



SPECIAL REPORT  
World health



## BEST OF THE BEST —*Global*

### Preface

Good medical care is about more than mending broken bones – it also fixes nations. These are the countries and people building healthier states.

### BEST SPORTS CLINIC

Sakari Orava, Finland

*By Elna Nykänen-Andersson*

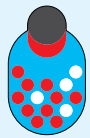
Beckham, Guardiola, Gebreselassie. Sakari Orava's patient list reads like a who's who of the world's sports elite. The Finnish surgeon is the man footballers, athletes and tennis stars trust with their most prized possession: their body.

Orava lives and works in the mid-sized Finnish city of Turku but also has clinics in Madrid and Rome. Since March 2011, he has run his clinic as part of Sairaala NEO, a new privately owned Finnish hospital with a focus on orthopaedics and sports surgery. On the day we meet, Orava has performed 10 operations, including one on a player from FC Napoli. "Most days are, fortunately, not this intense," says the surgeon, 67.

Over his career, Orava has performed over 25,000 operations. Athletes from 34 countries have put themselves under his knife and recently he also operated on the achilles heel of former Serbian president Boris Tadic.







**Medistat 1**  
**Pharmaceuticals**  
*Top three consumers*  
Iceland  
Australia  
Denmark



His career started in the 1970s in the northern Finnish town of Oulu, where he studied at the local university and initially also worked. He first specialised in orthopaedics and a few years later in sports medicine, leading to his appointment as the head doctor of the Finnish Central Sports Federation in 1972 and the Finnish Olympics team in 1988. Before embarking on a medical career, Orava had been a boxer, even becoming the Finnish champion in the 54kg series in 1962. “So when I graduated, it felt natural to start working on sports injuries,” he says.

Over the years, Orava’s research work on sports medicine and his speeches at medical conferences led to an international reputation, and in the late 1970s, sports doctors from other countries began to contact him.

“People started asking whether I could take a look at a certain athlete’s injury, and it developed from there. At first, patients came from Sweden, then Italy, Spain. After the Los Angeles Olympics in 1984 I treated the Italian runners Vittorio Fontanella and Gabriella Dorio,” he remembers.

“When it comes to footballers, I’ve had a lot to do with the players from Italy’s Serie A, the Spanish league and the English league. I’ve treated someone from two thirds of those teams.”

While Orava is the brightest star of the Finnish sports surgery scene, he is by no means alone. Even other Finnish surgeons, some of them among the owners of Sairaala NEO, receive patients from abroad.

Despite having reached retirement age, Orava himself has no desire to stop working. “I don’t feel like vacationing or sitting at home but I’m taking it one year at a time. I’ll keep working through this year at least and the next one too,” he says. Orava is adamant, however, that the clinic will thrive even without him. He has, after all, trained many of its doctors – today they make up 7 per cent of its clients. “We work as a team here, so even when I leave, the work continues,” he says.



## COMMENT DENMARK’S FAT TAX

Last year, Denmark introduced the world’s first “fat tax”, a duty levied on the saturated fat content of a range of foods. A bold move in a country that already had the highest taxes and living costs in the world but the then government, led by the centre-right Venstre Party, claimed the tax was a health measure aimed at curbing the Danes’ increasing obesity and cancer rates.

The tax had an immediate impact: over the first six months of 2012 the Danes bought 700 fewer tons of butter and 500 fewer tons of biscuits and cakes. Why, then, are virtually all of Denmark’s political parties – including Venstre – today united in their opposition to the tax?

“Firstly, Danish companies moved away to Germany,” says Venstre’s health spokeswoman, Sophie Løhde. “Then people went to Germany to buy the same products for less. People don’t eat less fat because of a fat tax.”

It seems unlikely that significant numbers of Danes really headed to Germany for their weekly groceries: the border is over 320km from Copenhagen. The tax is likely to be scrapped because it did not raise enough money for the government.

None of this bodes well for a sugar tax that is due in January. The Danes consume more sugar confectionery per capita than anyone else in the world but the tax has already been criticised for going easy on fizzy drinks such as Coca-Cola while adding more to the cost of products such as fruit yoghurts. This may require a rethink. — MB

PHOTOGRAPHER: WILMA HURSKAINEN, ILLUSTRATOR: LAMOSCA

## COMMENT AUSTRALIA’S TOBACCO WAR

Australia has recently launched more aggressive actions against Big Tobacco than perhaps any other country in history. In December, the world’s toughest cigarette-labelling laws – under which brand logos have been banned from packets and replaced with suppurating wounds and amputated limbs – are set to take effect after a failed High Court challenge by international heavyweights including British American Tobacco.

Some of the world’s highest taxes on tobacco and aggressive ad campaigns have already pushed down smoking rates in Australia in recent years. In 2010, a mere 16.4 per cent of adult men and just 9.8 per cent of adult women smoked, according to the Australian Cancer Council. In the UK, by comparison, data from Cancer Research UK shows that while the overall trend is headed downwards the rate still stands at around 21 per cent of the population.

Big Tobacco refuses to back down: Philip Morris Asia has brought a challenge against the law under an investment agreement between Australia and Hong Kong. However, attempts by industry lobbyists to stoke public fear by linking the law to a bonanza for bootleggers have largely failed; where one can detect the stench of real terror is on the part of Big Tobacco. — MS

PHOTOGRAPHER: ROB CULPEPPER



**Medistat 2**  
**Average life expectancy**  
*Top three that live the longest*  
Japan: 83 years  
Switzerland: 82.6 years  
Spain: 82.2 years

SOURCE: OECD



## BEST MEDICAL CENTRE Texas Medical Center *By Alastair Gee*

It is 17:00 in Houston, a languorous late-summer evening, and MONOCLE is atop a tower in what is perhaps the largest medical complex in the world. The call has come in: a girl has been in a road accident with an 18-wheel truck. A sparkling helicopter comes swooping over dozens of surrounding medical institutions, and the girl, swaddled in blankets and intubated, is rushed to surgery downstairs by paramedics in jumpsuits. “These guys are studs. They’re the A-Team,” says pilot Brian Schumann as he watches his colleagues. Then he ushers everyone off the roof. One copter has lifted off. Three more patients are inbound. Just another day at the medical megalopolis that is the Texas Medical Center (TMC).

Seen from the air the TMC’s forest of skyscrapers compares in scale to downtown Houston, a few miles to the north. In fact it has more commercial office space – around 37 million sq ft – than cities such as Dallas and Denver. There are 52 medical institutions, from hospitals and universities to a forensic science institute, and 7.1 million annual patient visits. It is bisected by a metro line and has 30 miles of roads. “We are a city of health,” says outgoing TMC president Richard Wainerdi. “We have close to the amount of medical equipment as Canada. We don’t compare ourselves to other medical centres, we compare ourselves to countries.”

The TMC was founded in 1945 and today it encompasses the Houston enclave as well as outposts in cities like Galveston. It is host to virtually every kind of medical specialisation. In the Texas Children’s Hospital, Dr Amy Hair gives a tour of the neonatal intensive care unit, where babies born as early as 24 weeks are sleeping inside darkened, heated incubators suggestive of cocoons. “A lot of babies are transferred here from other hospitals,” she says as she observes an infant whose wrist is as thick as an adult finger. “We have all the experts in their fields.”





Across a few aerial walkways, Dr Peter Hotez is busy in the Sabin Vaccine Institute's lab, which focuses on tropical diseases and recently relocated from Washington. Everything screams 21st-century science: the glimmering rows of work benches, the white coats, the inscrutable plastic and metal devices for manipulating bacteria and yeast. Hotez, the president of Sabin, suggests that in addition to the TMC's critical mass of experts, there are other advantages to being in Houston. "Unlike in London and Liverpool," he says, referring to the British schools of tropical medicine, "we have tropical diseases that are endemic in Texas."

Despite its size, the TMC lacks in global brand-name recognition, as Wayne Chappell of the Houston visitors bureau (pictured, *above right*, next to Louis Browne, vice chair of the International Affairs Advisory Council of the TMC) found on a visit to the Medica trade fair in Düsseldorf. "We had the vice president of the TMC with us. He would present his card and people would say, 'Are you

trying to build a medical centre?'" Plans are afoot to fix this problem, including having a larger presence at such shows. Other famed medical centres, such as those in Cleveland and Boston, are actually much smaller than the TMC, according to Chappell.

None of these impressive facts were enough to convince Hotez's friends, who were puzzled by his decision to move. "When I told people I was going to Houston they didn't believe me," he says. "It was practically like they were holding mock funerals for me."

It's true that the city has downsides – "It's hot and flat," says Felicity Ashcroft, a postdoctoral fellow from Britain, while everyone drives and the downtown is underwhelming. But there are compensations. "It feels like there are people from all over the world here," adds Ashcroft. Hotez thinks there were few other viable locations for his lab. "Houston is one of the few places left in the US where you can pursue the American dream. If you have a big idea you can follow it here."



## COMMENT NURSE MIGRATION

Foreign health workers, particularly in developing countries, are constantly hailed with enticing messages saying that there are "hundreds of nursing jobs in Australia" or "Canada wants you!" The pay is good, life is good and there's a chance of a proper career.

Developed countries are desperately short of healthworkers and over the years they have preferred to import cheap but well-trained staff from poorer countries. The US and UK have traditionally imported the largest numbers.

Nurses in the Philippines have long been trained specially "for export" and more recently China and India have done the same. But despite the surplus of Filipino nurses, they are no longer able to take up positions in the US or UK because of tightened visa rules.

In 2006, the UN issued a code of conduct which called on all countries to refrain from recruiting from 57 countries – mostly in Africa – with a critical shortage of health workers.

But many developing countries calculate that their loss of brains and expertise in this exchange is far outweighed by the cash that comes back in the form of remittances. According to the World Bank, remittances globally amounted to \$372bn (£289bn) in 2011, three times the income developing countries receive in foreign aid. — SA

PHOTOGRAPHER: JENNIFER BOOMER



**Medistat 4 Tobacco consumption**  
Percentage of daily smokers aged 15+

Greece:	31.9%
Chile:	29.8%
Ireland:	29%

SOURCE: OECD



**Medistat 5 Wellbeing**  
Percentage feeling healthy

New Zealand:	90%
US:	90%
Canada:	90%

SOURCE: OECD



## BEST POLITICAL FIGURE Mayor Mick Cornett, Oklahoma By Aisha Speirs

From cutting ribbons to cutting budgets, there are many roles that a city mayor has to play. Diet coach is not often one. Now in his third term as mayor of Oklahoma City, Mick Cornett may be the first to have led a weight loss programme for his city's nearly 600,000 residents.

"In 2007, we showed up on a list of the country's most obese cities," Cornett says. "I realised that if you ignore health, you're ignoring one of the main concerns of entrepreneurs and job creators. If we became a city that was considered unhealthy, it would stunt our economic growth."

Cornett put himself on the scales and, realising he too had become obese, decided to lead by example. He challenged his city to lose a million pounds. Charismatic and with a background in marketing he led the effort with a website that offered residents a place to track their weight loss and see how close their town was to reaching the one million mark. In January this year, they hit their target.

"Along the way, I started to look at our city with a fresh eye and figure out what about our culture was conducive to obesity," he says. "I realised the main issue was our love of the automobile and the fact that we had created our city around that." With the city rallied around a more healthy future, mayor Cornett and his team had the support to pass a sales tax that has funded jogging and biking trails, 400 miles of better pavements and new gymnasiums in inner-city schools. And in addition to shedding a million pounds of weight, the city's healthier approach has helped them to not only boast the lowest unemployment rate in the US but also to encourage young people around the country to relocate – attracted by job opportunities and a high quality of life.

"Quality of life means different things to different people. To some it may mean sports and to others it could mean a lack of traffic congestion. It's important not to prioritise any of those individual things; you've got to do it all."





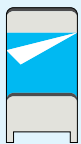


**BEST HOSPITAL**  
Healthy Island, Switzerland  
*By Manon Spindler*

The Swiss health system has a strong focus on learning-by-doing and in Bern's university hospital the Inselspital (*Insel* means "island" in German) is evidence of this practical ethos. Its specialist team of nurses learn their skills on the job. "My apprenticeship included different medical fields where I worked very closely with the patients," says Stefanie Haller (*right*) who is a nurse in the department of urology.

Bern is best known for its advanced neurosurgical department where Prof Dr Andreas Raabe (*above right*), head of the department of neurosurgery, leads a team of 24 physicians. "[Switzerland's] treasures aren't the natural resources but human resources: the intelligence, the education and the creativity of the people," he explains.

The Swiss system thrives on managed competition: a federal structure that operates 26 cantonal healthcare systems. Like the Netherlands it relies on the compulsory purchase of regulated health insurance and provides financial assistance to those on lower incomes. The result is high patient satisfaction, short waiting lists and a life expectancy of 82.6; one of the highest in the world.



**Medistat 6**  
**Hospital beds**  
Per 1,000 of population

Japan	13.6
South Korea	8.8
Germany	8.3

SOURCE: OECD



**COMMENT**  
**RUSSIAN AIR PRESSURE**

In many countries, air or atmospheric pressure is associated with the weather forecast and swirly meteorological charts. But in Russia, a country of extreme temperatures, such pressure is more closely associated with pain and illness and is one of the nation's favourite health-related talking points.

While some sceptics insist the link between air pressure and people's sense of wellbeing is the fruit of hypochondriac and gullible minds, advice on how to reduce the risks of falling victim to such pressure is regularly offered. It comes from doctors, health blogs, magazines and the man – or, more often, the woman – on the street.

The nub of the matter is that sharp fluctuations in air pressure is supposed to cause everything from a headache to a heart attack. Said to be particularly dangerous for anyone suffering from heart problems, doctors say it can play havoc with blood pressure. The most common recommendation for combating the problem is impractical for those who need to earn a living: lie down and do nothing. A hot shower, a good workout and two extra glasses of water a day are also said to help.

Not everyone is convinced though: accusations that the whole subject is nothing more than quackery continue to abound. — JNF

PHOTOGRAPHER: ELISABETH REAL

PHOTOGRAPHER: SIDDHARTH SIVA

**BEST EYE HOSPITAL**  
Moorfields Eye Hospital Dubai  
*By Christopher Lord*

It's no secret that Moorfields Eye Hospital in London is showing its age after more than a century of service. This is far removed from the shiny new Moorfields Dubai outpost. No wonder then that it has so rankled the British press: at a time when the UK's National Health Service is suffering cut backs, many question the sense of funding a facility in the Gulf.

But Dr Chris Canning, CEO and medical director of Moorfields Eye Hospital Dubai (MEHD), reckons this private outpost could be part of a solution to the cash injection that London's hospital needs. "We've not used a penny of taxpayers' money on this," he says. "We started with money from the surplus of Moorfields' private wing in London and then we took out a loan for the rest. Now we're repatriating money: it is generating a surplus that goes back to London."

MEHD opened in 2007 with new machines, two vision correcting lasers and six surgeons. Last year, it catered to 14,000 patients. Canning reckons that 70 per cent of patients are from the Emirates and that British branded healthcare maintains clout among locals.

In MEHD's library, ocularist Paul Geelen is playing guitar in his downtime. "I see patients from Kuwait, Saudi and Oman in addition to the UAE, but we've had people from as far as Nigeria coming for this service," says Geelen, who produces prosthetic eyes for Moorfields Dubai. "A lot of people were wearing prosthetics that they weren't satisfied with simply because they haven't had another choice before I worked here."

The UAE has big ambitions for medical tourism but reversing the trend of locals seeking quality healthcare abroad is at the crux of this boom in investment.

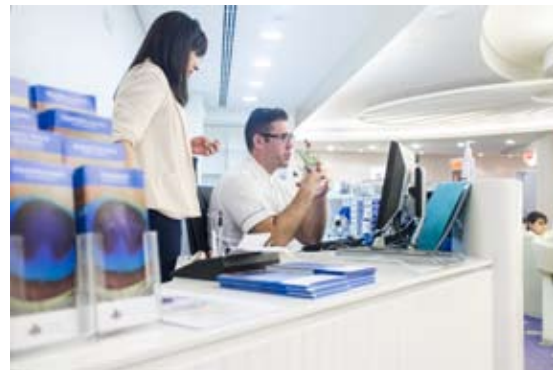
Success rests on these new facilities maintaining an airtight brand. "We're not going for spectacular growth, nor are we looking for massive returns on investment either," says Canning. "The most important thing is to protect our name."



**Medistat 7**  
**Nurses**  
Per 10,000 of population

Luxembourg: 16.3
Switzerland: 16
Denmark: 15.4

SOURCE: OECD



**Medistat 8**  
**Physicians**  
Per 1,000 of population

Greece: 6.1
Austria: 4.8
Norway: 4.1

SOURCE: OECD

**COMMENT**  
**CHINA**

A shortage of healthcare facilities and a rapidly ageing population are two interlinked challenges that will tax China's leaders for decades. But some possible solutions are already being rolled out.

In particular, Yanda International Health City aims to package every facet of healthcare provision and geriatric care into a tidy half-square km site in eastern Beijing.

Anchored by a 3,000-bed hospital and a 12,000-bed nursing home, the Yanda complex will also feature medical R&D facilities and training institutes. Specialist units, including spinal surgery and stem cell treatment, aim to be the world's best.

Unfortunately, the cheapest beds in the Yanda nursing home start at €700 a month – about three times the average monthly salary. The quandary for the government is how to make modern healthcare accessible to people who struggle to pay for the basic provision.

It's a problem that even cash-rich China can't spend its way out of, according to Huang Yanzhong, an expert in Chinese health policy at the Council on Foreign Relations. "Despite increased government spending, still only about 10 per cent of public hospital revenues are from the government," he says, with patients expected to stump up the rest. "Without reining in the behaviour of healthcare providers, simply increasing government investment in healthcare will not work." — TBM





## BEST CITY TO GET YOUR HEAD CHECKED

Shrink culture, Montevideo

By Ed Stocker

Montevideo has the largest number of trained psychologists in the world, many working as psychoanalysts. The so-called “Switzerland of South America” has 268 behavioural specialists per 100,000 inhabitants, as opposed to Argentina’s 237 (the nation often believed to be the most therapy-thirsty in the world). But it’s in Uruguay that demand for mental health consultants is really booming.

Ethnically and culturally close to Argentina, Uruguay shares more than just music with its neighbour. “They say that we’re a bit sad and sombre like tango,” says psychoanalyst Alicia Costanzo Aldecosea, as she explains why patients flock to her practice in the well-heeled Pocitos *barrio* of Montevideo. “We’re very thoughtful, sometimes too much so.”

As well as the influence of several French and Argentinean expat specialists who settled in the country in the 1940s and 1950s, Aldecosea attributes the growth of psychoanalysis in Uruguay to the popularisation of the works of Sigmund Freud that appeared in a pocket-sized edition around the same time.

Fast-forward to present day and psychologists are working in every facet of public life. According to Aldecosea it’s common practice in Uruguay to be analysed at a job interview to ensure you’re right for the role. And public hospitals have even started running a scheme called Psychotherapy For Everyone, initiated last year, ensuring Uruguayans have access to a free therapist.

“People don’t go to church when they have problems. They come to speak to someone who listens – often an analyst,” says Maren Ulriksen de Viñar, 75, an analyst working near Montevideo’s La Rambla beachside promenade. “In some ways it’s like a confession but without the priest.”

(Analysts, left to right) Alicia Costanzo Aldecosea, Abel Fernández, Marcelo Viñar, Eliseo González Regadas, Eurídice de Mello de Ganón, Lourdes Villafañá, Maren Ulriksen de Viñar, Saúl Paciuk, Juan Carlos Capo



PHOTOGRAPHER: VIVI ABELSON



## COMMENT LONGEVITY

As a recent report by the United Nations Population Fund put it: “Population ageing is a phenomenon that can no longer be ignored.” Life expectancy now reaches beyond 80 in over 33 countries; five years ago just 19 countries could claim that dubious honour.

Leading the charge is Japan, which is currently the only country to have an elderly population of more than 30 per cent; by 2050, 64 countries are expected to join them. So what can Japan teach the rest of the world about ageing gracefully?

One key factor in Japan’s impressive longevity statistics is that the over-sixties are still a socially and economically productive part of society. The other is good diet and physical activity (see page 195).

Many have tried to find the Japanese elixir of youth; diet and weight are critical. Compare the 3.5 per cent obesity rate in Japan with Mexico and the US: 30 per cent and rising.

Japanese cooking emphasises domestic seasonal produce, small quantities and low fat content, while staples such as green tea, tofu and fish are all help too.

Good distribution of wealth and a well-educated population complete the picture. “Preventative medicine and health education at school play an important role,” says Naoki Kikuchi at the Japanese Health Ministry’s Cancer Control and Health Promotion Division. Wath and learn — FW



PHOTOGRAPHER: THOMAS EKSTRÖM

## BEST GP

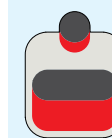
Trine Bjørner, Norway

By Lucia Ferigutti

Norway has some of the most highly trained GPs in the world. Each has over a decade of study and training. They are obliged to renew their GP certificates every five years with 300 hours of lectures, a course on acute medicine and meetings with their peers. And there are lots of them: 4.1 to every 1,000 citizens.

It’s a system that’s made them valued social linchpins; last year, GPs came top of a survey on the most popular public services (second only to public libraries). “On average, [Norwegian] GPs have a seven-eight year relationship with their patients,” says Trine Bjørner, a GP and professor of General Practice in Oslo. “I have run my practice for 31 years and some of my patients have been with me since the start – I now take care of the third generation of families.”

It is also a service open to all. For Bjørner, this is one of the benefits of her job. “Everybody receives the same service,” she says. “People trust the healthcare system. The best and most interesting thing about being a GP in Norway is that you visit people from all backgrounds. Men from eastern Oslo have a life expectancy 14 years lower than women in western Oslo. As a GP, I get to visit both every day.”



## Medistat 9 Alcohol consumption

Litres of pure alcohol per person per year

Estonia	16.2
Czech Republic	14.8
Ireland	13.4

SOURCE: WHO





PHOTOGRAPHER: LINA HASNEL

**BEST NURSES**

Sweden

By Nina Akbari

In 2009, Sweden's System of Choice Act gave citizens equal access to choose between suppliers of healthcare under a taxpayer-funded system. In other words, it made private healthcare free.

Since then, the private sector has seen a growing number of patients. The change has also been welcomed by nurses who are now experiencing an increase in wages. More young people are also choosing to train in the health sector: university nursing programmes are gaining popularity and statistics show a 35 per cent increase in applications since 2008.

"My early interest in healthcare and people in general made me want to work with something that felt meaningful to me," says Leontine Eriksson, 25, a nurse at a private vaccination clinic in Stockholm.

Eriksson has found real value in her work as a nurse. "I think important characteristics for nurses are patience and an interest in people." Hippocrates said 'To cure sometimes, to relieve often, to comfort always' and that is according to me a good guidance for nurses all over the world."



PHOTOGRAPHER: PETER ASH LEE

**BEST DOCTOR**

Scott Weingart, New York

By Sophie Grove

If you happened to suffer a cardiac arrest in New York, Scott Weingart is who you'd like on hand. As an emergency department intensivist he siphons off the most critically ill for optimal care. "It's a concept I call upstairs care, downstairs," he says. "Conventionally this was not done in emergency departments. When patients came in critically ill that they were whisked off to the ICU beds upstairs. But this doesn't always happen."

That's where Weingart comes in: he brings the ICU's meticulous monitoring to the emergency department. "You have to flow from one to another," he says. "You have to be an obsessive cowboy, if you like."

Weingart has also been pioneering new technologies. He is advising the New York Fire Department on its use of "therapeutic hypothermia" for cardiac arrest. "When your heart stops you stop getting blood to your entire body. Most of the time we can restart the heart but they're not out of the woods yet. We cool these patients down to 32C and 34C. It's had dramatic results. Today, if you suffer a cardiac arrest in NYC you will be brought to a centre capable of cooling you. Step two is to cool people in the field while they're getting resuscitated. I am proud to be part of this."

**Medistats 10**  
Health spending  
Per capita

USA	\$8,233
Norway	\$5,388
Switzerland	\$5,270

SOURCE: OECD

**COMMENT**  
**SINGAPORE**

Singapore has the lowest infant mortality in the world and an impressive life expectancy of 81.6. That's because, unlike most of its neighbours, Singapore has a universal healthcare system. Government health spending may be a low 4 per cent but each citizen is guaranteed treatment through a system that relies on a compulsory state insurance scheme, Medisave.

However, healthcare demands are soaring in tandem with an ageing population. The government is tackling the issue through its Healthcare 2020 Masterplan, which sets out to make healthcare more affordable for all. Five new hospitals, a national heart centre and a university cancer institute will be built over the next five years.

The government is also hiring an additional 20,000 medical professionals and hopes to attract medical talent by raising doctors' salaries by 20 per cent over the next year. It's also shaking up medical education: US university Duke now runs a local medical school in partnership with the National University of Singapore and a third medical school is due to open in 2013.

Singapore's other ambition concerns foreign patients. They currently treat 374,000 a year for procedures such as heart surgery; the aim is to have one million by 2020 and generate \$9bn (£5.7bn) towards GDP in the process. — LL