

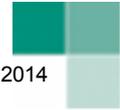
## **ANED 2014 Task 4 - Accessibility of Healthcare**

**Country:** Liechtenstein

**Author(s):** Wilfried Marxer, Patricia Hornich

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the synthesis report on [Access of healthcare](#) in European Countries.



## 1 Accessibility of Medical records which Patients are Entitled to Access

### 1.1 Obligations and Standards

#### 1.1.1 Mandatory/Binding Accessibility Requirements applicable to Medical Health Records

General accessibility, as well as the protection of sensitive personal data, which includes, inter alia, personal data revealing the processing of data on health (see Article 8 of the Directive 95/46/EC of 24 October 1995) is regulated in the Data Protection Act (“DPA”).<sup>1</sup> The DPA dated 14 March 2002 and the relevant By-law on the Data Protection Act (Data Protection Ordinance, “DPO”) dated 9 July 2002, implemented the Directive 95/46/EC of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (“Data Protection Directive”). The purpose of the DPA is to protect the personality and the fundamental rights of persons whose data are being processed (Art. 1 of the DPA).

Data subjects have the right to require the rectification, erasure or blocking of personal data if the data are incomplete or inaccurate. Unless the processing is authorised by law, data subjects have the right to object to the processing by the data controller of personal data on the grounds of predominant interests which are worthy of protection and which relate to the data subject’s particular situation. If there is a justified objection, the processing undertaken by the data controller may no longer involve the personal data in regard to which the objection was made.

Furthermore, Art. 14 of the Act on the Medical Profession<sup>2</sup> states the obligation of the doctor to make the fully applicable health care information (records including handwritten notes insofar as they contain patient-relevant information and are not only made as a technical aid for the doctor him- or herself) accessible to the patient or any legally authorised representative of the person concerned. The regulation in Art. 14 of the Act includes the obligation to provide, upon request, health information to the patient and copies of the medical health record of the person in question to other doctors.

Based on the Act on Equality of People with Disabilities (AEPD),<sup>3</sup> any kind of unequal treatment based on the definition of Art. 6 §1 of the AEPD<sup>4</sup> is prohibited by national

<sup>1</sup> Datenschutzgesetz (DSG), LGBl. 2002 no. 55:

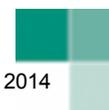
<https://www.gesetze.li/Seite1.jsp?LGBl=2002055.xml&Searchstring=Datenschutzgesetz&showLGBl=true>.

<sup>2</sup> Gesetz über die Ärzte, 22.10.2003, LGBl 2003, no. 239. Source:

<https://www.gesetze.li/Seite1.jsp?LGBl=2003239.xml&Searchstring=aRZT&showLGBl=true>.

<sup>3</sup> Gesetz vom 25. Oktober 2006 über die Gleichstellung von Menschen mit Behinderungen (Behindertengleichstellungsgesetz; BGIG), 25.10.2006, LGBl. 2006, no. 243. Source:

<https://www.gesetze.li/Seite1.jsp?LGBl=2006243.xml&Searchstring=Behindertengleichstellungsgesetz&showLGBl=true>.



law. As given by the explanations above regarding a patient's right to access his/her own medical health record and based on Art. 12 §1 of the Act on the Medical Profession (defining equal treatment between all patients), any unequal treatment or any kind of accessibility barriers are therefore prohibited by law. Art. 12 §2 of the Act on the Medical Profession states the obligation to medical doctors to inform their patients about the scope and the consequences (including financial aspects) of necessary medical treatments and the risk involved. It is also a duty of doctors to inform patients about available treatment alternatives and the consequences of any refusal of medical treatments.

Thus the information given to individuals (regardless of whether they are disabled or not) must be given in an understandable manner. Therefore medical staff have to ensure that persons with a disability can understand the information given to them, which might involve the use of technical help and interpreters of simple or sign language, etc.

### **1.1.2 Technical Accessibility Standards or Guidance relating to Medical/Health Records**

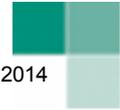
Art. 14 of the Act on the Medical Profession states the obligation to keep detailed and complete medical health records about each patient. The scope of the recording of data is actually vast and the data retention obligation lasts ten years from the date of receipt of data. Technical accessibility is given either by retention of the original recordings or by recorded media, which allow a reproduction within the given time frame for the obligation of retention.

The Data Protection Commissioner must be notified of any transborder data flow unless: (i) there is a legal obligation to disclose the data and the persons affected have knowledge of the transmission; or (ii) the transmission of files is to a state with equivalent data protection legislation and the files do not contain sensitive data or personal profiles. In particular, the Data Protection Commissioner has to be notified if Model Contracts are being used.

Under the DPA, data controllers in the private sector who regularly: (i) process sensitive data; (ii) process personal profiles; or (iii) communicate personal data to a third party must notify the Data Protection Commissioner prior to processing if this operation is not subject to a legal requirement or the persons affected are unaware that such data are being processed. The Data Protection Commissioner is in charge of the register of data collections and is mandated by the government. Data controllers in the public sector must notify the Data Protection Commissioner in all cases. The processing of "personality profiles" (including complete health records), which are a collection of data that allow the appraisal of fundamental characteristics of the personality of a natural person, is also subject to additional controls.

---

<sup>4</sup> Art. 6 §1 of the AEPD states that discrimination is given when a person is treated less favourably than another person has been or would be treated in a comparable situation.



Although the Data Protection Commissioner supports the use of binding corporate rules there is no formal recognition of them currently as a means to justify trans-border data flows.

Regarding the health care data transfer via electronic media between different parties in Liechtenstein (national hospital, Public Offices etc.) there exists the strong recommendation from the Data Protection Commissioner to use a secure software programme which makes it possible to exchange person-related data through a safe “technical tunnel” (project “HIN gateway”). Even if there is no specific legal regulation in the national law, the basis for secure data handling is given by the Data Protection Act and the corresponding By-law (DSV).<sup>5</sup>

Regarding technical accessibility standards or guidance, there is no specific regulation to ensure easy accessibility of persons with disabilities to their own medical health records in Liechtenstein.

### **1.1.3 Litigation or Other Publicly Documented Complaints about Inaccessible Medical Records**

There are no cases known to the authors, or on public record, which have gone to court or to an ombudsman office regarding inaccessible medical records.

## **1.2 Accessibility of Medical Records in Practice**

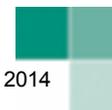
### **1.2.1 Extent of Accessibility**

Data subjects can obtain their medical health information by written request to the attending doctor or to the data controllers. The requested information will be basically provided free of charge. The information should, as a general rule, be submitted within 30 days in printed form or as a photocopy.

Based on Art. 12 §1 of the Act on the Medical Profession any unequal treatment or any kind of accessibility barriers are prohibited by law. Thus the information given to individuals (regardless of whether they are disabled or not) must be given in an understandable manner. Therefore medical staff have to ensure that persons with a disability can understand the information given to them, which might involve the use of technical help and interpreters of simple or sign language, etc. In practice the patient’s access to his/her own medical health record is not always easily given in cases of patients with disabilities. There is no general process in place to ensure that medical records are translated into simple or sign language etc. for people with disabilities. In many cases the help of family members or the Liechtenstein Organisation for Persons with a Disability (Behindertenverband) is used to solve the problem.

---

<sup>5</sup> Datenschutzverordnung (DSV), 9.07.2002, LGBl. no. 2002. Source: <https://www.gesetze.li/Seite1.jsp?LGBl=2002102.xml&Searchstring=Datenschutzverordnung&showLGBl=true>.



The right of access to personal data may be pursued under a special non-contentious civil proceeding according to Art. 37 of the DPA.<sup>6</sup>

Personal data may not be transferred outside of the EEA if the privacy of the persons affected could be seriously endangered. This applies especially to certain countries which are listed by the Liechtenstein government and are classified as “insecure countries” in respect of not having data protection laws granting a similar level of protection to that in Liechtenstein.

## **1.2.2 Good Practice Examples**

There are neither specific practice examples nor court cases known to the authors. There are no good practice examples published by the national Data Protection Commissioner.

## **1.3 Ongoing Developments**

### **1.3.1 Commitments to Improvement**

The Liechtenstein Data Protection Commissioner has launched a focus initiative for 2013/2014 regarding “health and social affairs”. Part of the reinforcement is a discussion about the implementation of a centralised electronic health record with accessibility by relevant parties (e.g. medical practices, Public Health Offices, hospitals with a contract agreement). In an earlier stage, the exchange of health care data via electronic media (project “HIN”) is already ongoing.

### **1.3.2 Campaigns (e.g. by DPOs) or Calls (e.g. in academic publications) for Accessible Medical Records**

There are no campaigns or calls for accessible medical records in Liechtenstein known to the authors.

## **1.4 Additional Information about the Accessibility of Medical Records**

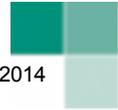
Liechtenstein, being a small country, cannot be a pioneer in eHealth. Thus the national strategy is, first to consider existing solutions, predominantly those from the neighbouring country of Switzerland; and second, to be consistent with EU guidelines – particularly those relating to cross-border health insurance.

The Regulation (EEC) no. 1408/71 on the application of social security schemes to employed persons and their families moving within the Community was the basis of a project to implement an electronic European Insurance Card in respect of payments of social security services within the European Union and the countries of the EU

---

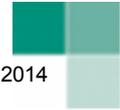
<sup>6</sup> Datenschutzgesetz (DSG), LGBl. 2002 no. 55:

<https://www.gesetze.li/Seite1.jsp?LGBl=2002055.xml&Searchstring=Datenschutzgesetz&showLGBl=true>.



free-trade agreement (mainly Liechtenstein, Norway, Switzerland and Iceland). The aim was to define procedures for the provision and repayment criteria of medical services for persons receiving health care support in another country than the country of affiliation. This project is also known as “eHealth”.

eHealth implementation in Liechtenstein - summarised as the realisation of an “electronic health network” - mainly comprises three elements: the introduction of an insurance card with single unique patient numbers, electronic accounting of health services, and secure communication via electronic media (e.g. email). Conceptual work started in spring 2003 and implementation began one year later. Today, the “electronic health network” connects all big parties (e.g. national hospital, Public Health Office, laboratories) and most of the medical practices in Liechtenstein. The wide-scale implementation of the electronic European Insurance Card is still a priority. Seeking to commence adoption of an electronic health card, Liechtenstein is a member of the European NETC@RDS project that aims at the ‘electronification’ of the European Health Insurance Card.



## **2 Communications Between Medical Staff and Disabled Patients**

### **2.1 Obligations and Standards**

#### **2.1.1 Mandatory/Binding Accessibility Requirements applicable to Relevant Communications**

Generally there are no specific legal regulations on how to support a person with a disability regarding the accessibility of communications with medical staff.

The general regulation to ensure no different treatment in the communication between medical staff and disabled patients or non-disabled patients is given in the Act on Equality of People with Disabilities (AEPD)<sup>7</sup>. Art. 6 §1 of the AEPD states that discrimination occurs when a person is treated less favourably than another person has been or would be treated in a comparable situation. Direct discrimination according to this legal definition is prohibited by national law. Furthermore, Art. 12 §1 of the Act on the Medical Profession provides for equal treatment between all patients, and Art. 12 §2 states the obligation of the medical doctor to inform the patient about the scope and the consequences (including financial aspects) of necessary medical treatment and the risk involved. It is also a duty of the doctor to inform the patient about available treatment alternatives and the consequences of any refusal of medical treatment.

#### **2.1.2 Technical Accessibility Standards or Guidance relating to Relevant Communications**

There are no specific legal definitions or guidelines regarding technical accessibility standards relating to relevant communication procedures between medical staff and disabled people known to the authors.

The general regulation of equal treatment based on the AEPD and the Act on the Medical Profession is also valid for technical accessibility standards or guidance relating to relevant communication between patient and medical staff.

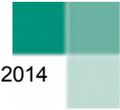
#### **2.1.3 Litigation or Other Publicly Documented Complaints about Inaccessible Communications with Medical Staff**

There are no publicly documented complaints or court cases known to the authors regarding inaccessible communication with medical staff.

### **2.2 Accessibility of Communications with Medical Staff in Practice**

---

<sup>7</sup> Gesetz vom 25. Oktober 2006 über die Gleichstellung von Menschen mit Behinderungen (Behindertengleichstellungsgesetz; BGIG), 25.10.2006, LGBl. 2006, no. 243. Source: <https://www.gesetze.li/Seite1.jsp?LGBl=2006243.xml&Searchstring=Behindertengleichstellungsgesetz&showLGBl=true>.



### 2.2.1 Extent of Accessibility

There are no standard support procedures or specific medical service centres that are able to ensure accessibility of communication with medical staff in relation to persons with a disability. Based on the AEPD and the Act on the Medical Profession, all patients should receive equal treatment.

Nevertheless, in practice people with disabilities face various problems in interacting with medical staff. Based on the information of the Liechtenstein Organisation for Persons with a Disability (Behindertenverband) in Liechtenstein, there is still a substantial number of medical facilities which are not accessible for persons with disabilities. The Office for Equal Opportunities<sup>8</sup> launched an initiative to enforce barrier-free access for people with disabilities to medical facilities. At the end of 2013 the Office for Equal Opportunities launched the latest call for attention to the initiative and registration of all medical facilities that fulfil the requirements for barrier-free access. At [www.barrierefreies.li](http://www.barrierefreies.li) the current status of all accessible medical facilities is published by the Office.

A common problem is the difficulty in understanding the information written on the packaging of medications. The information is mostly not written in simple language so that a translation into easy language has to be obtained. This is done in many cases by the Organisation for Persons with a Disability and its Office for Simple Language, as a private initiative.

### 2.2.2 Accessibility in the Training Courses of Medical Staff

The legally binding requirements for doctors are stated in the Act on the Medical Profession and in the by-law to the Act on the Medical Profession<sup>9</sup>. Based on these regulations, medical staff is generally extremely well trained in Liechtenstein. Regarding accessibility issues between medical staff, the doctor's surgery etc. and persons with a disability, no requirements are given as to how and how far these issues have to be addressed in the training courses of medical staff.

The Liechtenstein Nursing and Care Organisation (LAK)<sup>10</sup> provides training for care personnel to ensure high quality also in the area of nursing care and home help in relation to persons with a disability.

### 2.2.3 Good Practice Examples

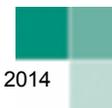
The Organisation for Persons with a Disability supports persons with a hearing impairment by accompanying the person to medical examinations etc. through a sign

---

<sup>8</sup> Stabsstelle für Chancengleichheit: <http://www.llv.li/amtstellen/llv-scg-home.htm>.

<sup>9</sup> Ärzteverordnung, 9.12.2008, LGBl. 2008, no. 366. Source: <https://www.gesetze.li/Seite1.jsp?LGBl=2008366.xml&Searchstring=aRZT&showLGBl=true>

<sup>10</sup> Liechtensteinische Alters- und Krankenpflege: <http://www.lak.li/>.



language interpreter.<sup>11</sup> Additionally, if no support from the family or personal network of the person with a disability is given, the Organisation for Persons with a Disability also gives general assistance, upon the request of the person in question, to make communication between the person with a disability and medical staff possible in practice.<sup>12</sup>

Within the sheltered and semi-sheltered accommodation of the two private associations, the Special Education Centre and the Association for Sheltered Housing, these organisations assist people with disabilities also in cases of communication with medical staff.<sup>13</sup>

## **2.3 Ongoing Developments**

### **2.3.1 Commitments to Improvement**

There are no specific commitments to improvement from the local authorities or from the medical service facilities known to the authors.

### **2.3.2 Campaigns (e.g. by DPOs) or Calls (e.g. in academic publications) for Accessible Communications with Medical Staff**

Besides the initiative “barrier-free access” of the Office for Equal Opportunities, which is an ongoing project accompanied by calls for other facilities to join and for enforcement of standards, there are no campaigns or calls for accessibility to medical records in Liechtenstein currently ongoing.

## **2.4 Additional Information about the Accessibility of Communications with Medical Staff**

There is no additional information about the accessibility of communications with medical staff.

---

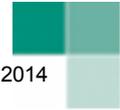
<sup>11</sup> Liechtensteiner Behinderten-Verband, Source:

<http://www.lbv.li/Dienstleistungen/GebardensprachDolmetscherinnen/tabid/861/Default.aspx>;

<http://www.lbv.li/Dienstleistungen/SozialpädagogischeFachstelle/tabid/809/Default.aspx>.

<sup>12</sup> Büro für Leichte Sprache, Source: <http://www.leichtesprache.li/>.

<sup>13</sup> Heilpädagogisches Zentrum Liechtenstein, Source: <http://www.hpz.li/>; Therapeutische Wohngemeinschaft, Source: <http://www.vbv.li/therapeutische-wohngemeinschaft/>.



### 3 Generic Health-Related Information

#### 3.1 Obligations and Standards

##### 3.1.1 Mandatory/Binding Accessibility Requirements applicable to Generic Health Information

The Directive 2011/24/EU has not been incorporated into the EEA Agreement. Liechtenstein has refrained from implementing the Directives autonomously. Additionally, it can be said that there is no similar national law which includes regulations about available medical treatment and services based on the application of patients' rights to cross-border healthcare and the requirement to provide relevant information via a "national contact point" in a manner that is accessible. So far, Liechtenstein is not yet obliged to establish such a national contact point. Thus, there exists no specific organisation ("national contact point") in Liechtenstein with the obligation to educate and inform the public in matters of health. Due to the lack of this contact point, there is no official website or other medium which publishes information about specific health topics, including common illnesses, diagnoses and health-related issues.

The Public Health Department does not fulfil the role of such a "national contact point" in all respects. There is no additional guideline for the Public Health Department which defines all the aspects of Directive 2011/24/EU. The Liechtenstein Medical Council<sup>14</sup> provides no generic health information on its webpage. There are two initiatives, supported by the Medical Council which provide further information. These are the "Alliance against Depression"<sup>15</sup> and the "Palliative Centre"<sup>16</sup>. Requirements applicable to generic health information that can be enforced or for which there is a penalty for non-compliance are based on the following main regulations:

- EEA Agreement – Annex VI, (EEA) VO 1408/71 and (EEA) VO 574/72;<sup>17</sup>
- Agreement on the Amendment to the Convention on the Establishment of the European Free Trade Association (EFTA), 21 June 2001;<sup>18</sup>
- National Insurance Act (KVG).<sup>19</sup>

<sup>14</sup> Liechtensteinische Ärztekammer: [www.arztekammer.li](http://www.arztekammer.li).

<sup>15</sup> Bündnis gegen Depression, Source: <http://www.aerztekammer.li/kooperationen/buendnis-gegen-depression/>.

<sup>16</sup> Palliativ-Netz Liechtenstein, Source: <http://www.palliativ-netz.li/>.

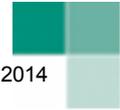
<sup>17</sup> source: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31971R1408:de:HTML;>  
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1972R0574:20060228:de:PDF>.

<sup>18</sup> source:

<http://www.efta.int/media/documents/legal-texts/efta-convention/council-decisions-amending-the-convention/1014467v7EFTACD200402DecisionoftheCouncilNo02of200413July2004AnnexKAppendix2onSocial.pdf>.

<sup>19</sup> Gesetz über die Krankenversicherung (KVG), 24.11.1971, LGBl. 1971, no. 50:

<https://www.gesetze.li/Seite1.jsp?LGBl=1971050.xml&Searchstring=Versicherung&showLGBl=true>.



Cross-border healthcare regulations are mainly based on the above-mentioned regulations and detailed binding specifications are enacted in a by-law (Verordnung) to the National Insurance Act. For persons who are working abroad based on a Liechtenstein working contract, Art. 34 of the KVG states the same insurance obligations and binding accessibility requirements as when working locally. The same is valid for persons staying abroad, with some restrictions. Thus, if a person has health insurance in Liechtenstein, he/she is entitled to receive medical treatment not only in Liechtenstein, but also in another state. Whether the health insurance fund assumes the cost of treatment in the country abroad, however, depends on certain preconditions.

### **3.1.2 Technical Accessibility Standards or Guidance relating to Generic Health Information**

Regarding generic health information transfer via electronic media between the public and private sectors, the Data Protection Commissioner strongly recommends the use of a specific technical medium designed for the purpose of harmonising and integrating standards that will meet clinical and business needs for sharing information among organizations and systems as well as the binding regulations based on the national DPA. For details please see also chapter 1.1.2.

In relation to technical accessibility standards for persons with disabilities no specific regulation exists in Liechtenstein.

Currently there is no monitoring system or checking system in place which collects and stores generic health information, details of prescribing and dispensing practices for medications, etc. and with accessibility to the general public or a particular section of it.

### **3.1.3 Litigation or Other Publicly Documented Complaints about Inaccessible Generic Health-Related Information**

There are no cases on this issue that have gone to court or any equal rights body known to the authors.

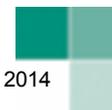
## **3.2 Accessibility of Generic Health Information in Practice**

### **3.2.1 Extent of Accessibility**

There exists no research or monitoring system which indicates the extent to which generic health information is accessible in practice in Liechtenstein.

### **3.2.2 Good Practice Examples**

Based on the information given above we are unable to report good practice examples due to the lack of guidelines, standards and monitoring systems.



### 3.3 Ongoing Developments

#### 3.3.1 Commitments to Improvement

The Liechtenstein Data Protection Commissioner has launched a focus initiative for 2013/2014 regarding “health and social affairs”. The proposals include a discussion on the implementation of a centralised electronic health record with accessibility by relevant parties (e.g. medical practices, Public Health Offices, hospitals with contract agreement, etc.) and in an earlier stage the exchange of health care data via electronic media (project “HIN”) between all relevant parties as a mandatory standard.

Based on this initiative the upgrade could include:

- Improving available information resources for public and providers;
- Supporting educational programs for health care providers in areas of greater problems.

#### 3.3.2 Campaigns (e.g. by DPOs) or Calls (e.g. in academic publications) for Accessible Generic Health-Related Information

There are no current campaigns or calls for accessible generic health-related information in Liechtenstein known to the authors.

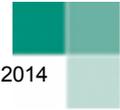
### 3.4 Additional Information about the Accessibility of Generic Health-Related Information

A few years ago, Liechtenstein initiated a major reform of its long-term care system. This reform has been based on three pillars: prevention, home care and institutionalised care. In recent years many measures of this reform programme have been implemented, among them the establishment of an information and advice centre for elderly people to prevent or delay their dependency on care.

In autumn 2012, Liechtenstein Nursing and Care Organisation (LAK)<sup>20</sup> was set up anew as a foundation with the participation of the Liechtenstein Government<sup>71</sup>. The Government expects LAK to provide excellent quality services in stationary and ambulant care, in particular also concerning the servicing of special needs in respect of persons with a disability and their medical treatment and preventive measures.

---

<sup>20</sup> Liechtensteinische Alters- und Krankenpflege: <http://www.lak.li/>.



## **4 Medical Equipment**

### **4.1 Obligations and Standards**

#### **4.1.1 Mandatory/Binding Accessibility Requirements applicable to Medical Equipment**

The European Community Medical Devices Directives that have successively been introduced into the European Economic Area (EEA), comprising the 28 EU-countries, Iceland, Liechtenstein and Norway, can be seen as basis for the current regulations in the Liechtenstein national law.

Healthcare in Liechtenstein is available to all citizens and registered residents. Private healthcare is also available. All employed citizens and their employers contribute to the system. The Office of Public Health oversees the health service and provides licences for medical and non-medical healthcare. All resident citizens are entitled by law to equal access to healthcare.

The state fund covers most medical services, including treatment by specialists, hospitalisation, prescriptions, pregnancy and childbirth and rehabilitation. Regular health check-ups with general practitioners are covered completely, with no out-of-pocket expenses.

Clear rules exist within section C of the AEPD, which provides regulations for buildings and public transportation facilities in relation to accessibility and suitability for people with disabilities. These rules can be seen as a general duty to provide accessibility, which exists in the absence of an individual request. This rule does not apply to private doctors' surgeries. There is no specific regulation regarding accessibility of medical equipment used in the course of medical consultations and examinations.

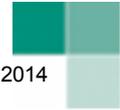
The general regulation on equal treatment based on the AEPD and the Law on Doctors is also valid for technical accessibility standards or guidance relating to medical equipment.

#### **4.1.2 Technical Accessibility Standards or Guidance relating to Medical Equipment**

There are no specific legal definitions or guidelines regarding technical accessibility standards relating to medical equipment known to the authors.

#### **4.1.3 Litigation or Other Publicly Documented Complaints about Inaccessible Medical Equipment**

There are no publicly documented complaints or court cases known to the authors regarding inaccessible communication with medical staff.



## 4.2 Accessibility of Medical Equipment in Practice

### 4.2.1 Extent of Accessibility

There are no standard support procedures or specific medical service centres that are able to ensure accessibility of medical equipment in relation to persons with a disability. Based on the AEPD and the Law on Doctors equal treatment between all patients is in principle assured.

Nevertheless, in practice people with disabilities face various problems interacting with medical staff. Based on the information of the Organisation for Persons with a Disability (Behindertenverband) in Liechtenstein, there is still a substantial number of medical facilities which are not accessible to persons with disabilities. The Office for Equal Opportunities<sup>21</sup> launched an initiative to enforce barrier-free access to medical facilities for people with disabilities. At the end of 2013 the Office for Equal Opportunities launched the latest call for attention to the initiative and for registration of all medical facilities that fulfil the requirements for barrier-free access. On the webpage [www.barrierefreies.li](http://www.barrierefreies.li) the actual status of all accessible medical facilities is published by the Office.

An unsolved problem is still the accessibility of medical treatment by dentists and dental services. Persons confined to wheelchairs still face problems in receiving dental services in Liechtenstein and to some extent the required medical treatment can only be obtained by specific medical facilities (hospitals) in the neighbouring countries. This applies in particular to special medical treatment or certain medical investigations which cannot be carried out by local medical facilities due to existing accessibility barriers for persons with a disability.

### 4.2.2 Good Practice Examples

There are no specific good practice examples known to the authors nor could any specific example be provided by the Organisation for Persons with a Disability.

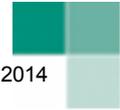
## 4.3 Ongoing Developments

### 4.3.1 Commitments to Improvement

There are no specific commitments to improvement from the local authorities nor from the medical service facilities known to the authors.

---

<sup>21</sup> Stabsstelle für Chancengleichheit: <http://www.llv.li/amtstellen/llv-scg-home.htm>.



### **4.3.2 Campaigns (e.g. by DPOs) or Calls (e.g. in academic publications) for Medical Equipment to be made Accessible**

Besides the initiative “barrier-free access” of the Office for Equal Opportunities, which is an ongoing project accompanied by calls for other medical facilities to join and be subject to enforcement, there are currently no campaigns or calls for greater accessibility of medical equipment in Liechtenstein.

### **4.4 Additional Information about the Accessibility of Medical Equipment**

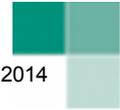
In May 2012, the Parliament adopted an upgrade to the Economic Efficiency/Expedience and Effectiveness-Assessment (EEE-Assessment)<sup>22</sup> which obliges the health insurance funds to document their auditing control in a yearly report. The upgrade provides, as a basic rule, for the Public Health Office to be responsible for assessing the yearly reports of the health insurance funds in the light of economic efficiency. The EEE-Assessment is designed to ensure that service providers tailor their treatments efficiently to the needs of each individual patient to avoid overspending, all of which has to be documented. The health insurance funds inform the Liechtenstein Health Insurance Association (LKV)<sup>23</sup> about their treatment costs, and based on this information, the LKV will publish statistics and assess whether the individual service provider was acting in accordance with the principles of the EEE-Assessment.<sup>24</sup> The Chamber of Doctors may be consulted. Where it is judged that excessive or unnecessary services were provided, a claim for reimbursement of monies may be addressed to the service provider.

---

<sup>22</sup> Wirtschaftlichkeits-Zweckmässigkeit-Wirksamkeits –Verfahren (WZW-Verfahren).

<sup>23</sup> Liechtensteinischer Krankenkassenverband (LKV): <http://www.lkv.li/>.

<sup>24</sup> The Liechtenstein Constitutional Court is currently assessing whether this is in line with the Constitution in the light of data protection, as a claimant alleges that the number of doctors is so low that it would be possible to establish the identity of the doctor(s) in question.



## 5 Telemedicine Services

### 5.1 Obligations and Standards

#### 5.1.1 Mandatory/Binding Accessibility Requirements applicable to Telemedicine Services

The access and use of telemedicine services must ensure equal treatment for disabled and non-disabled patients based on the AEPD and the Act on the Medical Profession.

Telemedicine in the sense of the use of telecommunication and information technologies in order to provide clinical health care at a distance is offered as a service by private undertakings and insurance companies. These technologies permits communication between patients and medical staff with both convenience and security, as well as the transmission of medical, imaging and health informatics data from one side to another.

The “Procom”<sup>25</sup> organisation offers not only sign language interpreters but also the facility of communication between a deaf and a hearing person through telephone or video. This service is not financially supported by local insurance companies, but a refund of costs may be given depending on the insurance contract. The service is offered not only in German, but also in French and Italian, based on the fact that the organisation offering the service is domiciled in Switzerland but open to persons from Liechtenstein.

The “telmed” service<sup>26</sup> is provided by two out of the three officially recognised insurance companies in Liechtenstein. It reflects a new service offer, mostly combined with a reduction in the insurance premium and the obligation to always primarily contact a specific health advice hotline by telephone. The health advice hotline is the first point of contact for all questions relating to the client’s health, providing initial advice. If necessary, the medical experts will connect the patient directly with a suitable doctor or therapist and handle the appointments. The main problem for persons with a disability is the access to the hotline by telephone. There is no specific service for deaf people or people with a speech impediment.

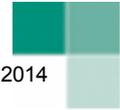
#### 5.1.2 Technical Accessibility Standards or Guidance relating to Telemedicine Services

There are no specific legal definitions or guidelines regarding technical accessibility standards relating to medical equipment known to the authors.

---

<sup>25</sup> Procom: <http://www.procom-deaf.ch/de/Projekt-Video-Vermittlung.aspx>.

<sup>26</sup> Article from 2012 in one of Liechtenstein’s local newspapers:  
<http://www.vaterland.li/print.cfm?source=sda&publikation=&ressort=home&id=122535>.



The general regulation on equal treatment based on the AEPD and the Act on the Medical Profession is also valid for technical accessibility standards or guidance relating to medical equipment.

### **5.1.3 Litigation or Other Publicly Documented Complaints about Inaccessible Telemedicine Services**

There are no litigations or publicly documented complaints about inaccessibility Telemedicine Services in Liechtenstein known to the authors.

## **5.2 Accessibility of Telemedicine Services in Practice**

### **5.2.1 Extent of Accessibility**

There are no figures available on the scope of accessibility of the above-mentioned telemedicine services in Liechtenstein. Based on information from the Organisation for Persons with a Disability, the “Procom” service is well known to the members of the Organisation and is thus in demand, depending on their individual requirements and needs.

### **5.2.2 Good Practice Examples**

There are no specific good practice examples known to the authors nor could any specific example be provided by the Organisation for Persons with a Disability.

## **5.3 Ongoing Developments**

### **5.3.1 Commitments to Improvement**

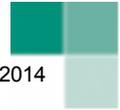
Regarding developments in the area of Telemedicine and eHealth in Liechtenstein, it can be said that, being a small country, the national strategy is to consider existing solutions and models in other states, predominantly those from the neighbouring country of Switzerland, and to adopt future developments based on EU guidelines to the extent that they are suitable for Liechtenstein. There are no specific developments known to the authors concentrated on and for Liechtenstein.

### **5.3.2 Campaigns (e.g. by DPOs) or Calls (e.g. in academic publications) for Accessible Telemedicine Services**

There are currently no campaigns or calls for accessible telemedicine services in Liechtenstein in place.

## **5.4 Additional Information about the Accessibility of Telemedicine Services**

The University of Bern, Switzerland, has developed a form of psychotherapy based on the internet. It helps eliminate distance barriers and can improve access to



medical services that would often not be accessed. The aim is to support, as a first-level service, persons with a psychological disorder through a telemedicine service which tends to have a lower inhibition threshold than contacting a psycho-therapeutic service facility.