Interview: Dr. József Timár – President of Doctoral Council, Semmelweis University, Hungary



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The President of the Doctoral Council of Semmelweis University, Dr. József Timár provides an overview of the healthcare system in Hungary with particular reference to oncology and describes the challenges and prospects of medical innovation in the country.

Can you please provide an insight into the history and presence of Semmelweis University, and how it is positioned relative to other leading medical universities in the region?

Semmelweis University is the most established and largest medical university in Hungary, providing faculties of medical science and health science to around 10 thousand enrolled undergraduate and postgraduate students, with an estimated 40% of foreign students. Semmelweis University enrolls 50% of total medical students in Hungary, keeping its commitment to provide the needed doctors for Hungarian local market.

In regard to its stance in Central Europe, Semmelweis University is comparable to the Medical University of Vienna or to the Charles University in Prague. According to QS World University Rankings, Semmelweis University was listed as one of 300 best medical universities worldwide, as well as it was listed between 150 to 200 best medical universities according to Times Higher Education Ranking.

How would you evaluate the quality of education in Semmelweis University in Hungary and at a European level?

Semmelweis graduate students are able to find jobs easily not just in Hungary but at European level as well. Our diploma is very well respected in the EU because we provide courses in German, English and Hungarian languages for almost 26 years now. In addition, we have very close cooperation with Hamburg Asklepios Campus, which is kind of clinical affiliate for Semmelweis University, whereby we provide the basic science education and teaching and Hamburg Asklepios Campus provides clinical carrier.

However Hungary suffers from continuous flow of brain drain, therefore if we don’t have enough resident posts free for our graduate students, they quickly leave to somewhere else in Europe to proceed with their specializations. Such major problem of brain drain leads to a significant percentage of our medical students to immediately leave the country following their graduation.

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What is the solution for preventing this brain drain from Hungary?

If we take the case of pathology as a small specialty among other important specialties in Hungary, we are only 250 pathologists working in Hungary. Such number is already half of what is needed in local market. Approximately 10 – 20% of Hungarian pathologists move to the western part of Europe and that is causing a lack of enough experts in local hospitals, especially for some rare specialties.

One of main factors causing a continuity of brain drain is high asymmetry in doctors’ salaries when comparing Hungarian market to the Western Europe, adding to that the workload in Hungary is usually double in comparison to the workload in other European countries.

However since the rising countries in Central Europe including Czech Republic, Poland and Hungary are significantly contributing to the shortage of doctors in Europe, especially to countries such as Norway, Sweden and Denmark, which have very weak medical education, and rely on other countries’ output, there should be a some kind of European compensation at EU level that can provide educational ground to the central European countries including Hungary.

How does this burden translate into the some of the primary pressures faced by Hungary’s healthcare system today?

If we measure by probability the case of pathology specialists, in Europe pathologists are required to provide at least 3000 – 4000 pathology reports per year. In Hungary it means we have to provide near to 10000 reports. In this respect a delicate diagnosis such as cancer triggers unthinkably a heavy burden, which is very difficult to be addressed.

Since universities provide the highest level of health services, and they have the infrastructure, then we expect them to provide also the specialists for needed services, especially that they operate as national institutes.

Medical universities in Hungary provide such key health services as cardiology, oncology, lung diseases and neurosurgery. To this end the burden is a great problem, because our universities face most tough cases and sophisticated services. Therefore all the personal problems not the experts, the so called health personnel are highly needed.

How far do you believe that current government stakeholders are effectively reacting to these problems, given the nature of Hungary's reimbursement scheme?

I believe it's an old story. Everything started when the political transition took place around 25 years ago. In my personal perspective this is the last frontier of the old system. In order to rebuild the health system we need a stable and progressive economy along with very strong political support. Unfortunately the previous successive governments always postponed such type of last frontier solution.

The resources needed are exemplified in both money and health personnel. For health personnel, Hungary is a leading country in Europe with cancer cases per capita including lung cancer, colorectal cancer and probably breast cancer. Therefore we desperately need specialists to cope with such diseases.

On the other hand, a significant technological development appears in some specialties, where new knowledge is coming in, especially in oncology, putting high pressure on our health system because such technological development is more expensive and we have to figure out how it can be financed. The major disease of cardiology services is on the top level of oncology, whether it's molecular, targeted or personalized oncology.

The other great problematic issue in Hungary is the reimbursement scheme, where new treatments are unable to come into regular practice because of their large monthly expenditures for the large patient population.

In light of the core specialties we are seriously attempting to provide the new treatments, but without reimbursement it’s almost impossible.

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Do you see private healthcare as a method of filling these funding gaps within the current state-funded health insurance system?

Private healthcare system helps to have a kind of competition, which is dedicated to areas of sophisticated imaging technologies, diagnostic technologies, or molecular technologies, but at the national level private healthcare system doesn’t solve the problem.

The private healthcare exists in the market but it can only provide quality services for those patients who can afford it, and they are the minority. Therefore private healthcare companies do not provide regular healthcare.

With reference to your lifelong professional experience, how would you assess the openness of Hungarian doctors to adopting innovative treatments?

Despite the fact that our reimbursement scheme is lacking behind, we know our responsibilities and we have the technology needed, especially with regards to universities, which are accountable to providing medical education and lead innovation process.

I recall my meeting with American Society of Clinical Oncology in Oslo, where we discussed the new oncology therapies and their high cost, which puts a big burden on insurance companies because the consensus was that 100 thousand dollars per patient per year is the upper limit, but the present new therapies are more expensive than the upper limit, posing a real challenge for everyone.

Most pharmaceutical companies are now using “personalized medicine” as a driving force in their developments. Has this actually been the case in your opinion?

Political pressure by patients is really significant, and that might assist convincing the government to focus on their interests before paying attention to hospitals interests or pharmaceutical companies’ interests. However in order to comply with patients’ interests the government needs a sustainable insurance system.

In Hungary, how would evaluate patients’ capacities to understand the availability of their treatment options, as well as the diseases themselves?

The patients are very heterogeneous, by their culture and social background. In regards to oncology, the Hungarian cancer patients are quite well educated, but that doesn't mean that there's a group of uninformed patients who we cope with.

On one hand, the screening system in Hungary is pour, partially because the patients are not interested, and partially because the system does not provide regular screenings.

On the other hand, the prevention is very weak, and many patients do not take preventive measures especially in the case of cancer diseases, so the typical problem is the tobacco ban, and it's a huge burden on Hungary. As long as around 40% of Hungarians are smokers, the smoke related cancers will remain.

You're currently the President of the Doctoral Council at Semmelweis University. What are the overarching objectives and aim of this body?

The doctoral council provides post-doctoral education, which helps produce specialized doctors and new scientists. The PhD school prepares young doctors and biologists who would like to be good researchers.

Semmelweis University enrolls around 500 PhD candidates, and also 50% of Hungarian resident doctors. It's a large number of postgraduate students, and that requires a lot of work from the teaching staff. We are responsible for providing new doctors with rare specialties to the country.

We try to maintain the scientific output of Semmelweis University, especially because young university teachers come from our output.

What are the key performance metrics that the Semmelweis University wants to achieve in the next five years?

Since we're unable to increase the output of Hungarian medical students, there's a room of increasing the number of foreign students.

The other achievement must be the increase of our scientific output, especially with the existence of new technologies, which are becoming available. According to the statistics, during 2008 economic crisis, the medical output of the neighboring countries went down, while in Hungary the EU supported financially our medical universities, and therefore our scientific output was maintained.

Because Hungary has strong pharmaceutical industry, the scientific output is considered a necessity, in light of building cooperation between the pharmaceutical companies and the medical

universities.

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