

Patient insurance in Finland

Information about patient insurance

Statutory patient insurance provides security for patients and healthcare professionals against patient injuries.

A notice of injury on a patient injury should be submitted to the Patient Insurance Centre. It investigates whether the case involves a patient injury and pays the patient compensation according to the law. Processing of an injury issue is free of charge.

**Patient
Insurance
centre**



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centre**

**Safeguarding patients and
healthcare professionals**



Patient insurance is a mandatory insurance policy

Patient insurance is a statutory insurance policy in Finland. Parties obliged to take out insurance include all healthcare professionals and organisations in healthcare services, such as health centres, occupational health clinics, hospitals and private dentists.

Patient insurance compensates patients for personal injuries suffered in medical treatment and healthcare if any of the grounds for compensation prescribed in the law is met.

Patient insurance is laid down in the Patient Insurance Act (Patient Injuries Act until 31 December 2020).

Patient Insurance Centre

The Patient Insurance Centre is a cooperative body for the implementation and development of the patient insurance system, and its members include insurance companies engaged in patient insurance in Finland. Patient insurance is always taken out from an insurance company that is a member of the Patient Insurance Centre.

The Patient Insurance Centre handles all patient injury notices, regardless of the insurance company from which patient insurance is taken. The Patient Insurance Centre determines whether the grounds for compensation laid down in the Patient Insurance Act have been met, and when this is the case, pays the injured party compensation under



the Act on behalf of the company that has granted the insurance. The Patient Insurance Centre also pays compensation for injuries when no statutory insurance has been taken out.

The Patient Insurance Centre promotes patient safety by compiling statistics and preparing studies and calculations to ensure lessons can be learned from past injuries, and future injuries can be avoided.





Who must take out patient insurance?

Insurance against liability under patient insurance legislation is required from organisations, foundations, self-employed individuals and employers with healthcare professionals in their employ that are engaged in health-care activities.

Bodies under the obligation to take out insurance are:

- Self-employed healthcare professionals in healthcare occupations who are or who can be registered by the National Supervisory Authority for Welfare and Health (Valvira).
- Organisations and foundations that offer healthcare services and have healthcare professionals (either in an employment or service relationship) registered by Valvira in their employ.
- Companies that obtain labour as a purchased service and provide leased employees in healthcare services to healthcare operating units.
- Companies offering emergency medical services, including those in which the emergency medical services are carried out by persons other than healthcare professionals.
- Pharmacies for the part of prescription medicines sold.
- Universities for medical studies they carry out.
- Government agencies and public bodies for the part of healthcare services provided at their premises.



Taking out insurance

The insurance policy must be taken out by the employer on behalf of the healthcare professional in their employ or by the self-employed professional directly from an insurance company providing patient insurance policies. A self-employed professional can also fulfil the obligation to insure with a group insurance or self-funded group insurance policies provided as a member benefit by trade unions. A healthcare provider can also take out patient insurance on behalf of a partner.

Wellbeing services counties have insured public healthcare provided in the counties, so healthcare services provided at e.g. health centres, rescue departments, residential care homes and healthcare colleges are

included in the insurance taken out by the wellbeing services county.

Students and trainees are in an equal position to the personnel in the company or institution under the supervision of which the traineeship takes place.

The insurance obligation also applies to engagement in healthcare services for no consideration. In such cases, the healthcare professionals arrange for their own insurance unless the activity is carried out on behalf of a foundation or an organisation.

Other persons offering care services such as natural healthcare who have no training or qualification in the healthcare field are not under the



obligation to take out insurance and therefore cannot take out patient insurance. Their insurance cover is to be arranged through liability insurance.

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Additional information:
www.pvk.fi/en/patient-insurance



Determining the insurance premium

Funds required for the payment of compensation are collected as patient insurance premiums from parties engaged in medical treatment and healthcare. Insurance companies determine the amount of the insurance premium according to their own grounds for premiums, which are affected by the risks of the activity engaged in. The insurance premium can be a fixed amount of euros, or it can be based on the total amount of wages and

salaries paid by the company. The insurance premium can also depend on the insured person's own patient injury history.

Uninsured parties

Anyone who has neglected to take out insurance is obliged to pay a premium equal to the insurance premium and a penalty premium for the duration of the neglect. A premium corresponding to the insurance premium can only be charged for the current calendar year and the five preceding calendar years. A penalty premium can be as much as three times the amount of the premium corresponding to the insurance premium. Premiums arising from lack of insurance are determined by the State Treasury and collected by the Patient Insurance Centre.

Injured persons are entitled to compensation under the law even if the insurance obligation has been neglected.



The Patient Insurance Centre handles all the notices of patient injury concerning treatment and care in Finland.



What injuries are compensated for?

There are eight grounds for compensation: treatment injury; infection injury; accidental injury; equipment-related injury; an accident related to a permanently installed medical device; an injury arising from damage to premises or treatment equipment; an injury due to the incorrect delivery of pharmaceuticals; and unreasonable injury. A personal injury can be compensated from patient insurance when any of the grounds for compensation mentioned in the law are met.

Treatment injury

A treatment injury is the most typical compensable injury. A compensable treatment injury is a bodily injury which was caused by an examination, treatment or another similar action performed on the patient, or the failure to do so. The term “other similar action” refers to, for example, a vaccination and blood or organ donation. An injury caused by an erroneous prescription or dosage of drugs may also be compensated for as a treatment injury.

It is not always possible to achieve satisfactory treatment results, for example, due to the nature of an illness or trauma. Such consequences are not compensated for if the procedures were in line with the standards required of an experienced medical professional. Similarly, a consequence of an appropriately implemented examination or treatment that could not have been avoided does not provide entitlement to compensation unless the consequence is unreasonable (see the “unreasonable injury” section).



Infection injury

A compensable infection injury is an injury caused by an infection that originated during an examination, treatment or another similar handling. Infection injuries can be compensated for without determining whether the infection could have been avoided by acting differently. All treatment procedures involve some kind of infection risk, and an infection is often unavoidable.

However, not all injuries caused by infection are compensated for. Whether or not compensation will be paid is decided based on a “tolerance evaluation”. Among other things, this evaluation takes the risk of infection in each case into account. Ordinary, superficial and fast-healing infections will always fall outside the scope of compensation.

Accidental injury

The term “accident” refers to sudden, unexpected, external events that occur during an examination or treatment procedure to a person unintentionally and cause a personal injury. Accidents that occurred during patient transport by ambulance are classified as accidental injuries unless the injury is compensable under motor liability insurance.

Patient insurance only covers accident risks that are directly associated with procedures but not ones that are part of ordinary life. For example, a bodily injury received by a patient falling off the examination table is a compensable accidental injury, whereas an injury that results from falling down in a hospital corridor is not an accident that is connected to treatment. However, it can be a compensable treatment injury if the patient’s appropriate supervision



or assistance has been neglected despite the presence of resources.

Equipment-related injury

Compensation is paid for an equipment-related bodily injury if the injury was caused to the patient by a defect in the equipment or device that was used for the examination, treatment, or other similar action. Such equipment or devices include respirators, surgical instruments, patient monitoring equipment, hospital beds and examination tables. A defect refers to any situation in which a piece of equipment does not function as it should, and the defect is not caused by the actions of the medical staff.

Internal devices permanently installed in the patient, such as joint endoprotheses or pacemakers, are not medical equipment referred to here; injuries resulting from defects in them are handled separately as

“accidents related to permanently installed medical devices”.

Accident related to a permanently installed medical device

Medical devices permanently installed in patients include artificial joints and pacemakers. If a medical device permanently installed in the patient in a healthcare unit is less safe than it can be expected to be and causes a personal injury to its carrier, the injured party can be compensated under the Patient Insurance Act. The time when the device was released on the market, the foreseeable level of use of the device and other factors are considered when assessing the device’s safety.

For the injured party to be eligible for compensation, the device must have been installed on 1 January 2021 or later. Compensation for defects and issues with safety



for devices installed before this date should be sought from the manufacturer in accordance with the Product Liability Act.

Injury arising from damage to premises or treating equipment

An injury to a patient arising from damage to premises or treating equipment is compensated for as a patient injury. Such an accident can be a fire, for example.

Injury due to incorrect delivery of pharmaceuticals

Patient insurance covers bodily injuries caused by prescription pharmaceuticals if these drugs were delivered by the pharmacist contrary to the prescription or regulations governing the delivery of pharmaceuticals. In the most common cases, the pharmaceutical delivered or the dosage or user instructions

differ from what was originally prescribed.

The provision pertains to incorrect delivery of prescription pharmaceuticals by a pharmacy. If the pharmaceuticals were administered to the patient in conjunction with an examination or treatment, the claim is processed under the section on dealing with treatment injuries.

In this case, compensation under patient insurance requires that the mistake was made in prescribing or dosing the medicine, judged against the standards of an experienced medical professional.

Side effects from pharmaceuticals which were appropriately prescribed and dosed are not compensated for under patient insurance. Such consequences may be compensable under voluntary pharmaceutical injuries insurance granted by the Finnish Mutual Insurance Company for



Pharmaceutical Injury Indemnities (www.laakevahinko.fi).

Unreasonable injury

In conjunction with an appropriate examination, treatment or another corresponding procedure, if a severe injury occurs that is materially disproportionate with the initial situation, it may be compensated for based on the provision related to unreasonable injury, regardless of whether the injury could have been prevented by acting differently.

The compensability will be decided based on an unreasonableness assessment. The evaluation of an injury as unreasonable provides justifica-

ble grounds for compensation only in cases where the patient has been caused a permanent severe illness, injury or loss of life. An illness or injury is considered severe if it falls at least into class 7 in the Ministry of Social Affairs and Health's classification of injuries.



Additional information:
www.pvk.fi/en/compensation-criteria





What is not compensated for?

Not all adverse events that occur in connection with medical treatment and healthcare are compensated for – only bodily injuries that fulfil the conditions prescribed in the patient insurance legislation.

Compensation is not paid for the following, among other cases:

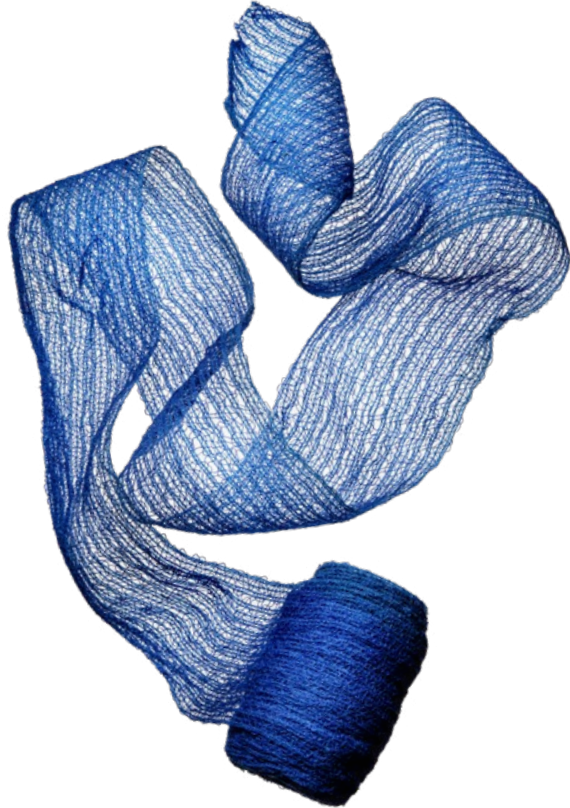
- Injuries that occurred outside the geographical area of Finland when the patient has sought treatment abroad. Treatment provided abroad can only be compensated for if a public health-care unit has arranged treatment abroad, and it is necessary for ensuring the patient's health.
- Material damage such as torn clothing or the loss of dentures. In these instances, the claimant may claim damages from the tortfeasor under the Tort Liability Act.
- Financial losses. "Purely financial losses" refers to financial loss that is not connected to bodily injury or material damage. A financial loss may mean that a patient does not obtain a benefit after an evaluation by a healthcare unit.
- Injuries occurring during ordinary assistance services (for example, domestic help) are not regarded as medical treatment and healthcare. Likewise, treatment and assistance and monitoring services connected to living in a residential care home are not covered by patient insurance.
- Insignificant injuries, even if they qualify for compensation on other grounds. An injury is considered insignificant if it causes the patient only slight pain and suffering, no permanent functional disability, or the costs incurred do not exceed €200.



Dissatisfaction with the compensation decision

If you consider that a claims decision was based on insufficient documentation, you may send a written request for revision to the Patient Insurance Centre. In your request, you should indicate in which respects the documentation was insufficient. Furthermore, any missing documents should be attached to the request, or the request should at least indicate where these documents may be obtained.

If you are dissatisfied with the claims decision, you may refer the issue to the Traffic and Patient Accident Board.



Additional information:
www.pvk.fi/en/revision







Types of compensation payable

Patient insurance will only cover the extra costs and losses caused by the patient injury. Costs and losses that would have been incurred, regardless of the patient injury, will not be compensated.

Consequently, compensation cannot be awarded for medical expenses incurred by the original treatment or examination of the patient's illness or injury. Therefore, when assessing the amount of compensation payable, the costs and financial losses due to an underlying condition or previous injury and those incurred by the patient injury must always be separated.

Compensation payable under patient insurance is determined by applying the provisions of the Tort Liability Act and the guidelines issued by the Traffic and Patient Accident Board. The decision policy of the Traffic and Patient Accident Board will also be taken into account

in the compensation. Costs and losses arising from the injury will be compensated for in full. However, the injured party is also expected to prevent any subsequent loss whenever possible. The costs incurred must be necessary regarding the treatment of patient injuries.

Patient insurance is secondary to most of the other statutory insurance and benefits. The patient will therefore receive compensation only for that part of the costs and losses due to the patient injury that is not covered by other statutory benefits and insurance provisions.



The following types of compensation can be claimed from patient insurance:

- necessary medical care costs
- other necessary costs
- loss of income due to occupational disability
- temporary incapacity
- permanent functional and cosmetic incapacity
- compensation to family and other close people for taking care of the injured person and for other measures
- reasonable funeral costs
- loss of necessary support for those entitled to it.



Additional information:
www.pvk.fi/en/compensations





How do you apply for compensation?

Compensation from patient insurance is always claimed using a notice of injury that is delivered to the Patient Insurance Centre, either electronically or by post.

You can file a notice of a patient injury with the Patient Insurance Centre in three different ways. If you suspect that you have suffered an injury, you can:

- a) File an electronic notice of injury using your online banking credentials.
- b) Fill out the Notice of patient injury PDF form. Print and sign the form and send it to the Patient Insurance Centre by post.
- c) Fill out the Notice of patient injury paper form. Sign the form and send it to the Patient Insurance Centre by post.



Additional information
www.pvk.fi/en/forms





Filing an electronic notice of injury is the fastest and easiest way to report an injury to the Patient Insurance Centre. A notice of injury can be filed online by the injured person, or by a trustee when the patient is a minor dependent, or an adult who is legally incompetent. A notice involving a deceased person can be submitted by a party to the estate. Filing an electronic notice of injury requires online banking credentials.

An adult patient or other claimant can authorise another person to manage the injury matter on their behalf. In this case, the authorised person should log in with their own banking credentials and fill out the notice of injury. A power of attorney signed by the patient or another claimant must be included as an attachment.





If you suspect that a patient injury has occurred

First take the online test of the Patient Insurance Centre

Before you complete the notice of injury, you should take the Patient Insurance Centre's online test. The test will help you assess whether patient insurance legislation is applicable to your case, i.e. whether filing a notice of injury is worth your while.



Additional information:
www.pvk.fi/en/onlinetest
www.pvk.fi/en/patient-injuries



In the online test, you answer questions with 2–6 alternative answers. The test will proceed according to the answers given. After the test, you will be provided with an assessment on whether the law could be applicable to your case. The online test is not a claims decision, and the result does not indicate whether your case meets the criteria for a patient injury.

Patient Insurance centre

Contact information

Postal address for claims

Patient Insurance Centre
P.O. Box 1
00084 VAKUUTUSKESKUS

Street address

Patient Insurance Centre
Itämerenkatu 11–13
FI-00180 HELSINKI

Website

www.pvk.fi/en

Customer service numbers

Insurance, tel. +358 40 450 4545

Injuries and claims, tel. +358 40 450 4590

Loss of income and pensions, tel. +358 40 450 4505

The customer service numbers are available on weekdays
from 12 noon to 3 pm.