**Questionnaire on** **the right of persons with disabilities**

**to the highest attainable standard of health**

**Finland**

*Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.*

Finland offers its residents universal healthcare. The municipalities (local governments) provide healthcare to their residents, irrespective of their physical, mental, social, or financial status. Public healthcare offers comprehensive health services ranging from primary to specialized medical care and from care for newborns to services for the elderly. Public healthcare in Finland is not free but fees are low, and the system is mainly tax-funded. Public healthcare is complemented by private healthcare.

The Act on the Status and Rights of Patients (785/1992) defines the legal rules under which patients must be treated. According to the Act, every person who is permanently resident in Finland is, without discrimination, entitled to health and medical care required by person’s state of health and within the resources available at the time.

In March 2018, the Finnish Government issued a new proposal for social welfare and health care reform. At the moment, the municipalities are responsible for organizing health and social services. According to the new proposal, this responsibility will be transferred to 18 new counties. The objective of the reform is that everyone will have equal opportunities to get adequate health and social services required by law. The county will safeguard that services are equally available to all people. A proposed Act on Clients’ Freedom of Choice will ensure that in future patients and clients will have a wider range of health and social services to choose from. The reform is intended to enter into force on 1 January 2020.

Amendments to the Act on Special Care for Persons with Intellectual Disabilities (519/1977) entered into force in June 2016. The new provisions were designed to support the autonomy and independent activity of persons with intellectual disabilities and to reduce the use of restrictive measures.

Since autumn 2016, preparations have been underway in the Ministry of Social Affairs and Health for legislation on the strengthening of the right to self-determination for social welfare and health care clients and on the conditions necessary for the limitation of this right. Different client and patient groups are being taken into consideration, including persons with intellectual disabilities. Preparations of the legislation include a proposal for supported decision making in social welfare and health care. Supported decision-making will also be taken into account in the reform of disability legislation, which involves combining the current Disability Services Act and the Act on Special Care for People with Intellectual Disabilities into a single act. Both of these bills will be presented to Parliament in the course of 2018.

*Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general,*

The National Institute for Health and Welfare (THL) undertakes a number of research projects, most of which are carried out in close collaboration with either Finnish or international partners. The research projects use key THL registers and statistical data.

The so-called *FinSote national study of health, well-being and service use* enables monitoring the changes occurring in the population's well-being and health by different population groups and regions. The study also produces follow-up and evaluation data on how well the service needs of the population are met as well as the views of the population on the social and health service system, and the availability, quality and use of services. The study poses a set of questions on disability, which have been developed by the Washington Group. The collection of information is underway and will continue until the end of March 2018. The results will be available in May 2018.

*Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.*

The new Non-Discrimination Act (1325/2014) entered into force in 2015. The Act expanded the scope of protection against discrimination. The Act applies to all public and private activities, excluding private life, family life and practice of religion. The protection against discrimination is equal regardless of whether the discrimination is based on ethnic origin, age, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics. According to the Act, persons with disabilities must have equal access to goods and services.

Finnish national coordination mechanism of the UNCRPD made an enquiry to persons with disabilities in autumn 2017. The purpose of that enquiry was to find out how persons with disabilities feel that their rights are being realized in everyday life. Out of all the rights, equal access to health services was considered realized the best. According to the results 45% of persons with disabilities felt that the right is realized well or quite well and 34% felt the right is realized badly or quite badly.

The results of the enquiry show also challenges in the access to health services. Accessibility of physical environment as well as digital services is still a challenge. On the other hand, the respondents perceived there to be a lot of regional differences in this context. Persons with disabilities also feel that health care professionals should have more knowledge about disabilities.

*Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.*

According to the Act on the Status and Rights of Patients, if the patient (18 years of age or over) cannot decide on the treatment because of mental disorder, intellectual disorder or for other reason, the legal representative, family member or other close person of the patient has to be heard before making a decision concerning an assessment on what kind of treatment would be in accordance with the patient's will.

If this matter cannot be assessed, the patient has to be given a treatment that can be considered to be in accordance with patient’s personal interests. In this case, the patient's legal representative, close relative or other person closely connected with the patient, must give their consent to the treatment. In giving their consent, the patient's legal representative, close relative or other person closely connected with the patient must respect the patient's previously expressed wishes or, if no wishes have been expressed, the patient's well-being. If the patient's legal representative, close relative or other person closely connected with the patient forbid the care or treatment of the patient, care or treatment must, as far as possible in agreement with the person who refused consent, be given in some other medically acceptable manner. If the patient's legal representative, close relative or other person closely connected with the patient disagree on the care or treatment to be given, the patient shall be cared for or treated in accordance with his or her best interests.

Guardianship Services Act (442/1999) prescribes that a person who has been declared incompetent may decide on matters pertaining to his/her person, if he/she understands the significance of the matter.

*Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.*

At local level municipal disability councils are important actors. According to the Local Government Act (410/2015) the local executive must set up a disability council to secure the opportunity for people with disabilities to participate and exert an influence. People with disabilities and their relatives and disability organizations must be adequately represented on the disability council. The local executive must ensure the operational preconditions for the disability council. The disability council must be given the opportunity to influence the planning, preparation and monitoring of the activities of the municipality’s different areas of responsibility in matters of importance to the well-being, health, inclusion, living environment, housing or mobility of people with disabilities or to their coping with daily activities, or in terms of the services they need. At national level there are strong disability organizations and also an umbrella organization Disability Forum.

It varies how much impact do associations, disability councils and disability organizations have in designing, planning, implementing and evaluating health policies, programs and services. There are good examples but unfortunately also cases where disability organizations are not involved in these processes. In the newly published National Action Plan of UNCRPD attention is paid to this issue. According to the action plan, Ministry of Social Affairs and Health is responsible for ensuring that both disability organizations as well as the disability councils in municipalities and in future in counties are involved in the preparations for the health and social services reform carried out in counties. It is also addressed in the action plan that all ministries are responsible for developing the practices for the inclusion of persons with disabilities in the drafting of legislation and development projects.