

# Luc Van Gorp - President, Christian Mutuality, Belgium

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*Luc Van Gorp is president of the Christian Mutuality, Belgium's largest health insurance fund. In a wide-ranging recent conversation with PharmaBoardroom, Van Gorp expanded on some of the key themes in his 2021 book 'Human Scale: A Plea for Imperfection' ('Mensenmaat: Een Pleidooi Voor Imperfectie' in Dutch), including why innovation in healthcare needs to go far beyond the provision of medication alone. He also touched on the acute staffing challenges facing Belgian healthcare, the role that digitalisation can play in bolstering system sustainability, and his hopes for the change that patients and the new generation of healthcare professionals can drive.*

## **Broadening the Scope of Healthcare**

Drawing on his eight years as president of the Christian Mutuality as well as his background as a practicing nurse, Van Gorp is keen for the definition and provision of healthcare in Belgium to be broadened beyond its current levels.

He states, "If a health system cannot support patients psychologically, existentially, and socially – in addition to physically – then it is not serving its purpose, regardless of how well it is funded." Van Gorp points to the only 2 percent of the total health care budget in Belgium that is spent on prevention. "With a greater focus on prevention and a more holistic approach to care the number of people who are sick and unable to work could be significantly reduced," he adds.

Many of the Belgian pharma industry stakeholders that PharmaBoardroom has spoken to in recent months have bemoaned the proportion of the budget dedicated to innovative medicines, but Van Gorp offers a stern rebuttal to this criticism, asserting that “We will pay for innovation.” He adds, “However, innovation is not limited to medicines or technical solutions. There is also innovation in how we work and live, which is missing from our definition of the term within healthcare.”

Van Gorp continues, “We are of course in favor of innovation, but only on the condition that the new medicines actually offer added value for patients. Therefore, as the Christian Mutuality, our big question is about how much quality of life an innovation can bring. For those medicines that truly improve quality of life, we have no problem with paying for it as quickly as possible.”

## **Staffing in Belgium**

A key issue within Belgian healthcare, as across much of Europe, is the attraction and retention of healthcare professionals, according to Van Gorp, who notes that even at Belgium’s best hospital – the University Hospital of Leuven – hundreds of beds have been cut in recent years.

He feels that much more should be done to reduce the shortage of doctors and especially nurses. Van Gorp claims that nurses are underpaid in Belgium, especially compared to doctors, given their key patient-facing role and the importance of the connections they are able to build with patients.

“As was made apparent during the COVID-19 pandemic, doctors and nurses do not have a problem with hard work. The issue is not necessarily money, but respect from society. Currently, too many people are saying goodbye to the sector.” This is little wonder, with sometimes a culture of stress-filled 70-hour working weeks the norm.

“Just like a school without teachers cannot be called a school, a hospital without doctors and nurses cannot be called a hospital,” he concludes.

## **Digitalisation**

While the incursion of digital solutions into healthcare has been touted by some as a potential fix for these staffing woes, as well as overall system sustainability, Van Gorp is circumspect on their current impact in Belgium. “Whether an interaction is digital or physical, building connections is the most important thing,” he proclaims.

He also criticises the reluctance of Belgian doctors to embrace digital solutions which could help build these connections with patients. Citing the example of the Doktr app, which allows patients to have consultations with their healthcare professional, Van Gorp notes that many doctors – worried that such a system will eventually render them obsolete – have only been willing to use this system for patients with which they have a prior relationship. “This is such a shame” he exclaims. “People cannot find help due to lack of doctors and eventually go straight to Accident & Emergency without having established any communication with their general practitioner.”

## **Agents of Change**

Despite these myriad challenges currently plaguing Belgian healthcare, Van Gorp is optimistic about the future. He identifies a key agent of change as the new generation of healthcare professionals now coming through. “This cohort has a different approach to those which went before on everything from health to healthcare, society, and work-life balance. Moreover, there is a far stronger female influence today with a less linear approach to money and growth.”

Van Gorp’s second agent of change is patients themselves. “Patients today are taking ownership of their own bodies and making decisions about their own health, from homecare adoption to healthy lifestyles, and disease prevention.” He adds that “previously, the sole decision maker was the doctor, but we are moving towards a more collective approach with a stronger role for the patient, which can only be positive in terms of the care that is provided.”

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