

Key Table 17.7 Operating expenditure for the health services and health administration. DKK million

	1996	1997	1998	1999	2000	2001
1 Expenditure medial districts (net)	514.74	539.89	575.44	618.45	656.70	702.64
1.1 Wages and salaries	265.80	273.56	293.68	300.40	322.69	337.18
1.2 Expenditure concerning patients treated outside Greenland ¹⁾	101.44	102.36	101.35	123.15	114.74	120.15
1.3 Other operating expenditure ²⁾	166.31	181.89	199.56	213.21	236.59	261.11
1.4 Income, long-term geriatric patients	-11.33	-9.19	-8.73	-8.32	-5.47	-5.08
1.5 Other income	-8.03	-9.33	-10.94	-10.42	-12.38	-12.01
1.6 Subsides ³⁾	0.55	0.60	0.52	0.43	0.53	1.29
2 Expenditure dental districts (net)	38.60	40.20	40.48	42.63	45.73	45.98
2.1 Wages and salaries	28.84	29.55	29.25	30.30	32.50	34.06
2.2 Other operating expenditure	9.99	10.88	11.47	12.83	14.03	12.28
2.3 Income ⁴⁾	-0.23	-0.23	-0.24	-0.50	-0.80	-0.36
1+2 Total operating expenditure in health districts	553.34	580.09	615.92	661.08	702.43	748.62
3 Expenditure central health (net) ⁵⁾	23.66	24.48	26.21	23.07	23.01	27.04
3.1 Wages and salaries	15.87	13.47	12.89	11.02	11.86	12.84
3.2 Other operating expenditure	7.84	11.01	13.36	12.06	11.20	14.32
3.3 Income	-0.05	0.00	-0.04	-0.01	-0.05	-0.12
4 Total operating expenditure (net) (1+2+3)	577.00	604.57	642.13	684.15	725.44	775.66

Notes: Temporary accounting figures for 2001. Expenditure on the health services does not include PI (Peqqissaanermik Ilinniartik) and treatment centres for alcoholics.

Notes: 1) Includes direct expenses for treatment of patients, The Greenlanders' Home, State University Hospital, Copenhagen etc., psychiatric treatment, treatment in Icelandic hospitals etc. Also expenses for dental treatment. Expenses include transport to and from Greenland. 2) Other operating expenditure e.g. purchase of medicine, apparatus, beds etc. 3) Concerning the research executive order 4) E.g. dentists' income when treating patients after hours, 50 per cent paid to the health services 5) Only the central health administration, prevention department and before 1998 the CMOH (The Office of the Medical Officer of Health), i.e. excluding administrative costs at hospitals and dental clinics. In 1995, 1996 and partly 1997 operating expenses of the Environment Office are also included.

Source: Directorate of Health.

of all age-conditioned abortion quotients. This offers an evaluation of the level of abortions in one calendar year by means of a figure, which is independent of the actual age distribution of the female population. The number of abortions per 1,000 women in the fertile age groups peaked in 1994 with 68.5 abortions per 1,000 women. The general abortion quotient has since then in general been decreasing, cf. Figure 17.5 and Table 17.4.

The figures for 2000 unfortunately show an increase to 66.7 abortions per 1,000 women while in 2001 it fell to 56.8.

Figure 17.6 shows the development in the causes of death from 1975 to 1998. Special attention is drawn to the fact of the relatively large number of cases in which the cause of death has not been reported. The figure shows that the death quotients for heart and circulatory diseases and for cancer have risen during this period. It also shows that the suicide quotients rose until the mid-1980s, followed by a falling tendency. Even so, the level of the suicide quotients is still very high.

17.4 PATIENTS AND BED-DAYS

Key Table 17.3 shows the number of patients discharged from the hospitals in Greenland, the use of beds registered as the number of bed-days, as well as the average number of bed-days per discharged patient distributed by hospitals. Since 1997, the registration method has been changed so that the number of bed-days is being calculated as in Denmark. In practice, this means that the number of bed-days registered according to the new method is smaller than before. The bed-day figures since 1997 thus cannot be compared directly with those of the preceding years.

As shown in Key Table 17.3, the number of discharged patients has decreased from 2000 to 2001. This decrease in the number of discharges is primarily related to DIH and only in a small measure to the coastal hospitals. This is due to a fall in activities at DIH as the coastal hospitals have had an increase in the number of bed-days from 2000 to 2001.