

Abstract

The unhealthy way of life of people is a subject that has been very current the past few years. Overweight, smoking, excessive use of alcohol and physical inactivity are the most named determinants of an unhealthy way of life. Adopting an unhealthy way of life increases the risks for getting certain affections, like cancer and heart disease. It is necessary to consume health care in order to treat these affections. This health care leads to health expenses. This care can be avoided, because an unhealthy way of life can be changed into healthy behaviour. For this reason people might think that for the consequences of an unhealthy way of life, own responsibility applies. If this is actually the case, can be criticized. It can be thought that factors like environment and education for example can influence an unhealthy way of life. In the literature is argued that there is in fact an own responsibility for an unhealthy way of life, because It's a determinant of health that can be influenced, in contrast to genetic abnormalities.

It is possible, that in this case, less solidarity is wanted for an unhealthy way of life.

Therefore, in this thesis the following problem will be addressed:

Will the solidarity in health care be endangered by the unhealthy way of life of part of the Dutch inhabitants?

The solidarity in The Netherlands and the motifs of the government have been explored in order to answer this question. The expenses and trends for an unhealthy way of life have also been researched. Furthermore, quantitative research is used to examine if people want less solidarity for an unhealthy way of life. The research is based on a sample. This sample is not representative for The Netherlands. The results can not be translated to the Dutch society.

According to the literature, there is question of a negative trend for several determinants of an unhealthy way of life. The health expenditures of an unhealthy way of life seem to be a substantial part of the total expenses in Dutch health care. Smoking leads to two billion euro's of health care expenditures. Two percent of the total health expenditures in The Netherlands is a result of treatments for extreme overweight as well as for physical inactivity. The literature also shows that people with an unhealthy way of life make more health care costs a year compared to healthy living people of the same age.

The expenses in health care over a lifetime are lower for people with an unhealthy way of life. This is the result of the fact that these people have a lower life expectation and the fact that the largest part of the expenditures in health care are made in the final life years.

By questioning people with a survey, it was possible to collect data about the wanted level of solidarity for people with an unhealthy way of life. Analyses showed that people want less solidarity for this group. This applies for healthy living people as well as for people who themselves have an unhealthy way of life.

The characteristics of the respondents seem to have very little to none influence on the wanted level of solidarity. If co-payment would be introduced for people with an unhealthy way of life in order to decrease the solidarity, this co-payment should be dependent on income. It is conspicuous that there is no significant difference in the wanted level of solidarity for smoking, overweight and excessive use of alcohol.

The hypotheses are confirmed or disproved in the conclusion of the thesis. The analysis shows that the solidarity in health care is being pressured. This is a probable result of increasing health care expenditures and the feeling that people should take responsibility for having an unhealthy way of life. This follows from the analysis, which showed the result that the willingness to pay for health expenses made by people with an unhealthy way of life is less than is arranged in the Dutch health care system.

The answer to the main question is formulated: the solidarity is being endangered by developments in the unhealthy way of life. The methods used in this thesis are criticised in the discussion. The possible problems and measures that can be taken in order to decrease the solidarity are also being discussed. Several suggestions for future research will be mentioned.