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Relyens Outlook Report

Risks and opportunities for European healthcare facilities

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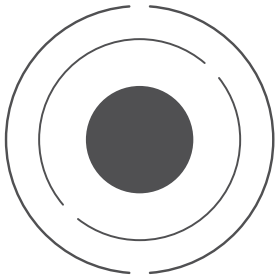
EUROPEAN MUTUAL GROUP
INSURANCE AND RISK MANAGEMENT



Outlook - Exploring paths to resilience

European healthcare systems are under strain and healthcare professionals are facing growing pressures themselves. But how do those who experience these everyday realities perceive the risks? What priorities need to be addressed immediately and what means of action can be mobilized?

This 2026 report sheds new light on these questions. Thorough and pragmatic, it does not merely provide observations: instead, it suggests possible options for reflection and action to help strengthen the resilience of healthcare systems. Relyens has constituted a Scientific Committee, overseen an exclusive Ipsos survey among 924 executives and healthcare professionals in four countries and conducted qualitative interviews with institutional stakeholders. This comparative and cross-cutting approach provides a detailed analysis of vulnerabilities and areas for improvement.

The report goes further still, identifying three main courses of action... but what exactly are they? To find out more about them and explore the approaches available to us, we need to take a closer look at the analysis.

FOREWORD

Looking beyond the crisis: learning to think differently about risk

By Dominique Godet
Chief Executive Officer of Relyens

"For a long time, risk management was limited to responding to each crisis as if it were an isolated event."

Every day, our teams work alongside healthcare professionals who care for, support and reassure others. Although their role is vital, it is part of a complex and constantly changing environment. At Relyens, we firmly believe that supporting healthcare facilities involves more than just managing crises. Instead, it entails helping them improve their resilience, capacity for innovation and ability to anticipate the future.
Every day, our hospitals and other healthcare facilities demonstrate both their strengths and their vulnerabilities. Their teams' commitment and ability to cope with the unexpected are undeniable strengths. But crises often arise more quickly than we can respond to them; this is a clear vulnerability.

For a long time, risk management was limited to responding to each crisis as if it were an isolated event: from a pandemic to budgetary pressures and technical incidents. But the reality today is more complex: risks become increasingly interdependent. Workforce shortages can exacerbate medical errors, aging populations increase costs, economic constraints hamper the implementation of innovation: in these interdependent situations, links in the chain may falter, but the system must nevertheless absorb the shocks.

That is what our groundbreaking map reveals: an interconnected network in which each risk has an influence on another. In response, our role must evolve: it is no longer incumbent upon us at Relyens and within our ecosystem to simply contain crises. Instead, we must build robust organizations that are capable of learning, anticipating and cooperating.

Our aim is to support you in your deliberations and decision-making and to offer useful insights to guide your day-to-day activities.

“It is no longer incumbent upon us to simply contain crises. Instead, we must build robust organizations that are capable of learning and anticipating.”

Methodology

Relyens has chosen to bring together the healthcare ecosystem's stakeholders. Given its long history and its familiarity with the challenges facing healthcare professionals, the Group facilitated collaboration between experts, practitioners, clients, members and institutional stakeholders, with a single objective: better understanding risks and identifying action-oriented approaches to improve the resilience of healthcare facilities.

This forward-looking study and its analysis were conducted jointly with Relyens' Healthcare Risks Scientific Committee. It was tasked with developing a risk assessment table, prior to the study, for healthcare stakeholders to assess. The Committee's members then played a major role in analysis and debates.

Having established this framework, Relyens chose to work with Ipsos, a renowned, certified institution, to conduct a groundbreaking study among almost **1,000 executives and healthcare professionals** from public and private healthcare facilities in France, Germany, Italy and Spain. The objective was to compile the views of healthcare professionals on the risks to which they are exposed and to identify action-oriented approaches.

At the same time, Relyens conducted ten interviews with the leading public hospital federations in the countries in which the Group operates and European stakeholders to broaden this forward-looking vision. These conversations were an opportunity to compare different points of view, shed light on the various issues and identify potential paths to resilience.

All results, both quantitative and qualitative, were then submitted for analysis by Relyens and the Healthcare Risks Scientific Committee, ensuring the consistency and credibility of the conclusions.

Key stages of the study

Under the supervision of the Scientific Committee to ensure methodological integrity and independence of research.

Identification of 25 major risks
Risk assessment table developed with the Scientific Committee

Individual interviews
Interviews with European federations and stakeholders

Major European survey
Administration of the questionnaire, consolidation of results and data weighting carried out by Ipsos

Outlook Report
Analysis and summary of the results with the Healthcare Risks Scientific Committee

A QUESTIONNAIRE WITH SEVERAL COMPLEMENTARY SECTIONS

PART 1
Assessment of current risks: identification and ranking of 25 risks within six major categories (see more on page 8). Respondents had to assess the **probability, impact and level of preparedness** of their facility in response to these risks on a scale from 1 to 5.

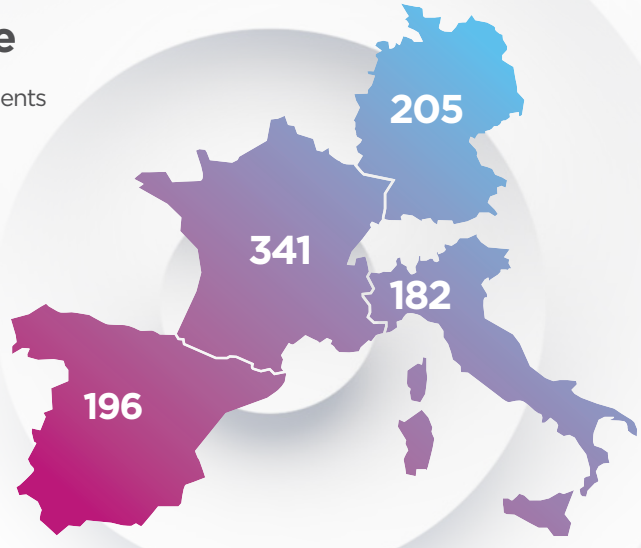
PART 2
Medium-term risks: random selection of five of the 25 risks for each respondent, to conduct an in-depth analysis of **risk dependencies**, their **impact on patient safety and preparedness levels**. This random selection ensured a statistical balance between all risks.

PART 3
Management and support: identification of the needs as perceived by facilities to strengthen their preparedness.

PART 4
Risk alert barometer: longer-term projection (ten years) regarding the perception of the healthcare environment, using a scale ranging from "calm" to "stormy".

The sample

Number of respondents per country:
France, Germany, Italy, Spain.



→ **924 respondents in total**

524 executives (including 273 administrative managers and 251 medical managers)

400 healthcare professionals (doctors, nurses, care assistants, supportive care workers)

The results were weighted to avoid over-representation of any country or professional category. The analysis compares the perceptions of executives and healthcare professionals, along with national differences.

Risk assessment table

The table of 25 risks is the result of considerable reflection by the Scientific Committee, working with experts from Relyens. This joint work made it possible to identify the most relevant risks, which were then incorporated into an accessible questionnaire (completed in 15 minutes online) that provided usable data.

Societal risks

1. Aging population and increase in chronic diseases
2. Healthcare access inequalities
3. Misinformation and public distrust

Economic risks

4. Healthcare cost inflation
5. Funding and reimbursement uncertainty
6. Supply chain disruptions
7. Investment and asset risks
8. Economic downturns

Geopolitical risks

9. Political instability and conflicts
10. Migration and cross-border healthcare pressures
11. Trade and sanctions disruptions

Environmental risks

12. Impact of extreme weather events
13. Climate-driven disease dynamics
14. Sustainable infrastructure and resource challenges
15. Pollution and environmental degradation

Technological risks

16. Cybersecurity threats and data breaches
17. Artificial Intelligence (AI) and automation reliability
18. Interoperability and data governance
19. Technological power concentration and digital dependency

Healthcare delivery-specific risks

20. Workforce shortages and burnout
21. Medical errors and patient safety
22. Challenges in personalized and predictive medicine
23. Decentralization of care and quality assurance
24. Regulations adequacy
25. Pandemic preparedness and emerging health threats

Scientific Committee

Risks are organic. They can shift, evolve, disappear or, conversely, intensify. Relyens has tasked itself with analyzing their dynamics to better understand the pressure under which its clients are working and to provide better support. Created in 2025, the Scientific Committee supports, challenges and guides this work, providing the scientific rigor and objectivity to address this subject in all its complexity.

Working with Relyens' Executive Board, the Healthcare Risks Scientific Committee comprises independent experts and representatives of the Group's governance. It was established to guarantee the quality of its research and ensure consistency with the company's strategic vision. Dominique Godet, Chief Executive Officer of Relyens, also contributes to the Committee.

Since January 21, 2025, this Scientific Committee brings togethers international experts and researchers in medical risks and extreme risk assessment.

"Relyens' Healthcare Risks Scientific Committee has an ambitious task: studying the evolution of healthcare risks. Its working sessions are characterized by its exacting standards and the detailed precision of its analysis. The Committee's experts interact with the Group's Chief Executive Officer and other employees, working collaboratively while preserving independence of judgment. This report is the result of this joint work and reflects a shared belief: anticipating and analyzing risk is a way to prepare informed responses and improve the resilience of healthcare stakeholders."

Paolo Silvano

Chairman of the Healthcare Risks Scientific Committee
Former head of three major groups of private facilities in France. Member of the UEHP's Board

Dr. David Bates

Professor of Health Policy and Management
at the Harvard School of Public Health, Chief of the Division of General Internal Medicine at Brigham and Women's Hospital, Harvard Medical School

Dr. Niek Klazinga

Emeritus Professor at Amsterdam UMC
and Adviser of the Healthcare Quality and Outcomes Program at the OECD

Dr. Marie Kratz

Professor at ESSEC Business School
and Director of CREAR – Center of Research in Econo-finance and Actuarial Sciences on Risk

Alix Roumagnac

Chief Executive Officer of Predict Services
a solution for predicting and managing high-risk weather events

1 Polycrisis and the need to anticipate

Respondents anticipate a series of simultaneous crises (economic, social, health and climate), likely to have major impacts on the healthcare system. The study also identifies room for improvement in preparing for these risks. The perceived level of preparedness often appears to be disconnected from the actual severity of the threats, emphasizing the scale of the transformations to be undertaken in the sector. The vulnerability of European healthcare systems is reflected in the proliferation of potential threats and a greater need to anticipate.

The top 3 risks within the next 5 years

1. **The aging population** and increase in chronic diseases
2. **Workforce shortages** and burnout
3. **Healthcare cost inflation**

80%

of risks identified as having a significant impact (probability and severity of 4/5 and 5/5) are also deemed to be insufficiently anticipated.

“To strengthen resilience, two different approaches must be integrated successfully: achieving rapid results and developing a medium-term vision to work toward.”

Perception of main risks

In addition to the fact that these risks are numerous and varied, some are also particularly critical, due to their probability and severity. This paints a more nuanced picture of the risk landscape.

The risks opposite are no longer hypothetical: their occurrence is considered highly probable and their consequences are deemed significant. They thus emerge as a central focus of collective vigilance, with healthcare facilities already grappling with these risks.

CONTRASTING VIEWS

Which risk seems to you to be the most underestimated?

The risk of caregiver burnout

for Carlos Rus Palacios
Secretary General of Sanidad Privada Española
(Spanish Private Healthcare or ASPE)

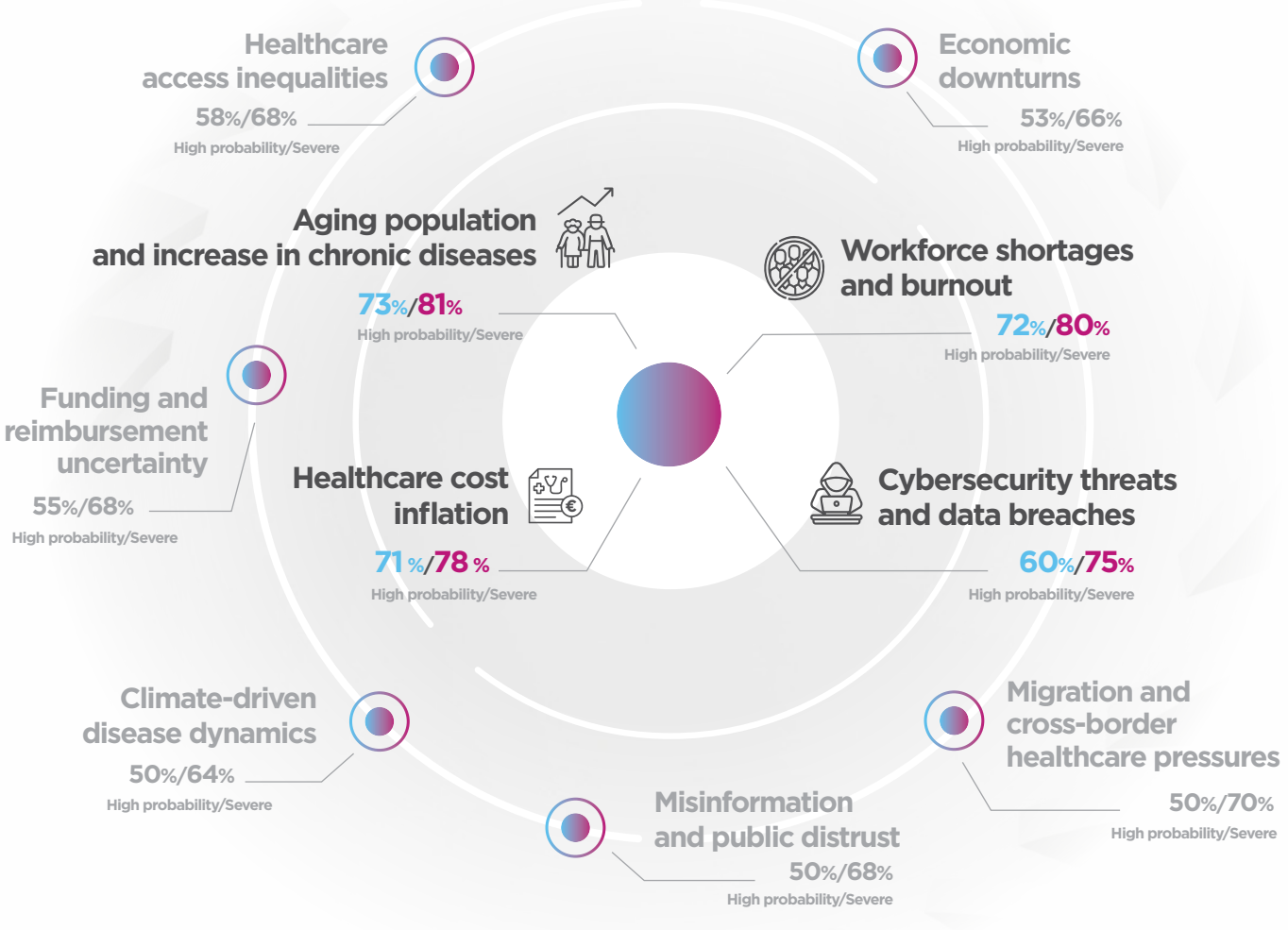
"We are seeing a change in mindset among professionals; they attach greater importance to their work-life balance. This new reality calls for the integration of these requirements into human resources policies."

The growing cost of therapeutic innovations

for Fabrizio D'Alba
Chief Executive Officer of Umberto I Hospital in Rome,
Chairman of Federsanità Nazionale

"Personalized treatments and gene therapies present extraordinary opportunities, but their costs are such that there is a risk that the system will not be able to absorb them. If the public finds out that treatments exist but are not available, this will create a risk of a deep social divide and lasting distrust of the healthcare system."

Four major challenges
for the future of healthcare systems



FIRST CIRCLE
Although the probability of the risk of cybersecurity threats and data breaches is lower than the top three, its severity is significant (75%). It is this impact measurement that requires it to be included as a key priority for analysis.

SECOND CIRCLE
Around this core, a second circle of risks emerges. Deemed less probable (around 50%), these risks are potentially disruptive (deemed severe by between 65 and 70% of respondents).

Note

Each of the 25 risks was scored on the basis of their probability of occurrence from 1 (low) to 5 (high). For the most probable risks (4/5 and 5/5), a score was given using the same methodology (from 1 to 5) to assess their severity. For the sake of clarity, this illustrative infographic does not depict the third level of risk.

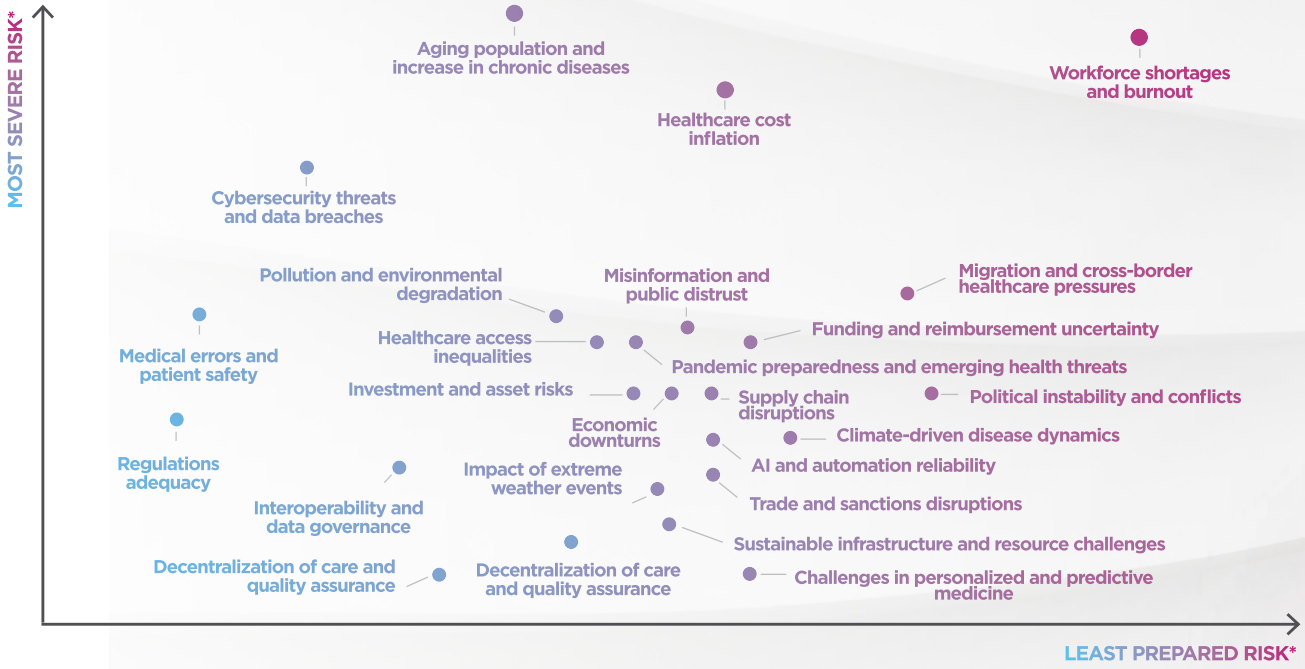
Preparedness for risks

A risk becomes concerning when it combines a high impact with low preparedness. Not only does the map highlight vulnerabilities, such as pressure on human resources, it also illustrates the system's significant resilience, particularly in relation to technical and regulations risks.

Workforce shortages and burnout are the risks for which respondents feel the least prepared or do not currently foresee a positive outcome. Conversely, there is better preparedness when it comes to medical errors and threats related to cybersecurity, data breaches, interoperability and regulations adequacy, according to our respondents.
The study shows that facilities' level of preparedness does not always reflect the probability or severity of the identified risks. This discrepancy between these threats and facilities' ability to respond to them heralds the major challenges of the coming years: because a risk becomes genuinely concerning when it combines a potentially significant impact with insufficiently anticipated prevention or management.

To illustrate these results and reflect the scale of the challenge, the risks have been grouped together in a **map of issues affecting the healthcare system**. This visual representation makes it possible to understand the situation at a glance.

FACILITIES' LEVEL OF PREPAREDNESS FOR RISKS



*Percentage of respondents who rated the risk's severity as high (4/5 and 5/5) on the y-axis and the level of preparedness for this risk as low (1/5 and 2/5) on the x-axis.

Note

For all risks deemed to be probable (scored 4/5 and 5/5), respondents could expand on their perception of the risk, based on two concepts: the severity and the level of preparedness in response to this risk. Showing the proportion of respondents who judged the risks as severe and their facility's preparedness for these risks as low, the map illustrates the level of vulnerability.

The diagram highlights **the threats deemed to be most critical**, namely those that combine a potentially significant impact (for more than 70% of respondents) with a very limited capacity for preparation (for more than 40% of respondents). These risks, including workforce shortages and healthcare cost inflation, most of which are situated in the upper right of the visual, are major areas of vulnerability for healthcare facilities and call for increased vigilance and priority preventive measures with targeted investments.

The diagram also identifies **areas of resilience**: some risks, although identified as severe, appear to be better managed, through initiatives to prevent or prepare for them that are already in place. Positioned in the upper left, these risks show that healthcare facilities are not passive in their exposure to threats; instead, they are actively working to adapt with organizational responses. Although these must continue to be developed (with scores from 3/5 to 5/5), this area, which includes the risks of cybersecurity threats and medical errors, illustrates, at the very least, an awareness and a willingness to act.

Lastly, the risks that appear lower down, such as the risks of data interoperability and regulations adequacy, are issues that are considered less of a priority or better controlled. In short, this map provides a **comprehensive overview**, ranging from critical emergencies to areas perceived to be under control, making it possible to identify where priority areas of vulnerability are concentrated.

THE COMMITTEE'S VIEW

The perceived risks reflect pressures that are already palpable in the field.

Dr. David Bates

Professor of Health Policy and Management at Harvard and member of the Scientific Committee.

"The aging population and increase in chronic diseases are the primary concerns. They remain fundamental, but other threats are now even more pressing: workforce shortages and economic pressure. These factors are not indicative of pressures that will shape the sector in the future: they reflect palpable pressures in the field.
Caregiver burnout is a prime example of this. Long underestimated, it now affects almost one in two professionals in the United States. The increase in administrative tasks partly explains this shift. Some doctors spend more than several dozen hours every week in front of a computer to keep their patient records up to date. This does not simply lead to exhaustion, it also undermines the fundamental nature of caregiving.
And yet, there are a number of possible courses of action. Ambient AI solutions can automatically generate consultation notes, reducing the cognitive load for practitioners. I have monitored trials of this technology in the field that have shown a 25% reduction in burnout: an unprecedented result, achieved without major reform, but rather by means of the intelligent reorganization of the time spent on patient care.
Within many organizations, healthcare professionals continue to focus on urgent needs in the short term. To strengthen resilience, two different approaches must be integrated successfully: achieving rapid results that are both visible (and encouraging) for teams and developing a medium-term vision to work toward."

2 Patient safety at stake

Potential impacts on patient safety are the most tangible consequence of the polycrisis. Directly affected by workforce shortages, excessive workloads and the resulting increase in medical errors, patient safety reflects both the pressure under which caregivers are working and the overall resilience of healthcare systems. For doctors and healthcare professionals alike, the issue is clear: above all, risk management is a means of providing care with dignity and peace of mind.

The top 3 patient risks

Managers rank three major issues in the top 10 risks with a significant impact on patient safety:

1. **Pandemic preparedness and emerging health threats**
2. **Interoperability and data governance**
3. **Misinformation and public distrust**

72%

of healthcare professionals believe that workforce shortages directly compromise safe care.

“Patient safety reflects the quality of risk management: it suffers from its shortcomings, but also serves as the rationale for its existence.”

Issues and challenges related to patient safety

Patient safety, a major focus for both caregiving and executive professionals, remains a key issue for healthcare systems. It reflects the interconnected nature of several challenges: human, economic, technological and organizational.

The risks identified by professionals reveal a system under structural pressure. For 72%, workforce shortages directly compromise safe care; this is proof that the difficulties facing healthcare facilities in terms of recruitment, absenteeism and organizational constraints have a knock-on effect on clinical interactions.

Healthcare cost inflation (65%) and supply chain disruptions (60%) indicate an environment in which the slightest issue causes difficulties for healthcare professionals, potentially compromising the quality of care. The threats linked to cybersecurity and data protection and related to patient safety are widely recognized: 57%. This figure emphasizes the relationship between continuity of care and the exposure of digital infrastructure.

Although medical errors (56%) are ranked lower, they obviously present a recognized risk when it comes to patient safety. This illustrates a risk landscape in which clinical risks are merely the final manifestation of interconnected systemic pressures and in which real safety depends on the quality of the interactions between caregivers and patients.

THE MAJOR RISKS TO PATIENT SAFETY

72%
Workforce shortages and burnout

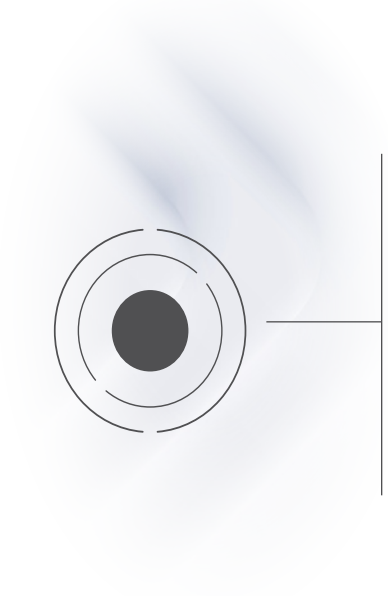
65%
Healthcare cost inflation

60%
Supply chain disruptions

57%
Cybersecurity threats and data breaches

56%
Medical errors and patient safety

55%
Economic downturns



All risk categories are represented among the ten main risks affecting patient safety. However, workforce shortages and burnout clearly stand out from the rest.

CONTRASTING VIEWS

What areas do you think should be developed to improve patient safety?

More medical care in residential care homes

for Charles Guépratte
Chief Executive of the Fédération des Établissements Hospitaliers et d'Aide à la Personne (Federation of Hospitals and Personal Care Facilities or FEHAP)

"Today, a patient over the age of 75 can spend 72 hours on a stretcher in the emergency department, be hospitalized in an unsuitable ward and then leave in worse condition due to a lack of appropriate care for his or her medical issues: dehydration, malnutrition and the need for rapid and targeted action in the event of a fall. This can lead to a relapse and, potentially, death in the following months. By ensuring that the patient can stay in their residential care home to receive appropriate medical treatment, we can undoubtedly limit such a loss of independence."

The provision of quality and appropriate healthcare

for Zaynab Riet - Chief Executive of the Fédération Hospitalière de France (French Hospital Federation or FHF)

"We need to be able to say that every euro spent on healthcare is useful. For that to be true, we must reduce redundant procedures, unnecessary prescriptions and interruptions in treatment. This is vital for our healthcare system: appropriate healthcare must enable us to ensure the quality of the care we provide, while guaranteeing the system's sustainability in view of the many challenges it faces."

A more strategic approach to patient safety

for Stéphane Boulanger
Policy Adviser at the European Patient Safety Foundation (EUPSF)

"Patient safety is much more than an operational issue. It is strategic, both for healthcare facilities and for national and European policymakers.
It has a direct impact on financial sustainability, talent retention, quality of care and value-based care.*
These subjects are often addressed in isolation, when they are, in fact, inextricably linked. Improving patient safety also improves the quality of care pathways and the overall performance of healthcare facilities and professionals."

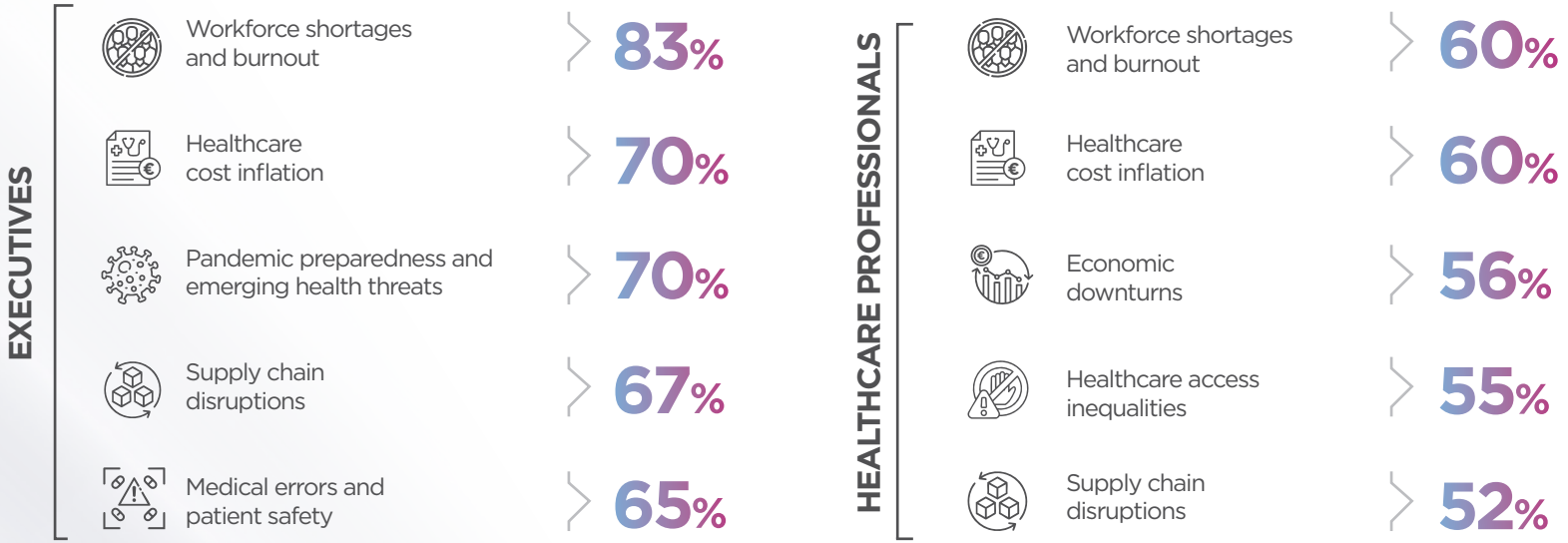
Equitable access to healthcare

for Dr. Ignasi Carrasco Miserachs
Director of Healthcare – Catalan Health Service (Servei Català de la Salut)

"Equitable access to a healthcare system is a vital condition for patient safety. When access becomes difficult, inequalities grow and health risks increase. We often talk about patient safety once the patient starts receiving treatment, but this concept begins much earlier, with the system's capacity to ensure quick and equitable access to preventive healthcare, diagnosis and treatment."

**Value-based care is a methodology for assessing the quality of care; it measures improvements in patients' health, following hospital treatment.*

A shared focus on patient safety
both for executives and healthcare professionals



Although both groups agree on the impact of workforce shortages and healthcare cost inflation, healthcare professionals assess the risks for patient safety in a more measured way.

Just two of the main issues above are mentioned by 60% of healthcare professionals, while **executives rank six issues at more than 60%**. The main disparities can be seen in the classification of certain risks.

Executives put **the risk of a pandemic, the interoperability of IT systems, misinformation and the aging population** in their top 10 risks with an impact on patient safety; these do not appear in the ranking by healthcare professionals.

Conversely, healthcare professionals mention **the extent of the impact of healthcare access inequalities, economic downturns, climate-driven disease dynamics**, migration and cross-border healthcare pressures.

THE COMMITTEE'S VIEW

When it comes to patient safety, trust between patients and health professionals is key to effective medicine.

Dr. Niek Klazinga
Emeritus Professor at Amsterdam UMC and Adviser of the Healthcare Quality and Outcomes Program at the OECD

"The issue of patient safety arises from constant friction between three levels: micro (encounters between caregivers and patients), meso (hospitals' organization) and macro (public policy). But risks are everywhere: workforce shortages, budgetary constraints, administrative pressures and logistical failures have a cascading effect with an impact on patient care. We should be listening, explaining and checking data, but there isn't enough time; communication becomes limited, results take longer to achieve and mistakes are more likely. Although caught in time, 'near misses' are too commonplace; but every such incident reduces efficiency, makes the care pathway more laborious and can even end up causing harm.*
In view of this situation, three courses of action are imperative.

Firstly, the complexity of the risk landscape must be embraced. Considering each risk individually is no longer sufficient: there must be a systemic approach that can anticipate interconnections and prevent domino effects.
Secondly, courageous leadership must be shown and skills must be developed to establish clear boundaries when safety is no longer guaranteed, such as deciding not to 'fill' empty beds if staff teams cannot provide sufficient care.
Lastly, efforts must be made to build a relationship and a climate of trust. For patients: without this relationship of trust, patient engagement declines and adverse drug reactions become more commonplace. For caregivers: a dynamic and consistently assessed culture of safety attracts and retains talent better than any dashboard ever could."

*Near misses are incidents that could have led to a medical error, but that were avoided in time, often thanks to corrective action or a stroke of luck.

3 European similarities, national realities

Overall, the observations and concerns across the four countries are consistent. Their assessments of the risks concur: economic constraints, the precarious state of human resources and preparedness for crises are some of the key challenges facing all countries. These findings reflect common challenges that every country must address, despite unique national contexts.

“Stormy” or “turbulent”

In the next five years, a quarter (25%) of respondents already see the future as “stormy” or “turbulent”; this percentage increases to 37% when considering the next ten years.

93%

of respondents think the situation will get worse over the next ten years.

“Recognizing our interdependencies will enable us to safeguard the provision of care in the long term.”

Results on a European scale

The four countries surveyed share an expectation of a gradual decline. In the next five years, a quarter (25%) of respondents already sees the future as "stormy" or "turbulent"; this percentage increases to 37% when considering the next ten years.

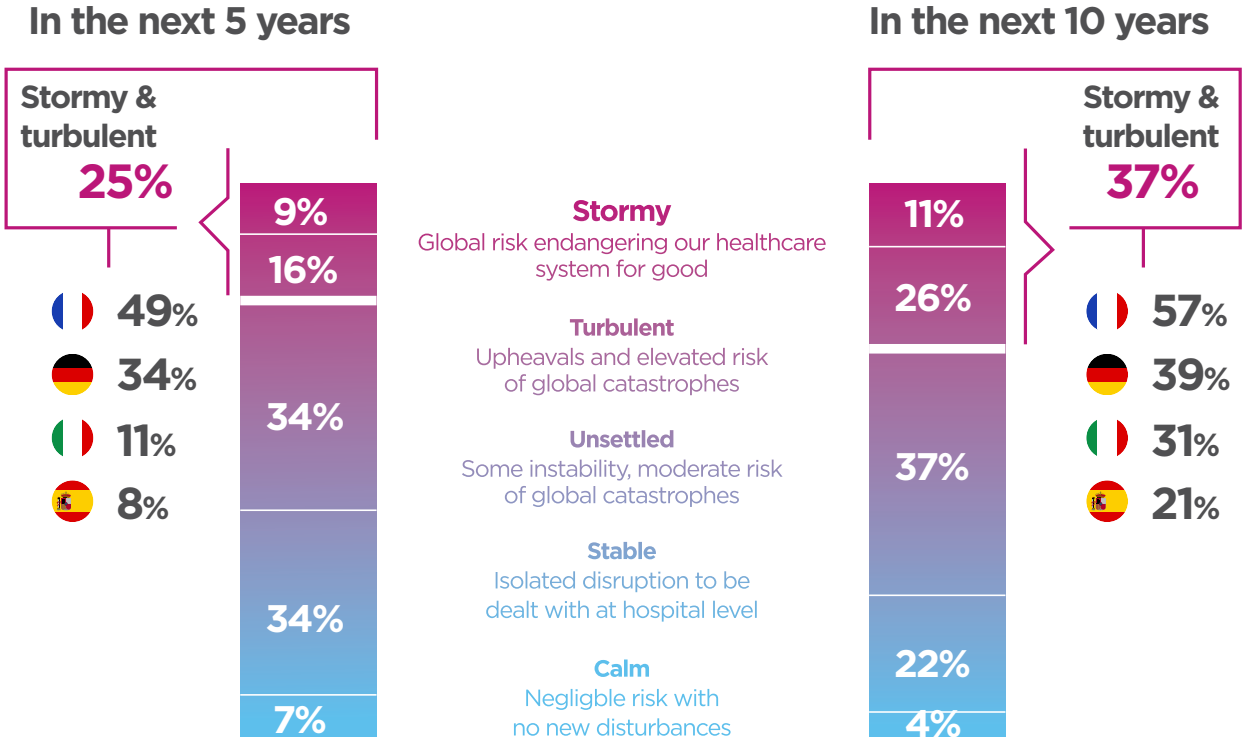
A closer look at the details for each country provides a more nuanced and varied view.

French respondents are particularly pessimistic in the medium term, with a higher proportion than average anticipating a "stormy" future in the next five years. Italian and Spanish respondents seem to be more relaxed in the medium term, but they have growing concerns as they look ten years ahead.

German respondents appear more measured in their projections and have a moderate outlook, anticipating an "unsettled" scenario, rather than a "stormy" one.

Explanatory note

Of 100 Italians who responded to our survey, 11 say that the future will be "stormy" or "turbulent" over the next five years. Looking ten years ahead, 31 share this opinion.



SHARED VULNERABILITIES

Across Europe, two issues dominate because of their probability, their severity and the level of preparedness, which is deemed to be too low: workforce shortages and burnout, along with the aging population and increase in chronic diseases.

Cybersecurity is also among the major concerns, both because of the increasing frequency of cyberattacks and their potential impact. The countries also agree on the rise of **environmental risks**, particularly climate-related disease dynamics and extreme weather events, and misinformation and public distrust of healthcare institutions.
Lastly, all countries express **concern in response to economic and regulatory uncertainty**: fluctuations in funding, budgetary inflexibility and insufficient regulations for medical innovations. The idea of growing interdependence between risks (such as between geopolitical tensions and supply chain disruptions) is widely shared.

LOCAL VARIATIONS

Notable differences appear between the countries in terms of risk prioritization and perception of preparedness.

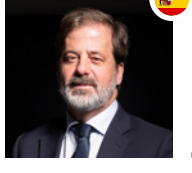
- **In France,** there are greater concerns about healthcare access inequalities and the risk of supply chain disruptions.
- **In Germany**, respondents seem particularly sensitive to migration dynamics.
- **In Italy and Spain**, misinformation and public distrust are viewed as the most pressing issues.

CONTRASTING VIEWS

What is Europe's role in shared resilience?

for Sophie Beaupère
Chief Executive of Unicancer

"The European Cancer Plan is a very good example. It aims to raise the level of patient care in all countries, establish transnational networks of expertise and facilitate the secure sharing of health data. This is crucial, particularly for rare and pediatric cancers, which require sufficiently large databases for progress to be made."



The efficiency of healthcare processes

for Carlos Rus Palacios
Secretary General of Sanidad Privada Española
(Spanish Private Healthcare or ASPE)

"Data integration and sharing and the interoperability of medical records are vital to improve the resilience of healthcare systems in Europe. Another key factor: the shift towards 'sustainable hospitals' must be established across Europe as a solution to improve the viability and efficiency of healthcare processes."

INTERVIEW

“Everywhere I go, I sense the same determination: to restore meaning and value to healthcare.”

Laura Goddard
Executive Director Relyens France

Healthcare cost inflation	79%
Workforce shortages and burnout	75%
Aging population and increase in chronic diseases	75%

Top 3 for France : assessment of the probability of 25 risks for hospitals

“In the field, I come across the same instinctive reaction: professionals talk to me about budget, followed by HR issues and then patient care. This overwhelming focus on financial management in a tough economic climate, in which the short term takes precedence over the long term, fuels a sense of decline: waiting lists grow longer, psychosocial risks for healthcare professionals increase, the ability to deliver consistent and equitable quality of care is reduced, vocational crises intensify while those who can pay to access diagnosis and treatment more quickly, thus exacerbating the phenomenon of two-tier healthcare.

Although the digital and technological transformations of healthcare facilities are accelerating, caregivers and doctors need time, training and teams that are fully staffed, stable and competent.
Clients tell me that they are looking to reconnect management with quality of care, to integrate human, technical, technological and organizational risks, rather than dealing with them individually.
Everywhere I go, I sense the same determination: to restore meaning and value to healthcare so that the French tradition of providing fair, dedicated and expert treatment for all remains a reality, rather than a memory.”

“The German healthcare system continues to perform well, thanks to its federal structure and the strength of its hospital network.”

Dirk Bednarek
Executive Director
Relyens Germany

- Healthcare cost inflation — **78%**
- Workforce shortages and burnout — **72%**
- Aging population and increase in chronic diseases — **72%**

Top 3 for Germany : assessment of the probability of 25 risks for hospitals

“The German healthcare system continues to perform well, thanks to its federal structure and the strength of its hospital network, but it is under increasing pressure to adapt. Managers and professionals are concerned about financial sustainability and the lack of human resources, the main risks for quality and continuity of care. The aging population and workforce shortages feed into one another, undermining care.
Although technological innovation and digitalization are seen as being key for the future, their roll-out remains fragmented, hampered by regulatory complexity, the broad range of IT standards and persistent budgetary caution. Economic constraints often lead facilities to prioritize financial stability over transformation.
Germany exemplifies a resilient system that is slow to reinvent itself: robust in times of crisis, but insufficiently agile in response to structural changes. Its future will depend on its ability to combine a focus on people, technology and governance as part of an integrated approach to risk management.”

“Single patient records pave the way for more streamlined healthcare, with an optimized patient pathway.”

Philippe Paul
Executive Director
Relyens Spain

- Aging population and increase in chronic diseases — **77%**
- Workforce shortages and burnout — **77%**
- Healthcare cost inflation — **71%**

Top 3 for Spain : assessment of the probability of 25 risks for hospitals

“Spain shows solid economic growth, but faces the same pressures as the rest of Europe: there are endless surgical waiting lists of up to 800,000 patients and medical positions are difficult to fill. Economic growth is no longer enough to compensate for the challenges facing the public system, exacerbated by population aging and the impact of chronic diseases.
I also see a society that has been shaped by political debates and external pressures. The arrival of Ukrainian refugees, economic sanctions from across the Atlantic and the omnipresent threat of cyberattacks have reawakened an awareness of risk here, including within healthcare.
However, Spain is one step ahead in another area: along with Norway and Denmark, it is one of the most advanced countries when it comes to single and interoperable patient records. Able to be shared between hospitals and community-based care, between general practitioners and specialists and, soon, between private to public healthcare services, single patient records pave the way for more streamlined healthcare, with an optimized patient pathway. When it comes to human resources, the same word comes up time and time again when I talk to healthcare professionals and executives: flexibility to protect their health and a better work/life balance to ensure their long-term future.
The private sector in Spain has taken the lead in this area, offering more flexible working patterns and more adaptable approaches.”

“The future of the Italian model will depend on its ability to integrate risk management and cybersecurity as fundamental factors in its sustainability.”

Adriana Modaudo
Executive Director Relyens Italy

Aging population and increase in chronic diseases — **68%**

Workforce shortages and burnout — **63%**

Healthcare access inequalities — **61%**

Top 3 for Italy : assessment of the probability of 25 risks for hospitals

“The Italian healthcare system is built on a universal model that guarantees access to healthcare for all. Renowned for its equitable access to healthcare, it nevertheless faces significant economic pressures, workforce shortages and major technological challenges. The sustainability of the system is a concern: increased public spending, the aging population and administrative complexities undermine resource management and sometimes sideline patients when it comes to decision-making.

Regional and social inequalities are becoming more pronounced, resulting in a hybrid system in which the use of private services provides faster access to care than public services.

In addition, the digital transformation is making slow progress: despite initiatives including electronic medical records and telemedicine, regional disparities, a skills shortage and bureaucratic red tape are still hindering progress.

The future of the Italian model will also depend on its ability to integrate risk management and cybersecurity as fundamental factors in its sustainability.”

THE COMMITTEE'S VIEW

A Europe-wide approach to healthcare is already taking shape, with shared risks and responses that are yet to be devised

Paolo Silvano

Chairman of Relyens' Healthcare Risks Scientific Committee and member of the UEHP's Board

"European healthcare systems are faced with structural pressures that have been clearly identified: a lack of human resources, rising costs, aging populations. Although there is a shared diagnosis between countries, the responses remain profoundly national. Despite similar constraints, each country has its own history, governance model and healthcare culture with which to contend.

In Spain, a system that is more focused on preventive healthcare and population responsibility seems to alleviate concerns, although the fragility of supply chains remains a sensitive issue. Italy benefits from more extensive medical training, but is hampered by the obsolescence of some of its infrastructure and unfavorable demographics. Having embarked on a major reform of its hospital services, Germany is experiencing a period of regulatory instability. In France, the issue of human resources predominates, against a backdrop of concern about equal access to healthcare and budgetary uncertainty. These differences reflect different administrative and professional cultures, rather than discrepancies in overall performance.*

"Healthcare is no exception: by acknowledging our interdependencies, we can safeguard our ability to provide care in the long term."

And yet the same three issues stand out across the board: human resources are under pressure, the economic outlook is precarious and demand for care is growing. Stakeholders describe the feeling of walking a tightrope, but also express their resolute determination to sustain systems that are seen as being vital for the common good. This is where an opportunity for a Europe-wide approach arises.

Because, given that these concerns are widely shared, it is now logical to explore more concerted responses. A Europe-wide approach to healthcare does not imply an end to sovereignty; instead, it would entail cooperation in areas in which it would have the greatest impact: facilitating the mobility of professionals and patients when healthcare system capacities are unequal, centralizing certain critical functions (pharmaceutical procurement, cybersecurity, crisis preparation, patient record data and interoperability) and sharing feedback on successful models for optimized patient care pathways, efficient governance, preventive healthcare and personalized medicine. Transforming a shared concern into a collective project: this approach is precisely what Europe excels at when it sets itself a goal. Healthcare is no exception: by acknowledging our interdependencies, we can safeguard our ability to provide care in the long term."

*Population responsibility is the shared responsibility of all healthcare providers in a given area for the health of a given population and the provision of care for patients within that population. The population also has a role to play in its own health and prevention.

4 Triggering risks and domino effects

Risks do not occur in isolation: they tend to be compound and interconnected. For instance, an economic crisis can exacerbate workforce shortages; in turn, this can increase the risk of medical errors and undermine patient safety.

The results of the European study highlight these knock-on effects and the way in which they can intensify. They underline the fact that risks interact with each other and have cumulative impacts. This dynamic underscores the importance of moving beyond a silo mentality to better understand the complexity of the situations faced by organizations.

Three key takeaways:

1. **The risks identified by the study are not a simple list**; they form a network of interdependent factors.
2. **Localized disruption, be it financial, human, technological or geopolitical,** can spread and weaken the entire system.
3. **Crises are not the result of an isolated risk,** but rather the interaction between several vulnerabilities.

“Only a systemic and inter-disciplinary approach to risk analysis and management will make a difference.”

Galaxy of interconnected risks

Note

This dynamic map of systemic vulnerabilities shows the interconnections between 25 major risks: some risks feed into each other, while others trigger cascading effects. This analysis makes it possible to identify the critical nodes, critical thresholds and propagation paths of a crisis within the healthcare system.

1 THE BUBBLES: the risks

Each circle represents a risk.

- → ***Size:*** *probability of occurrence – the larger the bubble, the more probable the risk is deemed to be.*
- → ***Color:*** *risk category – societal, economic, geopolitical, environmental, technological or healthcare-delivery specific.*

Consequently, the "Workforce Shortages and Burnout" bubble is huge and central, indicating a risk that is considered highly probable.

2 THE LINES: the interconnections

The lines link the risks that are seen as connected by respondents. They do not imply causality; instead, they depict the interconnection of two risks.

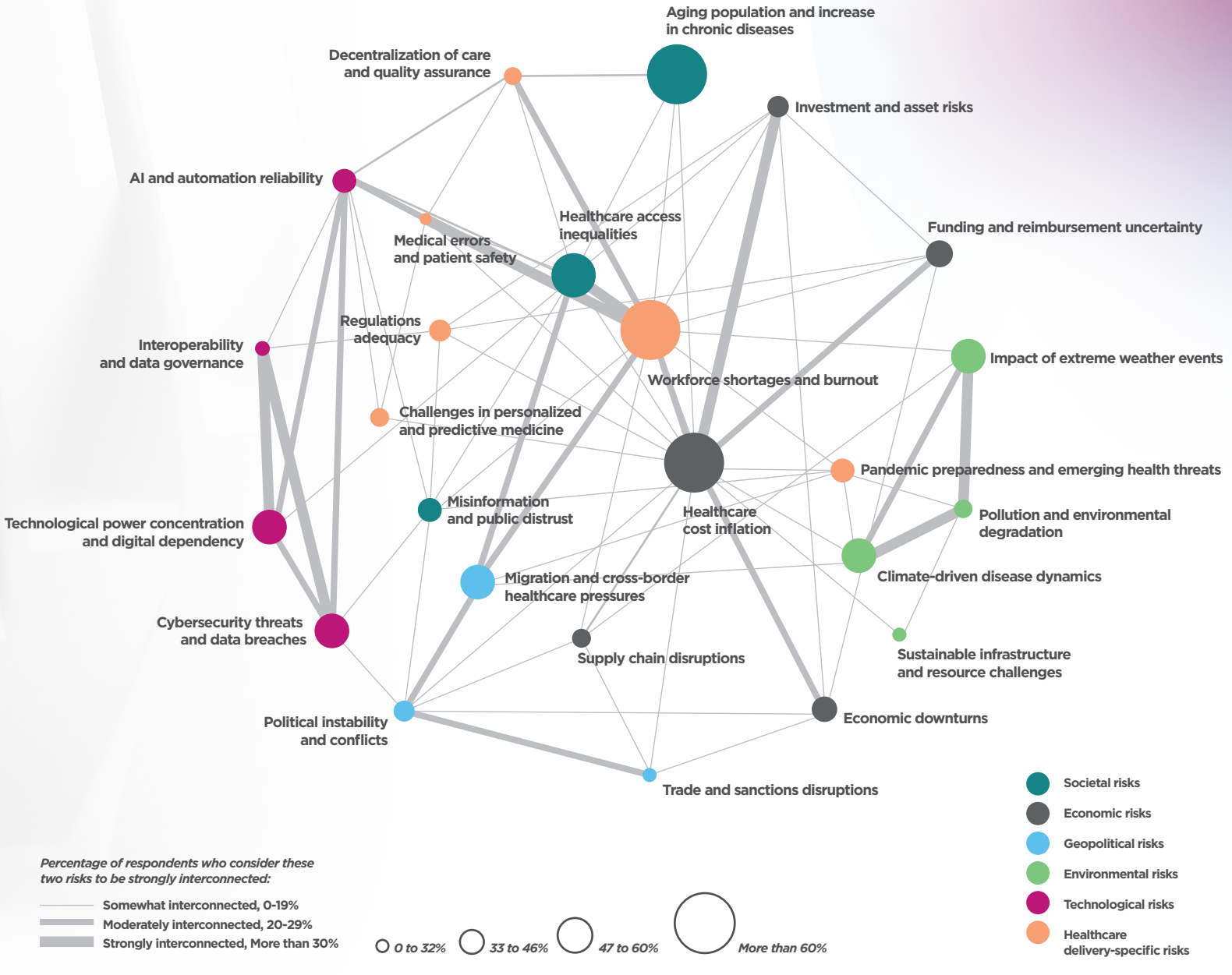
- → ***Thickness:*** *intensity of the connection. The length of the lines is not representative. It is the thickness of the lines that illustrates the degree of interconnection.*
- → ***Selection:*** *only the 80 strongest connections (of 600 possible connections – 25 x 24) are shown for greater visual clarity.*

Workforce shortages are therefore closely linked to medical errors and patient safety, healthcare access inequalities and an aging population.

3 A SYSTEMIC INTERPRETATION

The visual does not rank risks individually; instead, it highlights clusters of interconnected vulnerabilities.

- → ***Central risks:*** *workforce shortages, inflation, aging, patient safety constitute the crux of the system.*
- → ***Intermediate risks:*** *technology, interoperability, trust, governance act as articulation points between different areas.*
- → ***Peripheral risks:*** *environmental, geopolitical contribute to underlying pressure, influencing overall stability without necessarily emerging directly.*


Aging population and increase in chronic diseases
Decentralization of care and quality assurance
Investment and asset risks
AI and automation reliability
Healthcare access inequalities
Medical errors and patient safety
Funding and reimbursement uncertainty
Regulations adequacy
Interoperability and data governance
Impact of extreme weather events
Workforce shortages and burnout
Challenges in personalized and predictive medicine
Pandemic preparedness and emerging health threats
Misinformation and public distrust
Healthcare cost inflation
Technological power concentration and digital dependency
Pollution and environmental degradation
Migration and cross-border healthcare pressures
Climate-driven disease dynamics
Cybersecurity threats and data breaches
Supply chain disruptions
Sustainable infrastructure and resource challenges
Political instability and conflicts
Economic downturns
Trade and sanctions disruptions
Percentage of respondents who consider these two risks to be strongly interconnected:
Somewhat interconnected, 0-19%
Moderately interconnected, 20-29%
Strongly interconnected, More than 30%
0 to 32%
33 to 46%
47 to 60%
More than 60%
Societal risks
Economic risks
Geopolitical risks
Environmental risks
Technological risks
Healthcare delivery-specific risks

A systemic dynamic

In light of this interconnected nature, several scenarios begin to emerge, indicating the possible dynamics of the system.

1 Economic and human risks at the center: budgetary pressures and the precarious nature of human resources

The economy and human resources form the interdependent core of the system.

Chronic underfunding limits investment in preventive healthcare, digital technologies and training. Consequently, workforce shortages reduce collective performance, contribute to burnout and compromise the quality of care. This dual constraint, both economic and human, creates a loop effect: **financial pressures exacerbate workforce shortages, workforce shortages fuel distrust, distrust undermines the legitimacy of public policy and so on**.

2 Technology: a cross-cutting amplifier

Although it is often perceived as peripheral, technology proves here to be a major catalyst.

The risks linked to AI, cybersecurity and data interoperability form a bridge between economic issues, safety of care and public trust. Inadequate management of these tools can amplify existing pressures; conversely, a carefully considered digital strategy can strengthen resilience: securing data flows, continuity of care and the sector's appeal.

As such, digital technology is not an isolated risk, but a variable that can amplify both the positive and negative effects across the entirety of the system.

3 Governance and trust: the invisible linchpins

Analysis of our map shows that public trust and institutional governance play more important roles than anticipated. They link clusters of economic risks, human resources risks and technological risks: **when trust is eroded, coordination breaks down**, communication is compromised and the capacity for collective response is diminished.

These two nodes are not consequences, but rather systemic determinants of stability. Trust is a cross-cutting risk: when weakened, all other risks intensify.

4 Environment and geopolitics: background pressures

Environmental, geopolitical and migratory risks act as exogenous but constant forces. They disrupt economic equilibrium (inflation, supply chains), human equilibrium (mobility, professional stress) and technological equilibrium. Rather than playing a role as one-off triggers, they act as factors of latent instability, fueling a climate of structural uncertainty.

Interacting feedback loops of vulnerability and resilience

Interdependence loops can amplify crises but they can also create positive dynamics. Better governance strengthens trust, trust facilitates technological adoption, technology improves performance and reduces pressure on humans.
Consequently, the system has the keys to its own resilience. That is where this galaxy comes into its own: not only does it show vulnerabilities, it also highlights potential paths to transformation.

THE COMMITTEE'S VIEW

A local imbalance can trigger cascading effects across the healthcare system as a whole.

Dr. Marie Kratz

Professor at ESSEC Business School
and Director of CREAR
(Center of Research
in Econo-finance and Actuarial
Sciences on Risk)

"Healthcare risks are too often considered separately – aging populations, workforce shortages, climate change, digital transformation and related factors – despite their strong interdependencies. By analyzing them in silos, we overlook their interdependencies and the systemic dynamics they generate. Recent crises have shown that a local imbalance, such as workforce shortages, can trigger cascading effects across the healthcare system as a whole.

Access to data, particularly the ability to combine datasets, continues to represent a major barrier to the development of an integrated approach. Regulatory requirements, such as the GDPR, although important and necessary, and the fragmentation of existing databases limit the ability to connect phenomena that are nonetheless related. At the same time, the development of high-dimensional data analysis tools offers new possibilities. Multivariate analysis is already standard practice in many domains, such as epidemiology; however, the complexity of dependencies, often non-linear in nature, calls for approaches that go beyond simple correlation.

For instance, it should be possible to anticipate domino effects whereby an economic crisis leads to workforce shortages, followed by an increase in medical errors, by relying on established quantitative methods, particularly those developed in the (re)insurance industry for extreme and systemic risk modeling. These tools exist, but their effectiveness ultimately depends on a collective commitment to listening to scientific evidence and incorporating it into decision-making processes."

THE COMMITTEE'S VIEW

Engaging with climate issues means anticipating the way in which our vital systems will function.

Alix Roumagnac
Chief Executive Officer
of Predict Services

"Climate change is no longer a distant threat: it is already happening. Extreme weather events, from heatwaves and floods to storms, are on the rise and now affect all regions. However, in many sectors, including healthcare, climate risk perception is still patchy. Stakeholders tend to link it to emerging illnesses or heatwaves, without gauging its structural effects on buildings, the organization of patient care or business continuity.

This underestimation stems from a collective bias: prioritizing the short term. Just like the rest of society, the medical sector is dealing with visible emergencies, budget constraints, workforce shortages and daily pressures, to the detriment of its preparedness for climate crises. Yet the healthcare sector is among the most vulnerable: many facilities, built in flood-prone areas, have particularly exposed critical services, such as technical installations in the basement and emergency services on the ground floor. If an extreme weather event occurs, an entire hospital can be brought to a standstill in just a few minutes. These vulnerabilities are widely known, but still insufficiently integrated into planning strategies.

In light of this observation, only a systemic and interdisciplinary approach to the climate risk will make a difference. As the COVID pandemic proved, only an integrated approach to knowledge, bringing together climate, health, infrastructure and behavior, can help us understand interdependencies and develop dynamic responses, based on genuine expertise and a collaborative approach. Engaging with climate issues means anticipating the way in which our vital systems will function."

5 Anticipating healthcare risks

Healthcare professionals in all four countries agree on three major approaches to address these risks and strengthen healthcare systems' adaptability. Two of these three approaches are directly within healthcare facilities' control.

More than 500 verbatim quotes analyzed

93% suggest clear and specific courses of action.

Highest priorities

Human resources and working conditions are the most frequently cited solutions.

Talent attraction, workload management and training

More than a third of respondents opt for these three solutions.

Developing a stronger risk management culture

Building on the preparatory work conducted with the Scientific Committee, our survey presented respondents with five approaches to strengthen risk management in healthcare facilities.

TWO

SYSTEMIC AND POLITICAL APPROACHES

→ Sector-specific guidance and support

National agencies develop regulations and guidelines for the healthcare sector, while also providing technical support, training and strategic guidance that is tailored to healthcare facilities' needs.

→ Financial and infrastructure support

Funding and grant programs are available to help hospitals modernize their systems, invest in new technologies and carry out risk assessments.

THREE

APPROACHES AVAILABLE TO HEALTHCARE FACILITIES

→ Enterprise Risk Management (ERM) frameworks

Hospitals identify, assess and manage risks in all their activities, whether clinical, operational, technological or financial. Tools including dashboards and simulations can be used for this.

→ Risk governance and accountability

The creation of dedicated committees and the definition of specific roles (risk managers, IT security managers, department heads, etc.) ensure risk protection, efficient allocation of resources and increased responsiveness to incidents.

→ Continuous training and organizational learning

A culture of risk awareness is fostered by regular staff training, simulation exercises and analysis of feedback to reinforce continuous improvement within healthcare organizations.

For each risk deemed a priority (a risk that is probable, severe and poorly prepared for), participants were asked to identify what they felt was the most relevant approach.

Five approaches
for coordinated risk management

Sector-specific guidance and support

Mentioned by between 15 and 22% of respondents, depending on the risk, it is cited less often but remains a key element in addressing systemic issues (healthcare access, governance, migration). Its impact is more macro than local: it reflects the need for a political framework and a consistent national or European approach to respond to risks.

Continuous training and organizational learning

This is the most commonly mentioned and most cross-cutting approach: it comes out on top for 5 of 12 risks, often with scores close to or higher than 40%.
It is the clear leader for:
- **Healthcare cost inflation (47%),**
- **Workforce shortages and burnout (47%),**
- **The aging population (39%),**
- **Supply chain disruptions (36%),**
- **Healthcare access inequalities (26%).**

It is therefore seen as a fundamental condition for action, particularly with regard to structural issues.

Financial and infrastructure support

This is the most popular approach for patient safety (35%), climate-driven disease dynamics (27%) and extreme weather events (24%).
It is also well positioned for technological and cross-cutting risks such as cybersecurity threats and data breaches (21%) and AI (21%).
This approach is particularly effective in bolstering internal preparedness, improving responsiveness and instilling a shared risk culture.

Risk governance and accountability

It features among the top three approaches for 9 of 12 risks and comes out on top for extreme weather events (22%) and political instability (23%). It is also well positioned for cybersecurity threats and data breaches (22%) and misinformation (28%).
This approach is seen as a means of ensuring coherence and supporting coordination, transparency and collective decision-making.

Enterprise Risk Management frameworks

Often cited by between 15 and 24% of respondents, it is rarely the first choice, except for cybersecurity threats and data breaches (22%) and the risk of technological power concentration and digital dependency (24%).
It represents a more structural and methodological approach to resilience – useful, but still seen as insufficiently practical or too abstract by those working in the field.

Popular risk management measures

How to decide on what action should be taken in response to the identified risks? By comparing risks and approaches. Below is a parallel analysis of vulnerabilities and possible solutions.

This analysis highlights three major approaches that are perceived as the most effective in strengthening the resilience of healthcare facilities:

- **Financial and infrastructure support,**
- **Continuous training and organizational learning,**
- **Risk governance and accountability.**

The two other approaches – sector-specific guidance and support and Enterprise Risk Management frameworks – play a secondary, more cross-cutting role.

Note

The visual illustrates respondents' perceptions of the relevance of different risk management approaches in addressing each identified risk. Each box indicates the percentage of respondents who consider a particular approach to be effective in addressing a given risk.

Color scale:
Percentage of respondents opting for this approach

- 0-9%
- 10-15%
- 16-19%
- 20-29%
- More than 30%

CONTRASTING VIEWS

What role should healthcare facilities play?

More cooperation between the public and private sectors

for Lamine Gharbi
Chairman of the Fédération de l'Hospitalisation Privée (Private Hospital Federation or FHP)

"A genuine public health service must be established, bringing together stakeholders of every kind, with equal rights and responsibilities, working together to meet the public's needs. We must begin by concentrating on needs, not supply, and stop thinking solely in terms of 'structures', focusing instead on the 'service provided' to the patient."

A closer working relationship with a more interconnected local ecosystem

for Rita Petrina
Federsanità consultant and risk management specialist

"Before the COVID-19 pandemic, the OECD had already warned about the improvements that needed to be made to our local hospital system. The pandemic accelerated this process by encouraging the widespread adoption of telemedicine and digitalization.
If the ministerial decree DM 77 on the reform of regional healthcare systems is applied correctly, hospitals will be able to focus on providing hospital care and emergency services, while new regional facilities (community-based centers and hospitals) will handle medical activities that are outside the scope of hospitals and that are currently overwhelming them."

Professionals share their opinions

As part of the European questionnaire conducted with Ipsos, respondents were given the opportunity to put forward solutions, based on their experience. The message is clear: healthcare stakeholders already have operational ideas and show real willingness to implement them.

Analysis of more than **500 verbatim quotes** reveals a high level of interest in the subject among respondents: 93% of responses suggest practical and clear courses of action. These proposals revolve around several themes, the most commonly mentioned of which directly concern the daily lives of those surveyed.

"Preparing for risks, diagnosing, training staff and also supporting the facility in the event of misinformation or a cyberattack."

The solutions centered on **human resources and working conditions** form the most important area of focus and are the most frequently mentioned. More than a third of respondents suggest three kinds of initiatives they would like to see, focused on: talent attraction and retention, workload management and continuing education and acquisition of new skills.
The second set of solutions focuses on the efficiency and reliability of healthcare structures, particularly with a view to improving their resilience. Professionals are calling for **better organization and more robust internal processes** to optimize standardization and quality, while ensuring better coordination and sharing of information between different departments and disciplines.

The subject of **digital transformation (and its corollary, cybersecurity)** comes next. Although digitalization and tool interoperability (electronic health records) are seen as facilitating tools, strengthening defenses against cyberattacks is viewed as a priority to protect data integrity and continuity of care. Innovation is therefore expected by healthcare professionals, who remain conscious of the need for dedicated support.

"Developing video consultations, incorporating AI into our practices, staying alert and informed to support sound decision-making."

From a more macro perspective, in addition to needs for **funding and investment**, there are calls for a **stable and consistent regulatory framework**, along with the adoption of a clear and sustainable health strategy that goes beyond short-term cycles.

"Focusing investments on major risks such as equipping facilities with air-conditioning, in light of rising temperatures."

Lastly, many respondents ask to have greater visibility, which is vital for long-term development, particularly from their government and even from Europe.

"Having access to a multi-year strategy and situational analysis to understand risks and their management at national, European and global levels, detailed forward-looking studies and their impact on healthcare needs in the coming decade."

The size of the word is proportional to the number of times it appeared in the semantic analysis of more than 500 verbatim quotes.

From clarity to audacity: imagining the future

Throughout this report, we have navigated the complexity of our healthcare systems, objectivized pressures and mapped interdependencies. This unfiltered overview, which is vital for any responsible strategy, now enables us to look to the future – not only with clarity, but with pragmatism and audacity.

But, on its own, this is insufficient. Because behind the statistics and the risk assessment tables, people are at the heart of the healthcare system, including healthcare professionals and their exemplary ability to adapt and persevere. But this human element is also a contributing factor in facilities' resistance to confronting the challenges they face. In response, rational analysis is not enough. We must appeal to people's minds and emotions. It is positive emotions that spark change; it is the thought of a desirable future that gives us the strength to take action.

That is why we have chosen to conclude this report with a glimpse into a world of possibilities, rather than with a summary. We are asking you to set aside risk management in the here and now, just for a moment, to explore the longer term.

The following narratives are fictional, but are inspired by reality. They embody paths to resilience for 2035. Rather than attempting to predict the future, they are intended to remind us that it is still unwritten. These stories are an invitation to believe that, collectively, we have the power to transform and the power to act.

Let us allow ourselves to imagine that the best outcome is still possible.

Dominique Godet
Chief Executive Officer of Relyens

NARRATIVE 1

Let's be bold or give up

Caught between workforce shortages and growing needs, the healthcare system is struggling for breath in 2035. This narrative shows how a director opts for a pragmatically bold approach (delegating, reorganizing and implementing shared governance) to give teams a new lease of life and maintain access to care, despite increasing out-of-pocket expenses. It's the story of a system on the brink and healthcare facilities' determination to reinvent themselves.

2035, February 3, annual seminar for non-profit facilities

"Dear colleagues,
In this room, we are all directors of European clinics, hospitals and medico-social facilities.
Like you, during my ten years as the director of a private non-profit clinic in Milan, I persevered. My teams persevered and so did I. And I enjoyed the experience every year.
Even when we called on retired caregivers to volunteer to help us cope with the effects of regular heatwaves. Even when I agreed to close beds to protect our teams as much as possible. Even when we tested partnerships with data giants to roll out automatic pre-diagnostic booths.
Even in light of the mixed results we're seeing today, I'm telling you this in no uncertain terms: either we decide to be bold or we give up. More specifically, I want to extend an invitation to you to join us, as part of a network of institutions called Liberated Clinics.

Right now, at our facility, we're testing a new governance model, in partnership with La Statale University, to assess the impact on the quality of care.
We have restructured our internal management, with:

- **a Patient Circle,**
- **a Caregiver Circle,**
- **an Operational & Administrative Circle.**

Major decisions are made by this new Alliance Council, which brings together healthcare professionals, administrators, patients and an external volunteer, all elected by their peers.

It's no longer a question of 'who decides?' Instead, the question is: what works best for patients and their care?

The result? We've implemented a structured process to delegate decision-making, based on prior professional training, and we've developed an application for volunteers that allows them to choose their duties, their schedules, their targets and, most importantly, to see the real-world impact of their efforts. For example, there's a standard notification that says:

"Thanks to your presence today, 12 patients were seen more quickly."

But more than mere governance, together, we have tried something new and truly disruptive: **'the right to disengage'**. We've enshrined something that nobody ever dared to formalize: the right to switch off completely, without justification, without suspicion, without guilt.

Thanks to our internal roster of volunteer replacements, all our professionals have ten days every year during which they can disengage entirely:

- that aren't counted as holiday leave,
- that can be taken within 24 hours of their request,
- that are impossible to refuse, except in the event of the utmost emergency, as approved by our Alliance Council.

This right does not reward weakness: it safeguards long-term viability.
At long last, it acknowledges the fact that our jobs are much more psychologically intense than those in most other sectors.

Since its implementation, long-term sick leave has decreased.
And, for the first time, colleagues have told us:

'I can breathe again.'

I don't know if everything we do will be a success.
I'm not even sure that all this will be enough.
But for the first time in ten years, my facility is no longer struggling.
We have been bold.

That's what I'm suggesting: trying something new, rather than merely putting up with the status quo."

NARRATIVE 2

Budding Caregivers

In 2035, as hospitals are reeling from climate crises, emerging epidemics and a shortage of healthcare workers, another form of resilience is growing, far from their emergency rooms. This is the story of a caregiver who reinvented her profession, rather than leaving it: after working in civil security in the wake of natural disasters, she discovered a new way of providing care for children in schools and pediatric wards - by communicating, playing and teaching. When reforms are struggling to make headway, it is these seemingly small actions that breathe new life into healthcare systems.

February 3, 2035, seminar at Relyens' offices

"I'm a caregiver in 2035, but I don't actually provide patient care. Well, not like I did before.

Let me explain myself. I almost decided to quit several times: in 2027, when dengue fever swept southwestern Europe. Then again in 2031, when heatwaves caused a spike in cardiac decompensation and pediatric dehydration, with 41 consecutive days of extreme heat in Brussels. With every crisis, something inside us withered away a little bit more. Or at least, it certainly did inside me, in any case.

So that year, instead of leaving the profession, I made a sideways career move: I joined the National Civil Security Unit, created to provide assistance in areas affected by climate disasters. The years I spent as part of the Unit helped me shake off my feelings of helplessness, at least for a while. I acquired skills that I never imagined needing to learn: managing triage in disaster situations, treating tropical diseases, providing emergency psychiatric care for children and their parents, dealing with pressure and violence in hospitals... In the field, I felt a bit like a firefighter. I had a newfound sense of pride. I even ended up becoming the 'face' of a campaign to tackle fake medical news, coordinated by the Health and Education Ministries.

It was in this role as an ambassador, visiting schools with increasing regularity, that everything changed.

One day, after a very serious, very scientific presentation, a little girl, aged maybe seven or eight, asked me to stay and play "The little clinic for budding patients" with her. That day, everything fell into place: she was just there, hip height, without any kind of agenda,

focused on playing and caring. The idea took root. I made the most of my image and my connections at both Ministries to create a national preventive healthcare program. Today, it bears the very same name that the little girl came up with that day.

The program is structured in two parts, mirroring the two Ministries that are responsible for it: The little clinic in hospitals, and Budding Caregivers in primary schools.

The little clinic: when understanding already helps with healing

In every public hospital, there's a miniature clinic that welcomes children. They come to take a look, touch, play – but deep down, they come to understand more about whatever it is that frightens them. Surprisingly, their favorite game is to put an IV in their cuddly toy, which they then carry around with them, 'wired up', as they make their way round the pediatric ward. Children over the age of ten can also acquire a certificate as a **'preventive healthcare Ambassador'**.

Budding caregivers: from primary school onward

At school, a civic health service, known as Budding Caregivers, is now compulsory. Despite its name, it's really an opportunity for children to play.
They learn to recognize their bodies' danger signs: dizziness, skin as hot as a radiator. We teach them how to stay cool even when water is scarce: keeping their wrists wet, covering up, resting in the shade or in the 'cool shelters' provided by local authorities. We teach them to protect the most vulnerable: babies, elderly neighbors, animals.

One class even made up a rhyme:
'By dripping water on my wrists and staying in the shade, when a big, old heatwave comes, there's no need to be afraid!'
That's what you're listening to, accompanied by the Liège Royal Philharmonic Orchestra; it's featured today in the preventive healthcare campaign on the radio. Children are also taught how to evacuate safely without running around and how to prepare a 'useful' bag with a water bottle, an emergency number and a small first aid kit.

We teach them to apply the same care and attention to their emotions as to their cuts and scrapes.

We teach them to avoid things that can make them ill 'without it showing', such as contaminated water.
And most importantly of all, we teach them about the importance of shared responsibilities when it comes to healthcare.

One day, a little boy said to me:
'When it gets too hot, I'll keep my little brother cool, like an ice cube that mustn't melt.'
These children's actions, however small they might be, really matter. These little sweethearts stand tall, even as the world's problems seem to be getting worse, more intense.
The climate is changing.
Healthcare resources are dwindling.
Pressure is building.
But I've seen 3-year-olds put a sticker of a sunshine onto an IV so they're not afraid of it anymore. I've seen teens learn to protect their friends during asthma attacks that are the result of pollution – or 'that cloud that ate nasty things', as 6-year-old Lina put it.

I've seen entire classes understand that healthcare isn't a service: it's a connection.

I continue to visit schools and hospitals.
The children show me what they can do, tell me what they've learned, sing me their songs.

They transform fear into knowledge, knowledge into power and power into care.

So yes, I've stopped providing patient care the way I did before.

But honestly, I've never provided as much care as I have by teaching children to take care of themselves and others."

NARRATIVE 3

Nothing to do, except focus on my recovery

To overcome workforce shortages and technological fragmentation, Europe has focused on extensive digital integration. In 2035, this infrastructure is key to clinical sovereignty. Depicting one patient's experience, this narrative shows how real-time coordination and a Europe-wide healthcare network can transform individual survival into collective success.

February 3, 2035, a listener's personal experience on a morning radio program

"I'm 49, I live in Porto and I'm alive today because of something that didn't even exist when, a decade ago, my dad died of the same cancer that I also had: a unified, interconnected Europe-wide approach to healthcare that brings together the very best specialists, wherever they might be.

I would never have imagined that survival might depend on digital geography rather than physical geography.

In 2032, I started losing weight, feeling out of breath. Just a minor inconvenience, I thought.

One day, my doctor called me, because the AI solution linked to the European Patient Record system (EHR-EU) found that I hadn't had a scan that I should have been given because of my hereditary risks. He asked me to come for a specific medical examination.

Within 48 hours, I had a scan at the Oncology Center in Porto. They found a rare mediastinal cancer, detected earlier than in most patients.

Within a week, I was offered treatment in three locations: Milan, Munich and Rotterdam.

The system didn't look for the nearest center to me, but rather for the European center with the most experience in treating such a rare tumor, taking into account clinical results, available innovations and associated survival rates.

I opted for Rotterdam. Not because of the distance, but because of its experimental AI-optimized immunotherapy protocol.

I arrived in the Netherlands and I began my treatment. I just had to pay the initial costs myself.

In 2025, that would have been impossible.
In 2035, it's become standard.

After completing my treatment protocol, I continued my rehabilitation in Porto. The specialists monitoring my case in the Netherlands and Portugal constantly shared my health data: imaging, fatigue levels, heart rate, cognitive tests.

I had nothing to do, except focus on my recovery.

I survived my cancer. It was the same cancer that took my father's life.

And I believe that the only thing that has changed between our two respective experiences is the birth of this Europe-wide approach to healthcare.

Once, I was born in Portugal; later, I was born in Europe."

Acknowledgments

This first Outlook Report is the result of a **collective effort** that has involved many stakeholders within the **healthcare ecosystem**, both internally and externally.

We want to express our heartfelt gratitude to all those who have contributed to this project, which we see as vital in order to understand the issues and identify courses of action **to strengthen the resilience of healthcare facilities**.

Foresight as a compass for action, opening up paths to resilience.

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