung, die einen vor Schaden bewahrt	23	31	21	11	12	17	23	14	5	30
Keine Wartezeiten, bevor man untersucht und behandelt wird	38	15	39	38	12	59	23	65	39	28
Einladende und freundliche Umgebung	5	6	11	7	10	20	15	11	5	7
Moderne medizinische Ausstattung	17	35	29	19	23	21	36	14	25	24
Andere (SPONTAN)	1	0	1	0	1	1	0	0	1	0
WN	1	0	3	3	1	0	0	0	0	3

Special Eurobarometer 327 – Patient Safety

QD2 Comment évalueriez-vous la qualité générale des soins de santé en (NOTRE PAYS) ?

QD2 How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

QD2 Wie würden Sie die allgemeine Qualität der medizinischen Versorgung in (UNSER LAND) beurteilen?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très bonne	13	37	2	10	23	18	16	11	5	9
Plutôt bonne	57	60	26	68	64	70	70	68	65	44
Plutôt mauvaise	21	2	44	19	11	9	11	18	25	26
Très mauvaise	7	1	24	2	2	1	2	2	3	17
NSP	2	0	4	1	0	2	1	1	2	4
Bonne	70	97	28	78	87	88	86	79	70	53
Mauvaise	28	3	68	21	13	10	13	20	28	43

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very good	1	12	14	2	12	2	1	23	1	28
Fairly good	24	69	77	52	61	35	39	65	27	53
Fairly bad	50	15	7	34	17	43	51	9	50	14
Very bad	25	2	1	10	9	19	7	1	22	3
DK	0	2	1	2	1	1	2	2	0	2
Good	25	81	91	54	73	37	40	88	28	81
Bad	75	17	8	44	26	62	58	10	72	17

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr gut	24	45	2	3	1	5	4	22	34	24
Ziemlich gut	67	50	28	39	24	64	49	72	56	62
Ziemlich schlecht	8	4	50	45	43	26	37	6	9	10
Sehr schlecht	1	1	17	11	26	4	9	0	1	3
WN	0	0	3	2	6	1	1	0	0	1
Gut	91	95	30	42	25	69	53	94	90	86
Schlecht	9	5	67	56	69	30	46	6	10	13

Special Eurobarometer 327 – Patient Safety

QD3 D'après ce que vous savez, pensez-vous que la qualité des soins de santé en (NOTRE PAYS) est ... en comparaison avec celles des autres Etats membres ?

QD3 Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?

QD3 Sind Sie ausgehend von Ihrem Wissensstand der Meinung, dass die Qualität der medizinischen Versorgung in (UNSER LAND) im Vergleich zu anderen Mitgliedstaaten eher... ist?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Meilleure	33	65	2	16	42	55	53	43	9	11
La même	30	29	12	50	42	32	32	33	41	30
Moins bonne	26	4	72	28	14	6	7	10	34	42
NSP	11	2	14	6	2	7	8	14	16	17

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Better	3	39	55	15	13	6	8	44	2	26
The same	17	31	29	39	35	18	28	37	20	37
Worse	77	12	4	37	35	65	47	13	67	15
DK	3	18	12	9	17	11	17	6	11	22

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Besser	48	64	6	3	3	16	11	56	43	38
Gleich	40	32	20	26	13	42	33	35	40	31
Schlechter	8	3	63	54	73	30	51	4	6	16
WN	4	1	11	17	11	12	5	5	11	15

Special Eurobarometer 327 – Patient Safety

QD4a Dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé dans un hôpital en (NOTRE PAYS) ? Par soins de santé dans un hôpital, nous parlons de soins reçus dans un hôpital lors d'une consultation externe ou interne.

QD4a How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.

QD4a Wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Krankenhausbehandlung in (UNSER LAND) zu Schaden kommen? Unter einer Krankenhausbehandlung verstehen wir die medizinische Versorgung ambulanter oder stationärer Patienten im Krankenhaus.

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	9	7	17	5	11	4	4	7	8	17
Assez probable	41	45	49	43	52	27	27	28	37	38
Pas très probable	42	42	19	44	33	59	58	52	45	30
Pas du tout probable	4	5	2	6	4	6	7	9	8	7
NSP	4	1	13	2	0	4	4	4	2	8
Probable	50	52	66	48	63	31	31	35	45	55
Pas probable	46	47	21	50	37	65	65	61	53	37

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	30	3	14	9	36	23	9	10	7	6
Fairly likely	53	32	51	46	45	52	52	43	41	34
Not very likely	16	57	31	37	18	20	32	39	44	40
Not at all likely	1	4	1	4	0	1	3	3	4	12
DK	0	4	3	4	1	4	4	5	4	8
Likely	83	35	65	55	81	75	61	53	48	40
Not likely	17	61	32	41	18	21	35	42	48	52

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	7	5	16	12	14	8	6	3	6	6
Ziemlich wahrscheinlich	39	14	53	52	41	46	39	24	30	41
Nicht sehr wahrscheinlich	48	64	25	28	25	40	46	67	57	43
Überhaupt nicht wahrscheinlich	5	15	2	4	6	4	4	5	5	4
WN	1	2	4	4	14	2	5	1	2	6
Wahrscheinlich	46	19	69	64	55	54	45	27	36	47
Nicht wahrscheinlich	53	79	27	32	31	44	50	72	62	47

Special Eurobarometer 327 – Patient Safety

QD4b Et dans quelle mesure pensez-vous qu'il est probable que des patients puissent subir des préjudices causés par des soins de santé en milieu non-hospitalier en (NOTRE PAYS) ? Par soins en milieu non-hospitalier, nous parlons d'une visite, d'un traitement ou d'une prescription faite dans une maison médicale ou un cabinet médical par un médecin généraliste ou par un pharmacien.

QD4b And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.

QD4b Und wie wahrscheinlich ist es Ihrer Meinung nach, dass Patienten durch eine medizinische Versorgung außerhalb eines Krankenhauses in (UNSER LAND) zu Schaden kommen? Unter einer medizinischen Versorgung außerhalb eines Krankenhauses verstehen wir die Diagnose, Behandlung oder Medikamentierung in der Praxis Ihres Allgemeinarztes oder durch eine Apotheke.

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	8	6	18	7	9	3	4	7	9	11
Assez probable	38	41	54	43	51	25	25	26	42	29
Pas très probable	45	47	16	43	35	60	59	54	40	41
Pas du tout probable	4	5	1	5	4	7	7	8	6	9
NSP	5	1	11	2	1	5	5	5	3	10
Probable	46	47	72	50	60	28	29	33	51	40
Pas probable	49	52	17	48	39	67	66	62	46	50

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	25	3	11	9	30	19	12	7	5	5
Fairly likely	53	29	45	42	47	52	55	41	38	35
Not very likely	21	60	37	41	20	23	28	42	48	38
Not at all likely	1	4	3	3	1	1	2	3	4	8
DK	0	4	4	5	2	5	3	7	5	14
Likely	78	32	56	51	77	71	67	48	43	40
Not likely	22	64	40	44	21	24	30	45	52	46

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	8	6	14	11	14	10	6	2	6	6
Ziemlich wahrscheinlich	42	18	53	53	41	46	43	26	29	31
Nicht sehr wahrscheinlich	45	64	26	28	24	39	44	67	57	51
Überhaupt nicht wahrscheinlich	2	9	2	4	7	3	3	4	4	5
WN	3	3	5	4	14	2	4	1	4	7
Wahrscheinlich	50	24	67	64	55	56	49	28	35	37
Nicht wahrscheinlich	47	73	28	32	31	42	47	71	61	56

Special Eurobarometer 327 – Patient Safety

QD5.1 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?

Des infections nosocomiales (infections contractées dans un établissement de santé)

QD5.1 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

Hospital infections

QD5.1 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Wie wahrscheinlich ist es Ihrer Meinung nach, wenn überhaupt, dass es zu folgenden Formen negativer Zwischenfälle im Falle einer medizinischen Versorgung in (UNSER LAND) kommt.
Krankenhausinfektion

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	16	17	24	6	25	13	14	15	10	31
Assez probable	43	51	47	33	50	38	37	34	37	40
Pas très probable	35	29	16	50	21	43	43	42	42	22
Pas du tout probable	3	3	2	10	3	3	4	7	8	3
NSP	3	0	11	1	1	3	2	2	3	4
Probable	59	68	71	39	75	51	51	49	47	71
Pas probable	38	32	18	60	24	46	47	49	50	25

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	33	3	23	16	30	21	16	14	8	11
Fairly likely	52	33	52	43	48	49	58	38	38	50
Not very likely	13	55	22	32	20	25	21	38	46	28
Not at all likely	1	3	1	5	1	2	2	6	4	6
DK	1	6	2	4	1	3	3	4	4	5
Likely	85	36	75	59	78	70	74	52	46	61
Not likely	14	58	23	37	21	27	23	44	50	34

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	12	3	21	16	21	16	11	5	6	17
Ziemlich wahrscheinlich	44	15	55	51	45	54	42	36	29	42
Nicht sehr wahrscheinlich	40	64	20	26	21	27	40	54	60	33
Überhaupt nicht wahrscheinlich	3	15	1	4	6	2	4	4	4	3
WN	1	3	3	3	7	1	3	1	1	5
Wahrscheinlich	56	18	76	67	66	70	53	41	35	59
Nicht wahrscheinlich	43	79	21	30	27	29	44	58	64	36

Special Eurobarometer 327 – Patient Safety

QD5.2 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?

Des diagnostics erronés, manqués ou tardifs

QD5.2 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

Incorrect, missed or delayed diagnoses

QD5.2 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Wie wahrscheinlich ist es Ihrer Meinung nach, wenn überhaupt, dass es zu folgenden Formen negativer Zwischenfälle im Falle einer medizinischen Versorgung in (UNSER LAND) kommt.

Falsche, verfehlte oder verspätete Diagnose

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	13	7	28	11	17	9	10	11	18	18
Assez probable	45	44	48	48	56	38	39	44	52	37
Pas très probable	36	45	13	35	22	48	45	38	26	35
Pas du tout probable	3	3	2	4	4	2	3	5	3	5
NSP	3	1	9	2	1	3	3	2	1	5
Probable	58	51	76	59	73	47	49	55	70	55
Pas probable	39	48	15	39	26	50	48	43	29	40

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	30	4	13	15	35	35	27	12	11	8
Fairly likely	52	33	53	48	50	54	61	45	50	47
Not very likely	17	56	30	29	13	8	10	34	33	31
Not at all likely	1	2	2	4	1	1	1	4	3	6
DK	0	5	2	4	1	2	1	5	3	8
Likely	82	37	66	63	85	89	88	57	61	55
Not likely	18	58	32	33	14	9	11	38	36	37

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	8	4	21	13	22	16	13	5	7	9
Ziemlich wahrscheinlich	49	22	60	51	46	52	55	33	38	40
Nicht sehr wahrscheinlich	40	61	15	28	21	30	27	57	49	41
Überhaupt nicht wahrscheinlich	2	10	1	5	5	1	2	4	4	4
WN	1	3	3	3	6	1	3	1	2	6
Wahrscheinlich	57	26	81	64	68	68	68	38	45	49
Nicht wahrscheinlich	42	71	16	33	26	31	29	61	53	45

Special Eurobarometer 327 – Patient Safety

QD5.3 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?

Des erreurs chirurgicales

QD5.3 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

Surgical errors

QD5.3 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Wie wahrscheinlich ist es Ihrer Meinung nach, wenn überhaupt, dass es zu folgenden Formen negativer Zwischenfälle im Falle einer medizinischen Versorgung in (UNSER LAND) kommt.

Chirurgische Fehler

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	9	7	18	5	7	4	5	8	10	11
Assez probable	37	36	41	40	40	33	32	27	36	23
Pas très probable	46	52	25	48	48	57	58	60	46	52
Pas du tout probable	4	4	3	6	5	3	3	4	6	8
NSP	4	1	13	1	0	3	2	1	2	6
Probable	46	43	59	45	47	37	37	35	46	34
Pas probable	50	56	28	54	53	60	61	64	52	60

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	29	2	13	15	26	22	14	11	8	6
Fairly likely	44	25	43	43	50	52	59	36	42	37
Not very likely	24	65	40	32	21	20	23	42	43	39
Not at all likely	3	3	2	4	1	2	2	5	3	10
DK	0	5	2	6	2	4	2	6	4	8
Likely	73	27	56	58	76	74	73	47	50	43
Not likely	27	68	42	36	22	22	25	47	46	49

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	6	4	17	10	17	12	6	4	2	5
Ziemlich wahrscheinlich	35	13	57	48	42	46	41	20	15	26
Nicht sehr wahrscheinlich	54	70	20	34	27	39	46	70	72	56
Überhaupt nicht wahrscheinlich	4	10	2	5	6	2	3	5	10	7
WN	1	3	4	3	8	1	4	1	1	6
Wahrscheinlich	41	17	74	58	59	58	47	24	17	31
Nicht wahrscheinlich	58	80	22	39	33	41	49	75	82	63

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QD5.4 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?

Des erreurs liées aux médicaments (mauvaise prescription, mauvais dosage, erreur de prescription en pharmacie, erreur administrative)

QD5.4 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

Medication related errors (wrong prescription, wrong dose, dispensing error in pharmacy, wrong administration route)

QD5.4 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Wie wahrscheinlich ist es Ihrer Meinung nach, wenn überhaupt, dass es zu folgenden Formen negativer Zwischenfälle im Falle einer medizinischen Versorgung in (UNSER LAND) kommt.

Fehler bei der Medikamentierung (falsche Verschreibung, falsche Dosierung, Rezepturfehler in der Apotheke, falsche Art der Anwendung)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	10	6	22	8	15	5	5	8	13	12
Assez probable	39	38	45	37	57	31	33	41	38	27
Pas très probable	44	51	21	48	23	59	56	43	41	48
Pas du tout probable	4	5	2	5	4	3	4	6	7	8
NSP	3	0	10	2	1	2	2	2	1	5
Probable	49	44	67	45	72	36	38	49	51	39
Pas probable	48	56	23	53	27	62	60	49	48	56

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	23	2	11	14	26	26	16	9	6	7
Fairly likely	45	29	47	41	49	51	61	40	39	43
Not very likely	26	60	37	36	21	19	19	40	45	34
Not at all likely	6	4	3	4	3	2	2	6	7	9
DK	0	5	2	5	1	2	2	5	3	7
Likely	68	31	58	55	75	77	77	49	45	50
Not likely	32	64	40	40	24	21	21	46	52	43

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	8	4	17	13	19	11	7	4	4	6
Ziemlich wahrscheinlich	44	20	52	49	41	47	38	27	27	31
Nicht sehr wahrscheinlich	45	61	25	31	24	38	49	62	62	52
Überhaupt nicht wahrscheinlich	2	12	2	5	7	3	3	6	6	6
WN	1	3	4	2	9	1	3	1	1	5
Wahrscheinlich	52	24	69	62	60	58	45	31	31	37
Nicht wahrscheinlich	47	73	27	36	31	41	52	68	68	58

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QD5.5 Le fait de subir des préjudices lors de soins de santé est également connu sous le terme "effets indésirables". Dans quelle mesure pensez-vous qu'il est probable que vous soyez exposé(e) aux types d'effets indésirables suivants, si vous deviez recevoir des soins de santé en (NOTRE PAYS) ?

Des erreurs liées à un appareil ou un équipement médical

QD5.5 Being harmed when receiving healthcare is also referred to as "adverse events". Thinking of the following types of adverse events in your view, how likely, if at all, is it that each of them might happen to you if you were to receive healthcare in (OUR COUNTRY)?

Medical device or equipment-related errors

QD5.5 Wenn man während einer medizinischen Versorgung Schaden erleidet, wird dies auch als "negativer Zwischenfall" bezeichnet. Wie wahrscheinlich ist es Ihrer Meinung nach, wenn überhaupt, dass es zu folgenden Formen negativer Zwischenfälle im Falle einer medizinischen Versorgung in (UNSER LAND) kommt.

Fehler hinsichtlich des Medizinproduktes oder der medizinischen Geräte

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Très probable	7	3	15	2	4	3	2	2	7	8
Assez probable	32	30	36	29	34	20	22	26	30	21
Pas très probable	50	60	25	57	53	67	65	59	50	53
Pas du tout probable	6	7	5	10	6	7	8	10	9	9
NSP	5	0	19	2	3	3	3	3	4	9
Probable	39	33	51	31	38	23	24	28	37	29
Pas probable	56	67	30	67	59	74	73	69	59	62

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Very likely	19	2	8	10	22	13	11	5	7	6
Fairly likely	41	22	39	39	46	42	51	23	37	33
Not very likely	32	64	46	40	26	36	31	54	45	40
Not at all likely	7	6	4	5	2	3	3	11	6	10
DK	1	6	3	6	4	6	4	7	5	11
Likely	60	24	47	49	68	55	62	28	44	39
Not likely	39	70	50	45	28	39	34	65	51	50

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Sehr wahrscheinlich	4	3	14	9	16	8	4	1	1	4
Ziemlich wahrscheinlich	28	12	52	48	36	38	36	12	12	25
Nicht sehr wahrscheinlich	60	65	27	34	26	47	52	76	69	57
Überhaupt nicht wahrscheinlich	5	17	3	5	9	5	4	9	16	7
WN	3	3	4	4	13	2	4	2	2	7
Wahrscheinlich	32	15	66	57	52	46	40	13	13	29
Nicht wahrscheinlich	65	82	30	39	35	52	56	85	85	64

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QD6a Avez-vous, ou un membre de votre famille, subi des effets indésirables suite à des soins de santé ?

QD6a Have you or a member of your family ever experienced an adverse event when receiving healthcare?

QD6a Haben Sie oder ein Mitglied Ihrer Familie schon einmal einen negativen Zwischenfall während einer medizinischen Versorgung erlebt?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Oui	26	29	15	23	43	31	30	24	39	20
Non	72	70	83	76	56	67	68	73	60	77
NSP	2	1	2	1	1	2	2	3	1	3

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Yes	16	20	39	15	35	43	36	29	24	23
No	84	78	60	79	65	56	63	70	74	76
DK	0	2	1	6	0	1	1	1	2	1

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Ja	42	12	20	13	16	29	29	34	49	31
Nein	57	86	78	83	79	70	70	65	50	67
WN	1	2	2	4	5	1	1	1	1	2

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QD6b A quel endroit ces effets indésirables ont-ils été subis ?

QD6b Where did this adverse event take place?

QD6b Wo fand dieser negative Zwischenfall statt?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
En (NOTRE PAYS)	99	97	99	99	99	98	99	100	98	95
Dans un autre Etat membre de l'UE	1	3	1	1	1	2	1	0	0	3
Dans un pays hors de l'UE	0	0	0	0	0	0	0	0	1	1
NSP	0	0	0	0	0	0	0	0	1	1

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
In (OUR COUNTRY)	97	99	99	97	99	99	100	94	99	98
In another EU Member State	3	1	1	3	1	0	0	5	1	0
In a country outside the EU	0	0	0	0	0	1	0	1	0	2
DK	0	0	0	0	0	0	0	0	0	0

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
In (UNSER LAND)	97	92	100	93	96	98	98	99	99	99
In einem anderen EU-Mitgliedstaat	2	5	0	7	1	1	1	0	1	1
In einem Land außerhalb der EU	1	3	0	0	1	0	0	1	0	0
WN	0	0	0	0	2	1	1	0	0	0

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QD6c Et avez-vous, ou le membre de votre famille, porté plainte ?

QD6c And did you or the member of your family report it?

QD6c Haben Sie oder ein Mitglied Ihrer Familie diesen negativen Zwischenfall gemeldet?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Oui	28	33	11	35	32	31	33	45	23	41
Non	70	66	89	65	65	66	64	51	75	57
NSP	2	1	0	0	3	3	3	4	2	2

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Yes	42	16	4	23	50	15	16	29	17	26
No	57	82	96	70	50	85	84	70	82	71
DK	1	2	0	7	0	0	0	1	1	3

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Ja	52	57	26	26	15	9	26	50	30	47
Nein	44	38	73	72	78	90	74	47	67	52
WN	4	5	1	2	7	1	0	3	3	1

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QD6d Et à qui avez-vous, ou le membre de votre famille, adressé votre plainte ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QD6d And to whom of the following did you or the member of your family report this event? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QD6d Und wem in der folgenden Liste haben Sie den negativen Zwischenfall gemeldet? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
A la direction de l'hôpital	44	46	70	61	33	46	45	42	23	72
Aux autorités locales ou régionales	7	4	14	2	5	8	8	11	1	7
A l'agence nationale pour la sécurité des patients	6	4	0	2	44	1	1	4	2	2
A un avocat	15	16	11	16	3	23	23	20	0	18
Au Ministère de la Santé	8	5	26	8	2	4	3	2	0	14
A un organisme de protection des consommateurs	3	3	8	2	0	3	2	1	1	5
A un proche ou une connaissance qui travaille dans le domaine des soins de santé	4	10	0	7	4	9	7	0	4	1
A un médecin, une infirmière ou un pharmacien	41	56	0	47	40	40	40	40	72	38
A l'ambassade ou au consulat de votre pays	1	1	0	1	0	0	0	0	0	2
Autre (SPONTANE)	7	5	9	3	1	10	10	8	7	2
NSP	2	0	0	0	3	1	2	4	4	0

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Hospital Management	72	74	40	26	46	35	51	41	46	68
The regional or local authority	3	21	0	11	1	0	4	2	13	0
National agency on patient safety	3	22	6	0	4	10	1	24	12	8
A lawyer	8	29	20	45	3	3	5	20	21	0
Ministry of health	4	25	18	3	16	0	15	7	6	24
A consumer protection body	0	15	0	3	2	2	0	10	4	0
Close relative or acquaintance who worked in the healthcare system	8	0	0	9	15	3	0	8	6	0
A doctor, a nurse or a pharmacist	32	0	10	19	61	36	40	67	30	39
Your country's embassy or consulate	0	0	0	8	0	0	0	0	0	0
Other (SPONTANEOUS)	2	3	7	5	2	16	8	1	26	0
DK	0	0	16	0	1	5	3	0	0	2

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Der Krankenhausleitung	33	62	38	59	65	43	47	26	32	45
Der regionalen oder örtlichen Behörde	1	8	5	12	0	9	0	9	6	6
Institut für Patientensicherheit	4	16	10	0	0	16	22	33	22	1
Einem Anwalt	6	24	10	19	3	22	5	3	1	8
Dem Gesundheitsministerium	2	8	3	12	3	20	10	3	3	16
Einer Verbraucherschutzorganisation	4	16	2	3	0	25	0	2	2	1
Engen Verwandten oder Bekannten, die im Gesundheitswesen arbeiten	8	4	5	3	7	5	7	7	1	0
Einem Arzt, einem Krankenpfleger oder einem Apotheker	71	36	34	15	24	32	36	57	46	46
Der Botschaft oder dem Konsulat Ihres Landes	0	4	6	0	0	4	1	0	1	0
Andere (SPONTAN)	6	4	11	8	4	10	3	4	6	6
WN	2	0	2	0	7	0	0	0	8	3

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QD6e Et à quel endroit avez-vous formulé cette plainte ?

QD6e And where did you report the adverse event?

QD6e Und wo haben Sie diesen negativen Zwischenfall gemeldet?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
En (NOTRE PAYS)	97	98	96	96	98	100	100	100	99	97
Dans un autre Etat membre de l'UE	2	2	4	1	1	0	0	0	1	3
Dans un pays hors de l'UE	0	0	0	1	0	0	0	0	0	0
NSP	1	0	0	2	1	0	0	0	0	0

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
In (OUR COUNTRY)	94	94	100	92	97	95	97	98	93	98
In another EU Member State	6	6	0	5	1	0	1	2	0	0
In a country outside the EU	0	0	0	0	0	0	0	0	0	2
DK	0	0	0	3	2	5	2	0	7	0

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
In (UNSER LAND)	99	94	93	97	81	96	96	100	99	98
In einem anderen EU-Mitgliedstaat	1	5	5	0	6	0	1	0	0	1
In einem Land außerhalb der EU	0	1	0	3	0	0	1	0	0	1
WN	0	0	2	0	13	4	2	0	1	0

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QD7 Quels organismes, institutions ou autorités sont-ils principalement responsables de la sécurité des patients en (NOTRE PAYS) ? (QUESTION OUVERTE - PLUSIEURS REPONSES POSSIBLES)

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

QD7 Welche Organisationen, Gremien oder Behörden sind vorwiegend für die Patientensicherheit in (UNSER LAND) verantwortlich? (OFFENE FRAGE - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Ministère de la santé ou autorité nationale apparentée	32	16	48	49	60	11	11	13	17	62
Hôpitaux/ Centres médicaux/ Cliniques/ Médecins/Pharmaciens	27	49	44	34	10	27	27	26	31	11
Compagnie d'assurance de santé	7	17	10	5	0	16	19	27	7	0
Gouvernement national	5	7	6	4	8	3	2	1	1	3
Autorités régionales/ locales	5	1	0	6	6	17	15	8	0	2
Associations ou ONG actives en matière de santé ou droits de patients	4	4	5	3	2	4	4	4	6	2
Système judiciaire/ justice	4	2	0	1	0	6	5	4	1	0
Syndicats	1	0	0	0	0	0	0	0	0	0
Parlement national	0	0	1	0	3	1	1	0	1	0
Patients eux-mêmes	0	1	0	0	0	0	0	0	1	0
Autres	6	1	1	2	1	7	7	8	3	1
Aucun	1	3	1	0	0	1	1	1	2	0
NSP	29	20	20	16	19	35	34	32	38	21

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Ministry of health or related national authority	52	33	22	51	58	33	50	23	30	20
Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	27	25	23	38	30	22	25	16	23	56
Health insurance company	3	4	4	0	1	1	0	8	13	0
National government	6	6	5	0	7	4	6	1	5	10
Regional/ Local authorities	0	3	1	4	0	0	0	0	0	0
Health or patient rights associations or NGOs	2	3	2	5	2	7	1	11	5	2
Legal system/ Justice	0	2	2	6	1	3	1	1	11	0
Trade Unions	0	0	0	0	0	1	0	0	0	1
National parliament	0	0	0	0	0	1	0	0	0	0
Patients themselves	0	0	0	0	0	1	1	0	0	0
Other	1	2	7	4	1	2	1	1	2	1
None	2	0	0	0	3	2	1	0	0	0
DK	13	27	45	18	15	29	22	50	24	18

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Gesundheitsministerium oder entsprechende nationale Behörde	11	15	19	43	56	39	54	21	31	39
Hôpitaux/ Centres médicaux/ Cliniques/ Médecins/Pharmaciens	63	22	29	27	3	36	26	40	9	18
Krankenversicherung	5	10	18	0	7	11	3	1	0	1
Nationale Regierung	15	1	5	5	7	8	6	2	3	10
Regionale/ lokale Behörden	0	3	0	0	1	0	1	5	31	5
Gesundheitsorganisationen und Organisationen oder NROs für Patientenrechte	0	15	2	0	13	18	3	13	4	4
Rechtssystem/ Justiz	0	37	4	1	2	1	1	4	2	1
Gewerkschaften	1	1	0	0	0	0	0	0	0	3
Nationales Parlament	0	1	1	0	1	1	0	2	1	0
Die Patienten selbst	1	0	0	0	0	6	0	0	0	0
Sonstige	28	7	2	5	27	10	6	0	1	7
Keine	0	0	3	0	0	2	0	0	0	2
WN	14	33	32	30	29	13	19	28	36	32

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QD8a Avez-vous (ou un membre de votre famille) subi une ou plusieurs interventions chirurgicales au cours des trois dernières années ? Il peut s'agir de n'importe quel type d'intervention chirurgicale, depuis l'intervention mineure au cabinet du médecin ou dans une maison médicale, jusqu'à la grosse intervention effectuée dans un hôpital.

QD8a Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

QD8a Wurden Sie oder ein Mitglied Ihrer Familie in den letzten drei Jahren einer chirurgischen Operation unterzogen? Darunter fallen alle Formen eines chirurgischen Eingriffs, von kleineren Eingriffen, wie z.B. in einer Praxis oder einer Klinik, bis hin zu einem größeren chirurgischen Eingriff in einem Krankenhaus.

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Oui	37	51	18	37	56	40	38	35	45	28
Non	62	48	81	63	43	59	61	65	55	69
NSP	1	1	1	0	1	1	1	0	0	3

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Yes	23	31	54	25	43	42	38	52	29	38
No	77	69	46	73	56	58	61	48	71	61
DK	0	0	0	2	1	0	1	0	0	1

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Ja	62	37	28	24	20	38	30	40	50	45
Nein	38	62	72	75	77	62	70	60	50	54
WN	0	1	0	1	3	0	0	0	0	1

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QD8b Un consentement écrit vous a-t-il été demandé, à vous ou à votre famille, avant une telle intervention/ de telles interventions ?
 QD8b Were you or your family member asked for written consent before such a procedure(s)?
 QD8b Wurden Sie oder Ihr Familienmitglied vor dem/ den derartigen Eingriff(en) um eine schriftliche Einverständniserklärung gebeten?

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
A chaque fois	67	44	68	63	23	89	90	94	72	82
Parfois	7	12	4	13	6	2	2	1	5	2
Jamais	17	38	20	14	39	4	3	2	13	5
NSP	9	6	8	10	32	5	5	3	10	11

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Always	29	77	52	77	67	61	75	56	86	69
Sometimes	13	7	10	9	2	7	7	4	5	4
Never	54	11	29	7	22	18	10	25	3	15
DK	4	5	9	7	9	14	8	15	6	12

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Immer	32	81	75	48	54	81	65	30	12	81
Manchmal	6	10	6	16	8	4	7	11	2	4
Niemals	44	3	7	24	23	8	17	44	63	8
WN	18	6	12	12	15	7	11	15	23	7

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QD9 Dans la liste suivante de réparations possibles, à laquelle/ auxquelles avez-vous droit si vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS), et ce, quelle que soit la gravité ou la durée du préjudice subi ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QD9 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QD9 Welche der folgenden Formen der Wiedergutmachung glauben Sie für sich oder Ihr Familienmitglied in Anspruch nehmen zu können, wenn während einer medizinischen Versorgung in (UNSER LAND) Schaden entstanden ist, unabhängig davon wie schwerwiegend oder langandauernd der Schaden war. (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Une reconnaissance formelle que le préjudice a été causé	35	46	23	26	45	31	31	30	31	52
Une explication sur les causes du préjudice	41	44	37	42	59	42	41	36	38	45
Des excuses de la part de la personne responsable ou de l'organisme de soins de santé	30	37	16	35	30	34	35	37	26	46
Une compensation financière	51	52	47	65	62	65	65	63	35	42
Une enquête sur l'affaire	53	50	55	63	67	62	62	61	49	58
Une mesure disciplinaire à l'encontre de la personne responsable	37	35	50	55	27	33	34	34	35	35
Une action à l'encontre de l'organisme de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités financières)	36	28	37	34	28	37	37	35	15	35
Autre (SPONTANE)	1	0	0	1	1	0	0	0	1	0
Aucun (SPONTANE)	2	4	1	0	1	3	3	4	5	1
NSP	5	2	18	2	4	5	5	5	13	10

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
A formal acknowledgement that harm has been caused	53	44	38	26	52	31	38	36	13	37
Explanation of the causes of that harm	44	50	44	35	57	28	36	43	37	56
An apology from the responsible individual or healthcare facility	28	37	21	18	26	21	17	28	31	24
Financial compensation	67	51	39	44	54	48	54	42	67	51
An investigation into the case	54	62	48	45	67	43	34	47	60	62
Having the responsible person disciplined	64	43	31	48	55	36	29	35	53	45
Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	48	42	30	51	49	19	14	32	32	30
Other (SPONTANEOUS)	0	2	0	1	0	1	1	0	1	0
None (SPONTANEOUS)	1	1	4	1	2	6	3	3	2	1
DK	1	2	6	2	2	6	6	6	2	3

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Eine formelle Bestätigung, dass Schaden zugefügt worden ist	45	39	24	26	32	42	31	30	58	40
Eine Erklärung der Gründe für diesen Schaden	36	46	34	29	25	59	39	62	62	44
Eine Entschuldigung des Verantwortlichen oder der Gesundheitseinrichtung	44	40	27	24	18	50	27	23	36	40
Finanzielle Entschädigung	41	69	61	41	43	58	53	54	60	41
Eine Untersuchung des Falles	46	60	31	42	40	54	64	68	65	60
Eine Disziplinierung des Verantwortlichen	24	43	35	40	36	40	42	18	14	33
Maßnahmen gegen die verantwortliche Gesundheitseinrichtung (einschließlich z.B. verstärkte gesundheitsrechtliche Kontrollen, Schließung der Einrichtung, finanzielle Strafen)	36	38	25	26	26	33	35	24	43	33
Andere (SPONTAN)	1	1	1	1	1	1	0	1	0	1
Nichts davon (SPONTAN)	2	1	2	2	4	5	0	4	1	3
WN	5	3	8	11	13	2	3	2	1	8

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QD10 Dans la liste suivante de réparations possibles, à laquelle / auxquelles avez-vous, droit si vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus dans un autre Etat-membre ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QD10 Welche der folgenden Formen der Wiedergutmachung können Sie oder ein Familienmitglied in Anspruch nehmen, wenn während einer medizinischen Versorgung in einem anderen Mitgliedstaat Schaden entstanden ist. (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Une reconnaissance formelle que le préjudice a été causé	29	38	26	23	31	28	28	30	26	45
Une explication sur les causes du préjudice	33	37	29	36	37	31	30	27	29	40
Des excuses de la part de la personne responsable ou de l'organisme de soins de santé	23	30	14	27	19	21	21	22	17	35
Une compensation financière	44	46	51	60	40	51	51	49	36	36
Une enquête sur l'affaire	45	46	48	58	48	53	52	47	42	50
Une mesure disciplinaire à l'encontre de la personne responsable	29	28	37	40	20	25	25	23	24	30
Une action à l'encontre de l'organisme de soins de santé responsable (y compris, p. ex. l'augmentation des contrôles par l'inspection sanitaire, la fermeture de l'établissement, des pénalités financières)	30	26	30	26	18	31	28	20	12	31
Autre (SPONTANE)	1	1	0	1	1	0	0	0	1	1
Aucun (SPONTANE)	3	9	1	0	4	3	3	6	4	1
NSP	18	6	29	11	24	18	18	17	27	22

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
A formal acknowledgement that harm has been caused	54	40	26	25	50	29	32	37	16	37
Explanation of the causes of that harm	41	43	31	31	52	22	28	37	35	49
An apology from the responsible individual or healthcare facility	29	34	16	19	27	15	12	25	29	20
Financial compensation	69	51	27	42	58	51	59	41	68	59
An investigation into the case	53	58	38	42	63	34	32	45	58	62
Having the responsible person disciplined	59	41	19	41	47	24	19	29	39	41
Action taken against the responsible healthcare facility (including, for example, increased control through sanitary inspection, closure of the facility, financial penalties)	42	40	23	48	44	15	9	30	30	30
Other (SPONTANEOUS)	0	2	0	1	0	1	0	0	0	0
None (SPONTANEOUS)	1	1	4	1	3	4	3	3	2	1
DK	2	8	27	7	6	19	14	11	7	6

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Eine formelle Bestätigung, dass Schaden zugefügt worden ist	37	34	18	24	28	41	29	24	38	27
Eine Erklärung der Gründe für diesen Schaden	30	39	29	27	22	55	35	53	40	33
Eine Entschuldigung des Verantwortlichen oder der Gesundheitseinrichtung	27	31	19	21	16	48	23	17	22	27
Finanzielle Entschädigung	34	58	52	36	38	61	52	51	47	31
Eine Untersuchung des Falles	42	52	29	38	33	53	57	61	50	41
Eine Disziplinierung des Verantwortlichen	16	31	23	33	26	38	28	16	9	22
Maßnahmen gegen die verantwortliche Gesundheitseinrichtung (einschließlich z.B. verstärkte gesundheitsrechtliche Kontrollen, Schließung der Einrichtung, finanzielle Strafen)	27	29	21	23	22	31	26	19	24	25
Andere (SPONTAN)	0	1	1	1	1	1	0	1	1	1
Nichts davon (SPONTAN)	3	3	1	2	4	4	0	4	1	5
WN	21	10	19	19	26	5	9	8	22	29

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QD11 Auprès de qui, dans la liste suivante, pouvez-vous demander de l'aide en vue d'une réparation au cas où vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus en (NOTRE PAYS) ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QD11 An wen in der folgenden Liste können Sie sich wenden, um Hilfe beim Anfordern der Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in (UNSER LAND) Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
La direction de l'hôpital	37	46	55	53	31	29	28	26	29	49
Les autorités locales ou régionales	14	14	11	12	18	15	15	16	6	12
L'agence nationale pour la sécurité des patients	29	34	27	23	91	30	30	27	43	22
Un avocat	48	53	35	50	35	76	75	70	21	38
Le Ministère de la Santé	36	39	54	51	26	28	28	29	45	51
Un organisme de protection des consommateurs	21	27	20	10	15	28	27	26	15	21
Un proche ou une connaissance qui travaille dans le domaine de la santé	6	14	7	2	4	4	4	3	5	7
Un médecin, une infirmière ou un pharmacien	12	27	13	9	24	10	10	9	16	12
Autre (SPONTANE)	1	2	0	1	1	1	1	0	0	1
Aucun (SPONTANE)	1	2	2	0	0	1	1	1	3	0
NSP	6	1	15	3	1	3	3	4	13	12

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Hospital Management	64	51	42	18	58	29	41	39	37	64
The regional or local authority	7	15	7	20	8	3	6	8	13	8
National agency on patient safety	29	23	27	28	28	34	16	34	41	27
A lawyer	46	31	49	53	47	24	26	50	39	31
Ministry of health	56	49	28	36	71	29	48	42	29	54
A consumer protection body	21	18	31	19	21	20	14	19	10	7
Close relative or acquaintance who works in the healthcare system	7	4	9	6	6	4	3	7	3	10
A doctor, a nurse or a pharmacist	12	6	19	6	18	6	7	12	8	19
Other (SPONTANEOUS)	1	2	0	1	1	1	2	0	1	1
None (SPONTANEOUS)	1	0	1	1	1	4	3	2	2	1
DK	1	5	4	3	2	6	6	5	5	2

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Die Krankenhausleitung	31	56	31	41	51	44	42	23	48	38
Lokale und regionale Behörden	13	27	10	11	8	4	6	16	28	20
Institut für Patientensicherheit	31	50	26	12	20	36	68	68	56	23
Einen Anwalt	60	65	44	30	23	47	23	16	27	41
Das Gesundheitsministerium	23	38	25	47	45	41	48	18	15	44
Eine Verbraucherschutzorganisation	34	30	17	13	15	17	9	23	15	16
Enge Verwandte oder Bekannte, die im Gesundheitswesen arbeiten	4	11	6	7	3	9	6	4	4	5
Einen Arzt, einen Krankenpfleger oder einen Apotheker	15	19	9	9	6	23	12	14	12	19
Andere (SPONTAN)	1	1	2	1	1	1	0	2	1	1
Nichts davon (SPONTAN)	2	0	2	2	3	4	0	3	0	1
WN	4	2	10	10	15	2	2	2	5	9

Special Eurobarometer 327 – Patient Safety

QD12 Et auprès de qui pouvez-vous demander de l'aide en vue d'une réparation au cas où vous (ou un membre de votre famille) subissez un préjudice suite à des soins de santé reçus dans un autre Etat membre de l'Union européenne ? (ROTATION – PLUSIEURS REPONSES POSSIBLES)

QD12 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

QD12 Und an wen in der folgenden Liste können Sie sich wenden, um Hilfe hinsichtlich Wiedergutmachung zu erhalten, wenn Sie oder ein Familienmitglied während einer medizinischen Versorgung in einem anderen Mitgliedstaat Schaden erlitten haben? (ROTIEREN - MEHRFACHNENNUNGEN MÖGLICH)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
La direction de l'hôpital du pays dans lequel vous avez reçu les soins	27	32	41	32	24	20	19	16	21	42
Un médecin, une infirmière ou un pharmacien du pays dans lequel vous avez reçus les soins	11	17	15	9	11	9	9	8	9	15
L'ambassade ou le consulat de (NOTRE PAYS) du pays dans lequel vous avez reçus les soins	41	47	48	50	47	38	38	38	37	33
L'agence nationale pour la sécurité des patients en (NOTRE PAYS)	20	30	16	9	47	22	21	18	20	19
Le Ministère de la Santé en (NOTRE PAYS)	28	36	33	36	33	23	23	24	27	31
Un avocat en (NOTRE PAYS)	35	47	17	32	30	61	61	58	20	25
Autre (SPONTANE)	1	1	0	1	0	0	0	0	0	1
Aucun (SPONTANE)	1	3	1	0	0	1	1	2	3	0
NSP	13	4	26	7	8	9	10	12	23	22

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Hospital Management in the country of care	53	44	29	18	57	20	26	35	22	52
A doctor, a nurse or a pharmacist in the country of care	13	12	9	11	23	4	4	12	9	15
(OUR COUNTRY)'s embassy or consulate in the country of care	62	43	44	41	68	38	44	39	41	62
National agency for patient safety in (OUR COUNTRY)	30	18	17	24	27	19	15	33	25	20
Ministry of Health in (OUR COUNTRY)	35	34	29	33	44	17	21	33	19	35
A lawyer in (OUR COUNTRY)	25	17	36	39	30	15	14	42	34	23
Other (SPONTANEOUS)	1	2	0	1	1	1	1	0	1	1
None (SPONTANEOUS)	1	1	1	1	1	4	3	2	2	1
DK	2	10	14	8	4	18	17	8	10	6

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Die Krankenhausleitung des Landes, in dem behandelt wurde	23	38	20	35	40	38	35	24	33	19
Einen Arzt, Krankenpfleger oder Apotheker des Landes, in dem behandelt wurde	10	18	9	11	9	19	10	12	8	11
Die Botschaft oder das Konsulat (UNSER LAND) in dem Land, in dem behandelt wurde	44	51	35	23	31	43	49	45	55	36
Die nationale Behörde für Patientensicherheit in (UNSER LAND)	18	36	15	12	12	29	31	37	30	14
Das Gesundheitsministerium in (UNSER LAND)	23	34	22	37	29	35	30	20	13	23
Ein Anwalt in (UNSER LAND)	50	52	32	26	17	41	17	16	18	30
Andere (SPONTAN)	2	1	1	1	2	2	0	2	1	1
Nichts davon (SPONTAN)	1	1	1	2	2	4	0	4	0	2
WN	12	7	19	19	23	5	5	8	16	24

Special Eurobarometer 327 – Patient Safety

QD13 Quelles sont les trois principales sources d'information par lesquelles vous entendez parler ou trouvez des informations sur les effets indésirables subis par certains suite à des soins de santé ? (ROTATION – MAX. 3 REPOSES)

QD13 What are the three main information sources through which you hear or find out about adverse events in healthcare? (ROTATE – MAX. 3 ANSWERS)

QD13 Welches sind die drei wichtigsten Informationsquellen, durch die Sie von negativen Zwischenfällen in der medizinischen Versorgung hören oder erfahren? (ROTIEREN - MAX. 3 NENNUNGEN)

	EU27	BE	BG	CZ	DK	D-W	DE	D-E	EE	IE
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Une expérience personnelle	16	21	11	16	16	15	15	15	19	22
Des amis ou de la famille	31	30	48	33	25	27	27	27	32	39
La télévision	73	57	81	85	82	76	76	75	58	61
L'hôpital	10	21	7	6	2	5	6	6	5	12
Internet	21	30	11	22	28	20	19	18	25	15
La presse écrite (journaux et magazines)	44	43	30	42	62	58	57	51	51	52
Les statistiques officielles	9	15	5	8	4	10	11	13	6	9
La radio	18	21	6	17	31	17	17	18	28	23
Autre (SPONTANE)	1	1	0	0	1	0	0	0	0	1
NSP	3	1	7	1	1	2	2	2	3	8

	EL	ES	FR	IT	CY	LV	LT	LU	HU	MT
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Personal experience	13	31	14	10	23	21	13	25	13	21
Friends or family	57	47	29	26	52	31	19	35	28	41
TV	89	69	68	80	86	71	80	61	85	56
Hospital	7	14	9	11	6	9	5	11	7	9
The Internet	7	13	24	14	10	31	25	19	18	26
Newspapers and magazines	34	26	43	42	43	32	49	40	40	43
Official statistics	3	3	9	11	5	8	5	7	8	8
Radio	5	8	29	11	11	19	27	14	26	14
Other (SPONTANEOUS)	0	1	1	1	0	0	1	2	0	0
DK	0	2	3	2	0	2	2	2	1	3

	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK
	EB	EB	EB	EB	EB	EB	EB	EB	EB	EB
	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2	72.2
Persönliche Erfahrung	24	18	12	8	24	14	20	24	21	13
Freunde oder Familie	25	35	30	22	37	30	33	47	39	25
Fernsehen	51	70	79	85	77	86	76	36	74	69
Krankenhaus	14	15	4	13	15	3	10	24	5	12
Internet	43	21	21	10	16	22	24	44	25	26
Zeitungen und Zeitschriften	53	56	30	24	27	51	36	35	72	56
Offizielle Statistiken	25	16	4	3	6	5	11	15	11	7
Radio	11	22	22	10	14	18	16	12	24	22
Andere (SPONTAN)	1	1	0	1	1	1	0	1	1	1
WN	1	2	5	4	5	1	2	1	0	3