

PH040: UNMET NEED FOR MEDICAL EXAMINATION OR TREATMENT

Topic and detailed topic: Health: status and disability, access to, availability and use of healthcare and health determinants /Access to healthcare

Variable type: Annual

Unit: All current household members aged 16 years and over or selected respondent (where applies)

Reference period: Last 12 months

Mode of collection: Personal interview (proxy as an exception for persons temporarily away or in incapacity)

In use (period): Yes, since the first year of the EU-SILC data collection

Series' differences: Yes (2015)

VALUES AND FORMAT

- | | |
|---|--|
| 1 | Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it |
| 2 | No, there was no occasion when the person really needed examination or treatment but did not receive it |

FLAGS

From 2015 onwards

- | | |
|----|--|
| 1 | Filled |
| -1 | Missing |
| -2 | Not applicable (the person did not really need any medical examination or treatment) |
| -3 | Not applicable (Non-selected respondent (RB245 equal to 3)) |

Before 2015

- | | |
|----|-------------------------|
| 1 | Filled |
| -1 | Missing |
| -3 | Non-selected respondent |

DESCRIPTION

From 2015 onwards

The purpose of the variable is to capture the restricted access to medical care according to the person's own assessment of whether he or she needed medical examination or treatment, but did not get it, experienced a delay in getting it or did not seek for it.

Delay in getting healthcare can be treated as unmet need if considered by respondents as important. However, detailing the time between the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need.

Medical care refers to individual healthcare services (medical examination or treatment) provided by or under direct supervision of medical doctors (ISCO-08 code 221 group on general and specialist medical practitioners), traditional and complementary medical professionals (ISCO-08 code 2230) or equivalent professions according to national healthcare systems.

Included:

- Medical mental healthcare;
- Prevention if perceived by respondents as important. For example, a national healthcare system guarantees regular preventive medical check-ups but the respondent is not able to make an appointment and perceives the situation as jeopardizing his/her health.

Healthcare provided for different purposes (curative, rehabilitative, long-term healthcare) and by different modes of provision (inpatient, outpatient, day, and home care)

Excluded:

- Self-medication (taking prescribed or non-prescribed drugs).
- Dental care.