

6 April 2019

World Health Day – 7 April
1999-2020

Of the 19.6 years of life expectancy at 65 in 2019, 7.3 are healthy

On the occasion of the World Health Day that will be celebrated tomorrow, Statistics Portugal publishes some fundamental health indicators and makes available the publication "Estatísticas da Saúde 2019" (Health Statistics 2019). In the current context, this retrospective information gains particular relevance as it allows framing the information that is made available daily about the COVID-19 pandemic.

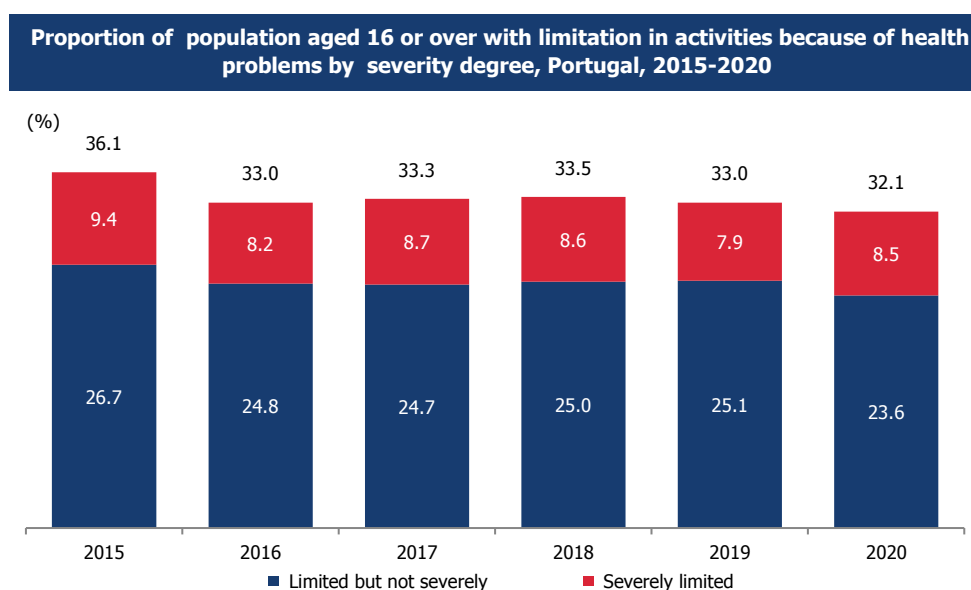
Some results:

- Despite the reduction in the existence of limitations in carrying out usual activities because of a health problem in the last 5 years, from 36.1% in 2015 to 32.1% in 2020, Portugal remains one of the countries in which this problem affects a higher proportion of residents (33.0% in 2019, 24.0% for the European Union, EU-27).
- The healthy life expectancy at age 65 for the residents in Portugal was 7.3 years, 3.0 years less than the European average of 10.3 years.
- In 2019, there were 5.4 doctors and 7.4 nurses per 1,000 inhabitants in Portugal, 2.3 doctors and 4.2 more nurses per 1,000 inhabitants than two decades before. The number of doctors in Portugal increased 3.6% per year between 2014 and 2018, higher than in the average increase of 1.4% per year in the EU-27.
- In 2019, there were 36.0 thousand beds available for immediate hospitalisation of patients. Compared to the situation twenty years earlier, the total number of beds for inpatient care has decreased 5.7% and the relative weight of the public sector in the supply of this equipment has decreased (from 77.7% in 1999 to 67.9% in 2019). The average length of stay was 9.1 days, longer in Intensive Care Units as it is characteristic of this type of stay: 18.4 days in pediatric intensive care, 17.2 days in neonatal intensive care and 11.8 days of hospitalization in adult intensive care.
- Public or public-private partnership hospitals continued to be the main providers of health services in 2019, representing more than 80% of emergency care attendances, 75.9% of hospitalisations, 70.2% of surgeries and 62.7% of medical appointments. However, it was in private hospitals that this production increased the most from 1999 to 2019, with an increase in the relative weight of private sector in terms of medical appointments (from 15.6% to 37.3%), surgeries (from 22.4% to 29.8%), hospitalisations (from 15.3% to 24.1%) and emergency care attendances (from 4.2% to 17.3%).

Healthy life expectancy at age 65 in Portugal remains fairly below the European average

The estimate of the percentage of people who reported having some limitation in carrying out activities due to health problems allows to assess whether the increase in life expectancy is accompanied or not by an increase in the number of years lived in good health.

In the last 5 years this indicator has decreased, from 36.1% in 2015 to 32.1% in 2020, more significantly in the case of non-severe limitations (from 26.7% in 2015 to 23.6% in 2020).

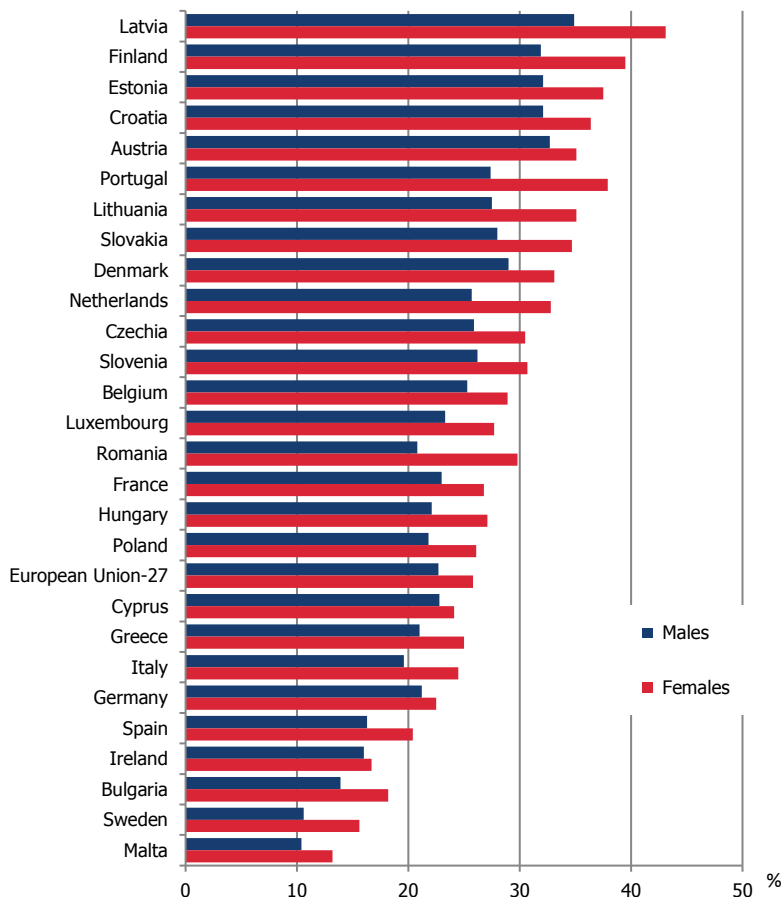


Source: Statistics Portugal, Statistics on Income and Living Conditions

Note: Population with 16 and more years

Nevertheless, in 2019 Portugal continued to be one of the EU-27 countries with a higher proportion of people referring limitations in carrying out usual activities due to a health problem (with the 6th highest value). The relative positioning of Portugal was better in the case of men, standing in 9th place, and considerably worse in the case of women, with the 3rd position.

Proportion of population with limitation in activities because of health problems by sex, EU-27, 2019

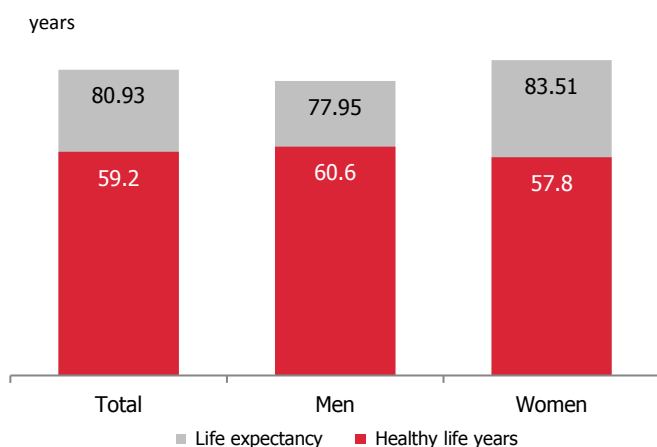


Source: Eurostat [hlth_silc_20]

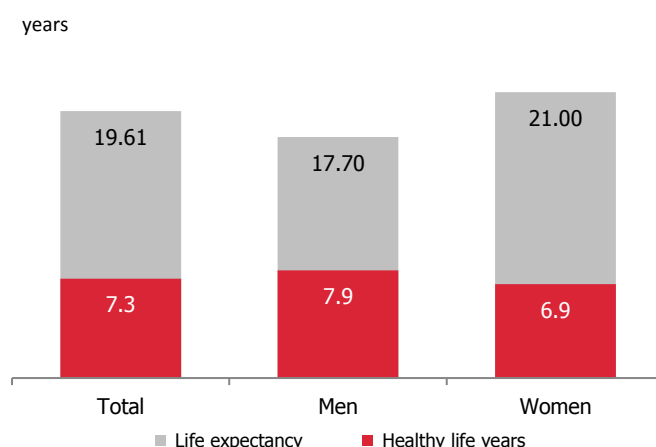
The estimated healthy life years at birth was 59.2 years in 2019, 0.8 years more than in the previous year, and well below the life expectancy at birth in Portugal of 80.93 years estimated for the three-year period ending in 2019. For women, the estimated healthy life years at birth was 57.8 years in 2019 and for men 60.6 years, respectively, almost 26 years less and 18 years less than life expectancy regardless of limitations.

Life expectancy and healthy life years at birth by sex, Portugal, 2019

Life expectancy and healthy life years at 65 years by sex, Portugal, 2019



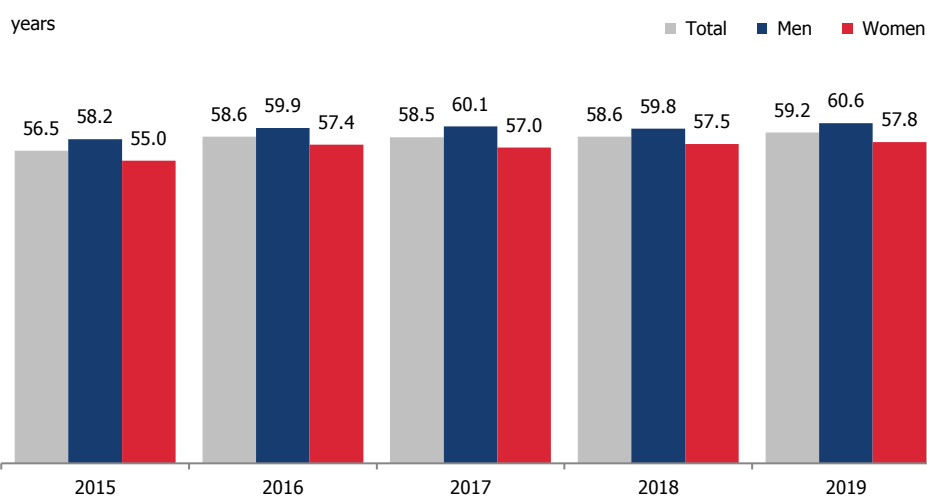
Sources: Statistics Portugal, Complete life tables and Eurostat [hlth_silc_20]



Sources: Statistics Portugal, Complete life tables and Eurostat [hlth_silc_20]

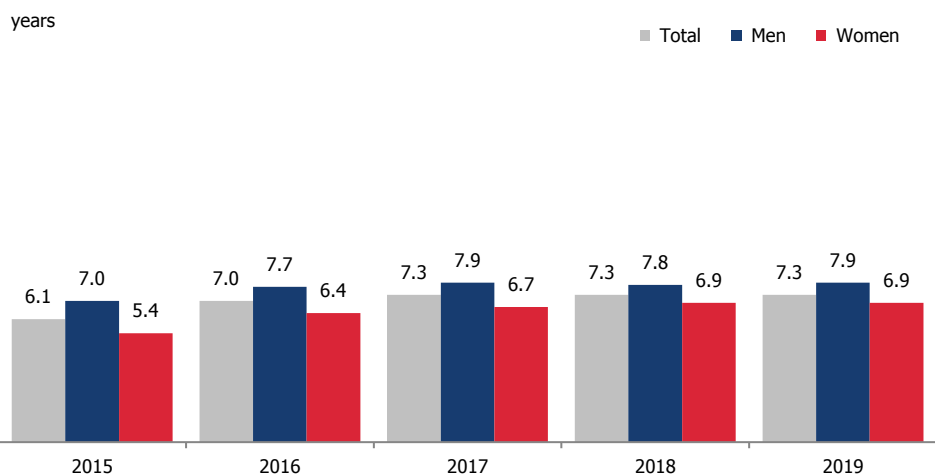
In the same period, life expectancy at 65 years old was 19.61 years, with 17.70 years and 21.00 years for men and women of the same age, respectively. Yet, the number of healthy life years at 65 was much lower: 7.3 years for the general population, the same result as in 2018 and 2017. At 65 years old, the healthy life expectancy was 7.9 years for men and 6.9 years for women.

Healthy life years at birth by sex, Portugal, 2015-2020



Sources: Statistics Portugal, Statistics on Income and Living Conditions; Eurostat [hlth_silc_20]

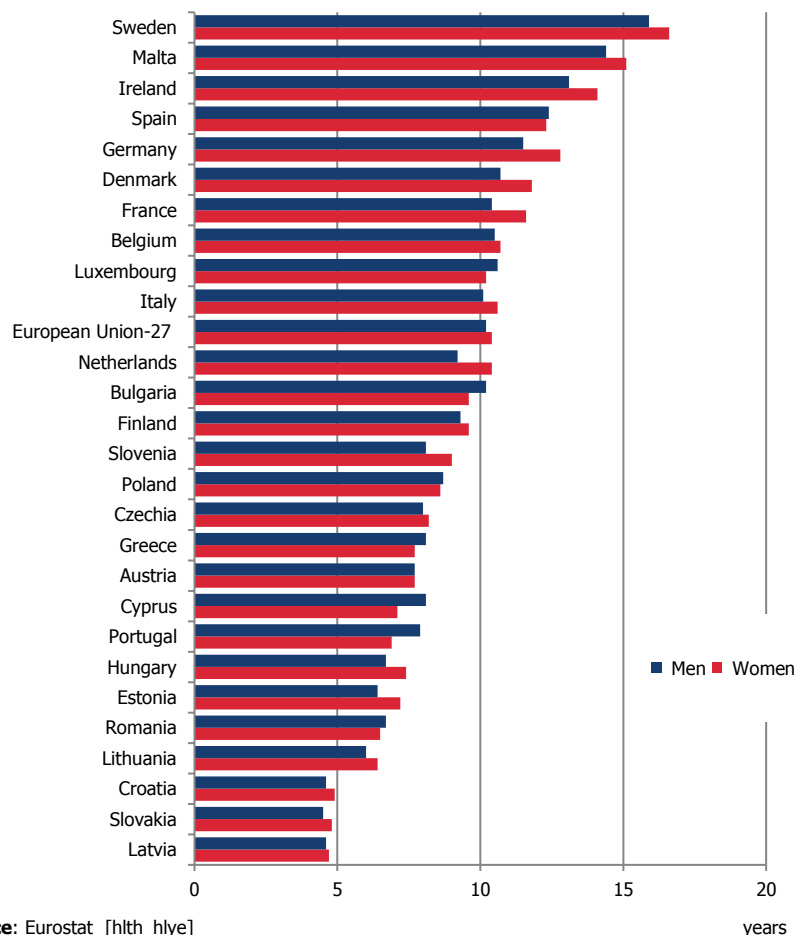
Healthy life years at 65 years by sex, Portugal, 2015-2020



Sources: Statistics Portugal, Statistics on Income and Living Conditions; Eurostat [hlth_silc_20]

In 2019 Portugal had the 8th lowest value for healthy life years at 65 (7.3), 3.0 years less than the European average (10.3 years). Portugal was, in 2019, one of the European Union countries with the largest difference in the healthy life expectancy at 65 of men and women (one year).

Healthy life years at 65 years by sex, EU-27, 2019

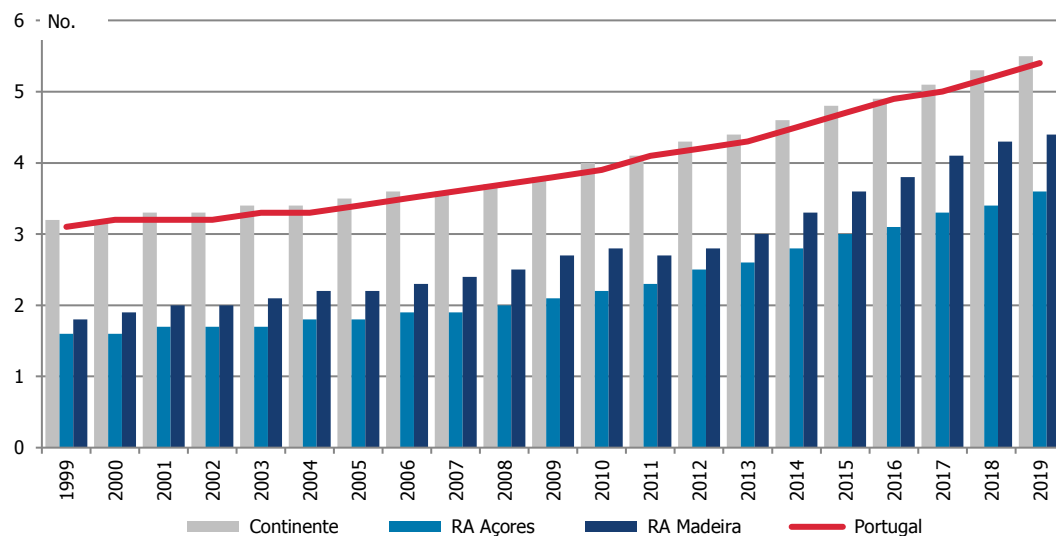


The number of doctors increased by about 75% between 1999 and 2019

In 2019, there were 55,432 professionals certified by the Portuguese Medical Association, of which 53,430 in mainland, 873 in the Região Autónoma dos Açores and 1,129 in the Região Autónoma da Madeira. Thus, there were 5.4 doctors per 1,000 inhabitants, 2.3 more doctors per 1,000 inhabitants than two decades before.

The increase in the number of doctors was generalized to all NUTS 1 regions, and occurred mainly from 2013, more intensely in the Região Autónoma da Madeira (2.6 more doctors per 1,000 inhabitants between 1999 and 2019, of which 1.4 between 2013 and 2019). Despite the general increase, the autonomous regions of Açores and Madeira continued in 2019 to register a lower number of doctors per capita than the national average, respectively 3.6 and 4.4 doctors per 1,000 inhabitants.

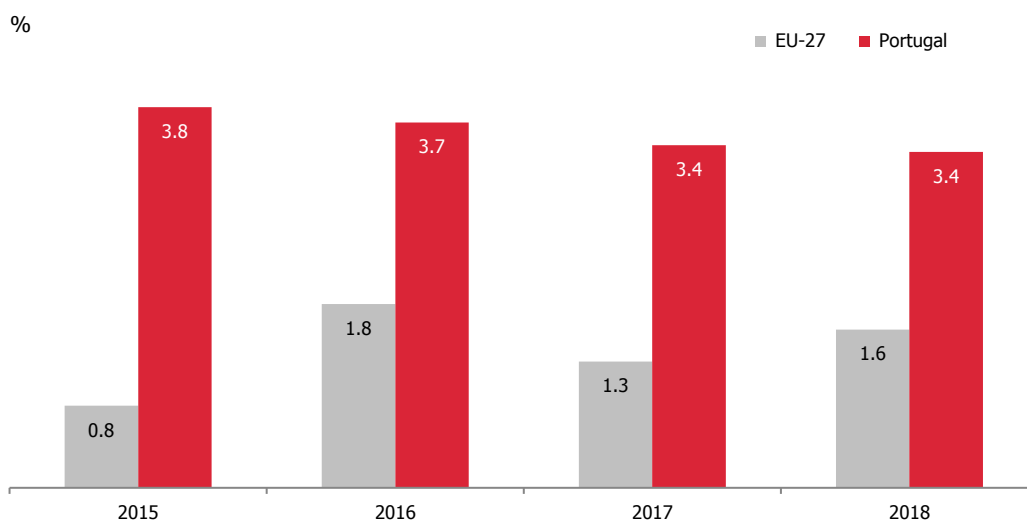
Doctors per 1,000 inhabitants, Portugal and NUTS I, 1999-2019



Source: Statistics Portugal, Health professionals

The comparison with the results currently available for the EU-27 indicates that the increase in the number of doctors was higher in Portugal: 15.1% between 2014 and 2018, with an average annual increase rate of 3.6%. In the same period, the number of doctors increased 5.6% in the EU-27, with an average increase of 1.4% per year.

Variation rates in the number of doctors, Portugal and UE-27, 2015-2018



Sources: Ordem dos Médicos, Eurostat (hlth_rs_phys)

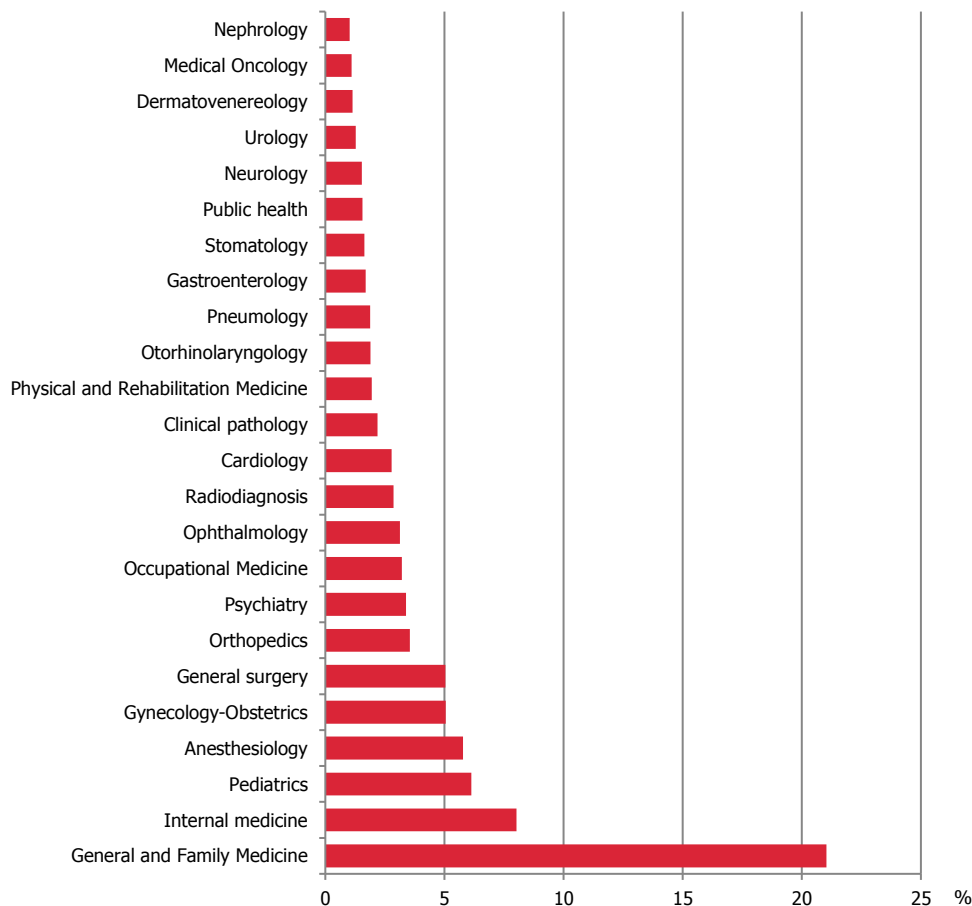
In 20 years, the ratio between women doctors and men doctors changed significantly in Portugal, from 79.2 women per 100 men in 1999 to 126.2 women per 100 men in 2019, well above the ratio of 101.5 obtained for the EU27 in 2018.

Of the total number of doctors certified in 2019, more than 60% were specialists (33,775), that is, they were qualified to practice at least one specialty in Medicine. In 2019, Family Medicine, Paediatrics, Internal Medicine and Anaesthetics continued to be the specialties held by a larger number of specialist doctors.

In particular, there were 0.8 specialists in Family Medicine per 1,000 inhabitants aged 15 and over, and 1.5 specialists in Paediatrics per 1,000 inhabitants under 15 years. Between 1999 and 2019, the number of specialists in Family Medicine increased by 67.0% (on average, 2.7% per year), which represents an additional 0.3 specialists in Family Medicine per 1,000 inhabitants with 15 years or more, and the number of specialists in Paediatrics increased by 69.0%, almost doubling the number of specialists in Paediatrics per 1,000 inhabitants under 15 years old (0.8 in 1999).

Also in 2019, regarding some medical specialties more relevant in the context of the COVID-19 pandemic, there were 201 specialists in Infectious Diseases (more than double those existing in 1999 and more than 1/3 in relation to 2014), 661 specialist doctors in Pulmonology (more than 40% in relation to 1999 and 12% in relation to 2014), and 547 specialists in Public Health (with an increase of more than 1/3 in relation to 1999 and of 13% in relation to 2014).

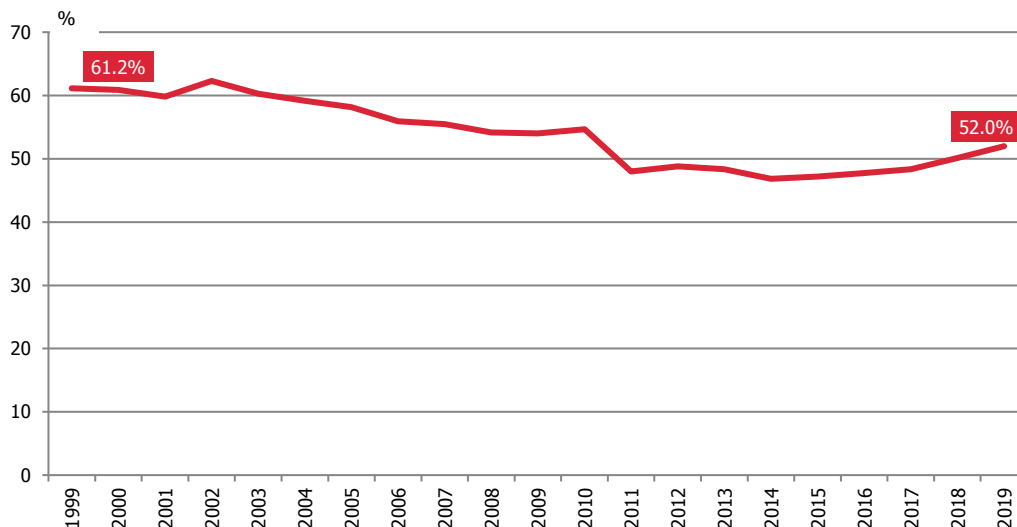
Main medical specialties, Portugal, 2019



Source: Statistics Portugal, Health professionals

About 52.0% (28,822) of the total number of doctors in 2019 worked in a hospital in Portugal in 2019, 1.9 pp more than in 2018 and 3.6 pp more than in 2017. Yet, the proportion of doctors working in hospitals have been decreasing in the last 20 years (in 1999, they accounted for 61.2%), more significantly between 2011 and 2017.

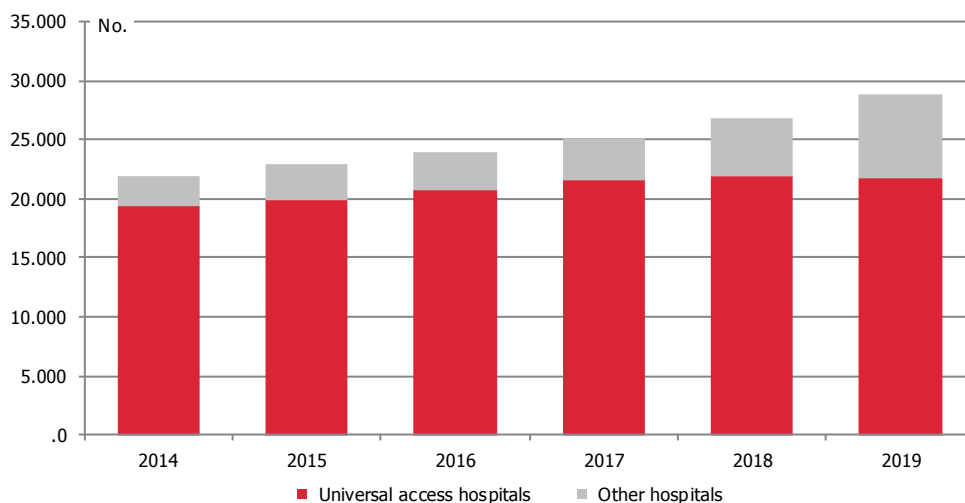
Proportion of doctors working in Portuguese hospitals, Portugal, 1999-2019



Sources: Statistics Portugal, Hospitals Survey; Statistics Portugal, Health professionals

The increase in the number of doctors in 2018 and 2019 occurred mainly in non-universal access hospitals.

Doctors in hospitals by type of access, Portugal, 2014-2019



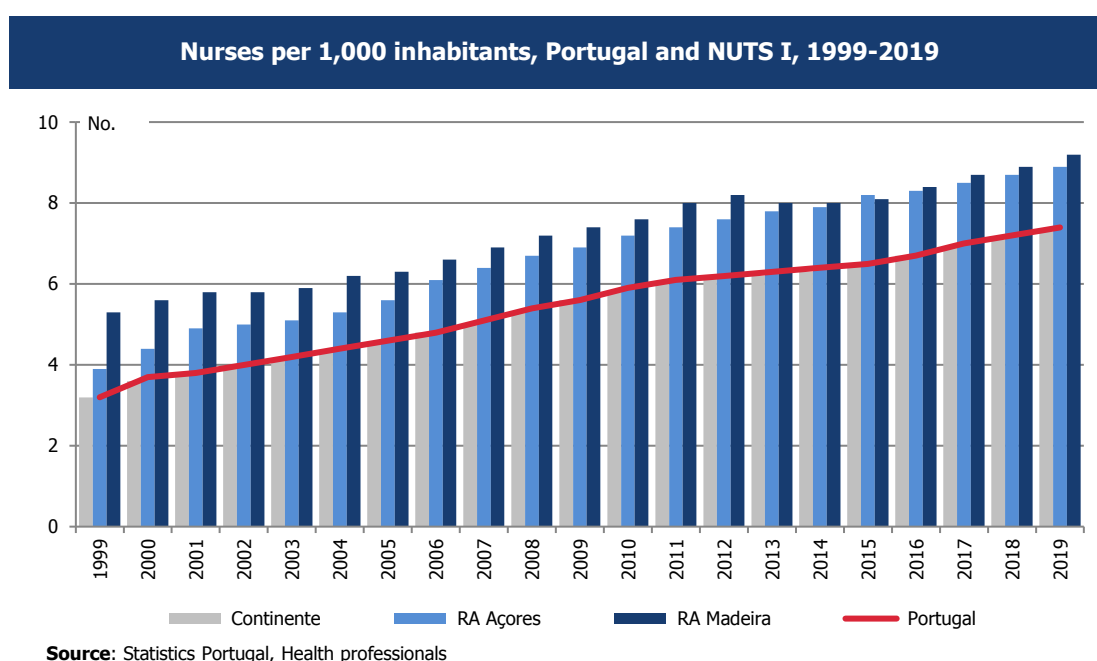
Source: Statistics Portugal, Hospitals Survey

Note: universal access hospitals include public hospitals with universal access and public-private partnership hospitals

The number of nurses more than doubled between 1999 and 2019

In 2019, 75,773 professionals were certified by the Portuguese Nursing Association, i.e. 7.4 nurses per 1,000 inhabitants, which represents an increase of 4.2 nurses per 1,000 inhabitants in the previous 20 years.

Between 1999 and 2019, the number of nurses per 1,000 inhabitants was consistently higher in the autonomous regions, namely in 2019 with 8.9 and 9.2 nurses per 1,000 inhabitants, respectively in the Região Autónoma dos Açores and in the Região Autónoma da Madeira.

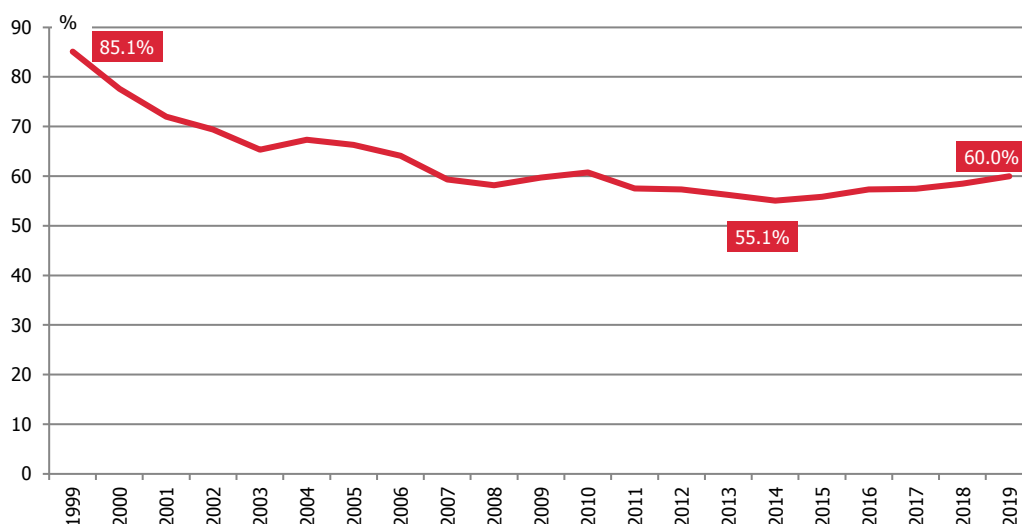


In 2019, like 20 years before, women continued to represent more than 80% of nursing professionals, with a decrease of 5% in the ratio between women nurses and men nurses from 489.0 women per 100 men in 1999 to 462.9 women per 100 men in 2019.

Of the total number of nurses working in 2019, 55,903 were general practitioners (73.8%) and 19,870 were specialists (26.2%), with a predominance of specialists in rehabilitation nursing (22.1%) and medical-surgical nursing (21.8%).

More than half of nurses worked in a hospital in Portugal in 2019: 45,444, which is equivalent to 60.0% of the total certified nurses in 2019, 1.5 pp more than in 2018 and 4.9 pp more than in 2014. The proportion of nurses working in hospitals decreased broadly until 2014 (from 85.1% in 1999 to 55.1% in 2014), followed by a period of continuous annual increases since 2015.

Proportion of nurses working in Portuguese hospitals, Portugal, 1999-2019



Sources: Statistics Portugal, Hospitals Survey; Statistics Portugal, Health professionals

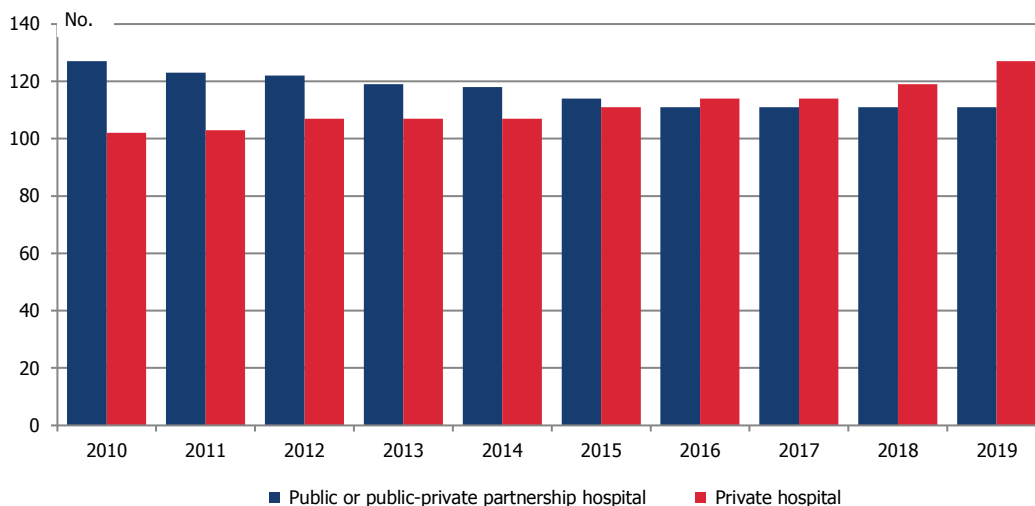
Although the increase in nurses was higher in hospitals with non-universal access, it was the hospitals with universal access that most contributed to the growth in the employment of nurses between 2015 and 2019 (72.0% of the global increase).

3 thousand more beds in private hospitals than in 1999

In 2019, there were 238 hospitals in Portugal, 111 of which belong to the official health services. The number of public sector hospitals in operation has remained unchanged since 2016, but there was a decrease of 16 hospitals compared to 2010. The ratio of universal access hospitals (public hospitals with universal access or in public-private partnership) per 100 thousand inhabitants was 1.0 in 2019, similar to the previous year.

There has been a continuous reinforcement of private hospitals over the past few years. In 2019, 127 private hospitals were in operation, 8 more than in 2018 and 25 more than in 2010. The predominance of private hospitals began in 2016 and covers both the mainland and the autonomous regions.

Hospitals by institucional nature, Portugal, 2010-2019



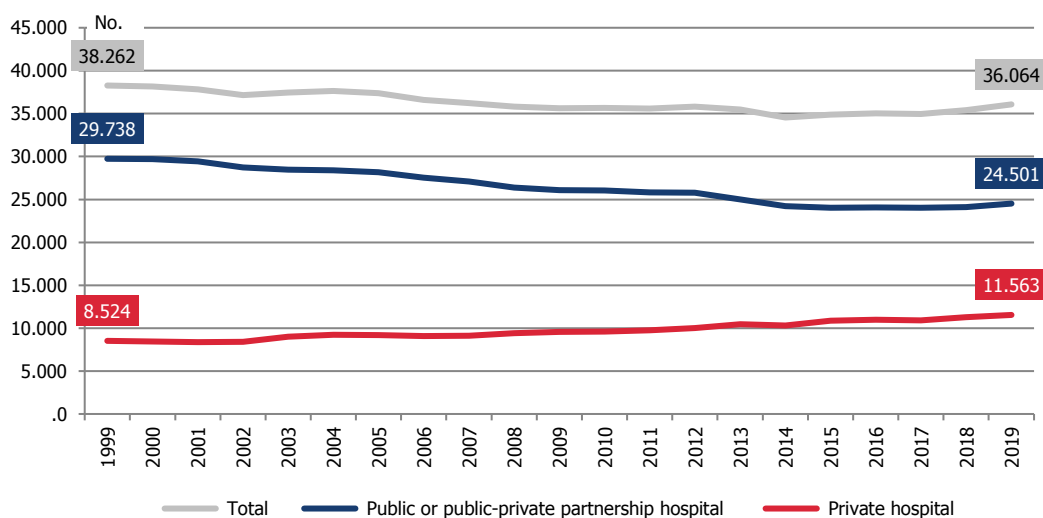
Source: Statistics Portugal, Hospitals Survey

About 74% of hospitals in 2019 were general hospitals, that is, they integrated more than area of expertise. Among the 61 specialized hospitals (covering only one area of expertise), Psychiatry was the predominant area (23 hospitals).

In 2019, there were 36,064 beds available and equipped for immediate hospitalization in hospitals, on average, 3.5 inpatient beds per 1,000 inhabitants. Of the total number of beds, 67.9% were in public hospitals or in a public-private partnership.

Compared to 1999, there was a decrease in the total number of inpatient beds in Portuguese hospitals (minus 2,198 beds, equivalent to less 5.7%) caused mainly by public hospitals or in a public-private partnership (minus 5 238 beds, equivalent to less 17.6%). In contrast, between 1999 and 2019 there was an increase of 3,039 inpatient beds in private hospitals (35.7% more).

Hospital inpatient beds by institutional nature, Portugal, 1999-2019



Source: Statistics Portugal, Hospitals Survey, provisional data for 2019

In private hospitals, nursing beds accounted for less than half of the available beds (47.5%) and semi-private or private rooms accounted for 46.4% (5,366 beds, compared with 315 beds in public hospitals or in public-private partnership).

Of the total beds available for hospitalisation in 2019, 27,053 were infirmary beds (functional unit equipped with a minimum of three beds). In public or public-private partnership hospitals, this proportion corresponded to 88.0% of the total number of hospital beds. In private hospitals, infirmary beds accounted for less than half of the available beds (47.5%) and semi-private and private rooms accounted for 46.4% (5,366 beds, compared with 325 beds in public or public-private partnership hospitals).

In the same year, there were 1,235 beds for admission to the Intensive Care Units (ICU), 524 more (73.7%) than in 1999, and 671 866 beds for admission to the Intermediate Care Units (441 more than in 1999). The beds in ICU were divided in 2019 into 225 for neonatal care, 95 for pediatric care and 915 for inpatient adults.

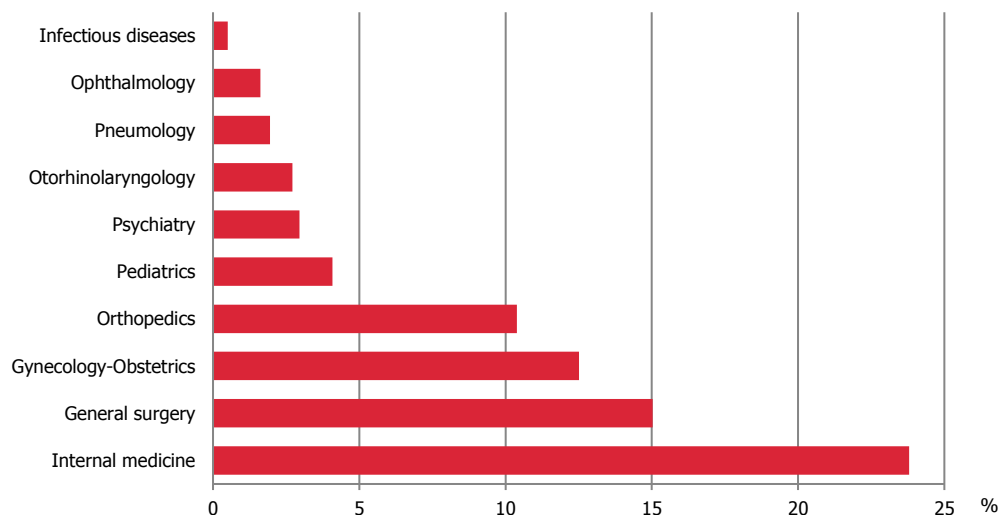
Hospitalisations in private hospitals continued to increase in 2019

In 2019, there were about 1.1 million hospitalisations in Portuguese hospitals and 10.3 million days of hospitalisation. In the previous 20 years, the number of hospitalisations in the country remained relatively stable, however with differences in terms of providers. Although public hospitals and public-private partnerships continue to ensure a large part of this activity, they registered a decrease in the number of hospitalisations, in particular from 2014 onwards. Conversely, private hospitals have admitted more and more patients for hospitalization and increased its relative weight in the provision of this type of health care (from 15.3% in 1999 to 24.1% in 2019).

In 2019, public hospitals or public-private partnerships ensured about 863 thousand hospitalisations (75.9% of the total) and 7.5 million days of hospitalisation (72.9% of the total). Hospitalisations in private hospitals continued to increase: close to 274 thousand (2.8% more than in the previous year) and 2.8 million hospitalisation days (3.0% less compared to 2018).

Of the hospitalisations that occurred in 2019, 79.0% occupied infirmary beds, mainly in the specialties of Internal Medicine, General Surgery and Gynecology-Obstetrics, with 23.8%, 15.0% and 12.5%, respectively, of the total number of hospitalisations in infirmaries. Pulmonology had a less relevant weight below 2%.

Hospitalisations in infirmary by specialty, Portugal, 2019

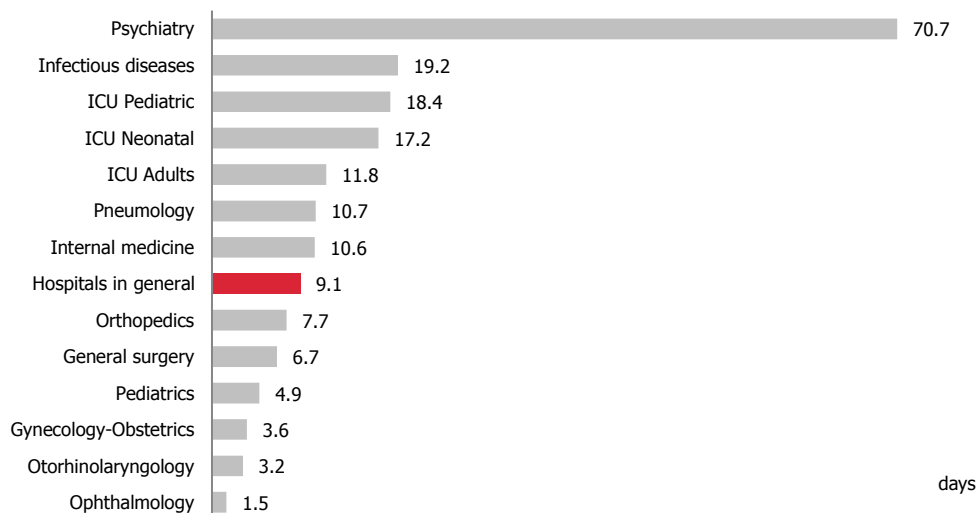


Source: Statistics Portugal, Hospitals Survey, provisional data

On average, in 2019 patients remained hospitalised in Portuguese hospitals for 9.1 days. In public hospitals and in a public-private partnership, the average length of stay was 8.7 days, while in private hospitals was 10.2 days.

The average length of stay in Infectious Diseases, Pulmonology and Internal Medicine specialties was higher than that observed in hospital admissions in general: 19.2 days in the Infectious Diseases wards, 10.7 days in the Pulmonology wards and 10.6 days in the Internal Medicine wards. Staying for a longer period of time is also characteristic of hospitalisation in Intensive Care Units, with an overall value of 12.7 days in 2019. The average length of hospital stay is different according to the nature of intensive care: 18.4 days in paediatric intensive care, 17.2 days in neonatal intensive care and 11.8 days in adult intensive care. In 1999, the average length of stay in Intensive Care Units was 10.7 days.

Average length of stay in hospital infirmaries, by specialty, and in Intensive Care Units (ICU), Portugal, 2019



Source: Statistics Portugal, Hospitals Survey, provisional data

The specialty with the longest length of hospitalisation is however Psychiatry, with an average of 70.7 days in Portuguese hospitals in 2019 (73.4 days in the previous year), with emphasis to the difference between the average length of stay in private hospitals private (186.8 days per hospitalization) and in public hospitals or in public-private partnership hospitals (with 21.1 days per hospitalisation).

4.1% more attendances in the emergency services of hospitals in 2019

In 2019, approximately 8.2 million of attendances were provided in the emergency services of Portuguese hospitals, with an increase of 4.1% in relation to the previous year. Public hospitals or public-private partnerships provided 82.7% of all emergency attendances, and private hospitals 17.3%. In relation to 1999, there was an increase of 23.6% in the total number of attendances that took place in the emergency services, higher in the case of private hospitals. The private health sector provided nearly 277,000 emergency care attendances in 1999 and 1.4 million in 2019.

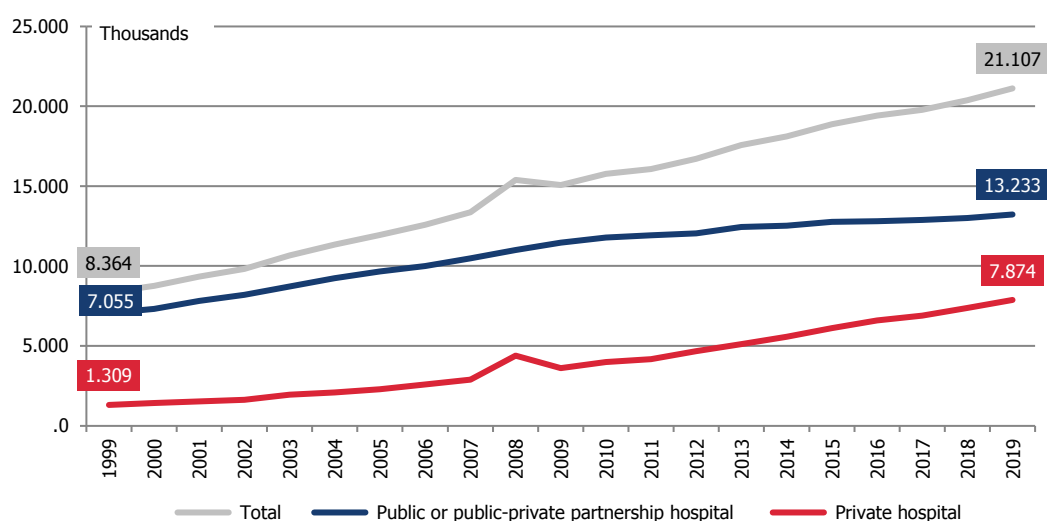
The vast majority of emergency care attendances in hospitals in 2019 were provided by the general urgency (73.4%), while paediatric emergencies were responsible for 21.0% of attendances and 5.6% of attendances were due to urgent situations in the area of obstetrics.

37.3% of medical appointments were carried out in private hospitals

In 2019, approximately 21.1 million medical appointments were carried out at the hospital's outpatient unit, of which 62.7% were provided by public hospitals or in a public-private partnership. This is the component of hospital care

services with the highest increase in the last 20 years. In 1999, 8.4 million medical appointments were carried out in all Portuguese hospitals and the public sector represented more than 80 % of global activity. In the 20 years that followed, there has been a progressive increase in the number of medical appointments, especially in the private sector. In 2019, the 7.9 million medical appointments carried out in private hospitals represented 37.3% of the total hospital appointments carried out in the country.

Medical appointments in external appointment unit by institutional nature, Portugal, 1999-2019



Source: Statistics Portugal, Hospitals Survey, provisional data for 2019

In 2019, the specialties with the highest number of medical appointments in the external consultation unit of public hospitals or in a public-private partnership were Ophthalmology, Obstetrics, Gynecology-Orthopedics and General Surgery. In the case of private hospitals, the specialties were Orthopedics, Ophthalmology, Obstetrics and Gynecology and Physical Medicine and Rehabilitation.

About 1 million surgeries performed in operating rooms in hospitals in 2019

In Portuguese hospitals, in 2019, approximately 1.0 million surgeries were performed in operating room, a number that represents almost the double of surgeries performed in Portugal in 1999. In that year, approximately 542 thousand surgeries were performed, 77.6% of which in the public sector. Over the next two decades, there was an increase in surgeries either in public hospitals and in a public-private partnership, or in private hospitals.

In 2019, about 70% of the surgeries were performed in public hospitals or in a public-private partnership, of which 85.3% were scheduled, that is, they resulted from admissions with prior appointment. In the case of private hospitals, the scheduled surgeries had a greater weight, representing 96.6% of the total surgeries performed in 2019.

Approximately 86% of complementary diagnostic and/or therapeutic acts were performed in public hospitals or in a public-private partnership

In 2019, 180.3 million complementary diagnostic and / or therapeutic acts were performed in Portuguese hospitals, i.e., exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others) or curative care after diagnosis and therapeutic prescription (physical therapy, radiotherapy, lithotripsy, immunohemotherapy, among others), 2.3 million more than in the previous year and 93.8 million more than in 1999.

Approximately 86% of these exams or curative care was performed in public hospitals or in a public-private partnership. Private hospitals were responsible for the remaining 14.2% of the complementary diagnostic and/or therapeutic acts performed in the country, with an increase of 1.3 pp in relation to 2018 and 8.7 pp to the 1999.

In 2019, 119.2 million clinical analyzes were performed in hospitals, more than double those performed in 1999 (57.1 million), remaining as the main complementary act (about 66% of all complementary acts performed in hospitals). About 91% of clinical analyzes were carried out in public hospitals or in a public-private partnership, 6.1 percentage points less than 20 years ago.

Complementary acts of Physical Medicine and Rehabilitation were the second most important means of diagnosis and/or therapy, totaling 16.8 million acts (9.3%). Of these, 55.6% were carried out in public hospitals or in a public-private partnership and 44.4% in private hospitals.

Radiology exams - which include ultrasounds, magnetic resonances, conventional X-rays and computed axial tomography (CAT) - were also a relevant complementary act. Globally, 13.2 million Radiology exams were performed, equivalent to 7.3% of the total complementary diagnostic and/or therapeutic acts performed in hospitals. More than 65% of the radiology exams were carried out in public hospitals or in a public-private partnership.

More than half of current health expenditure was funded by the National Health Service and the Regional Health Services of the Autonomous Regions

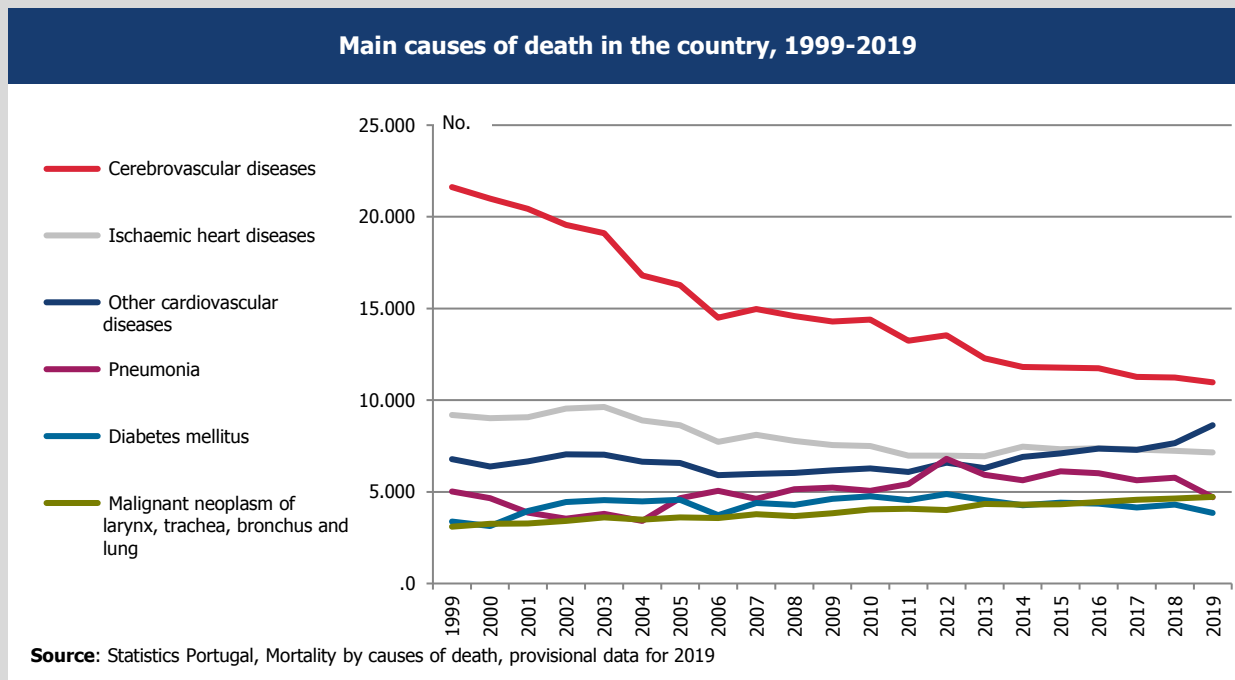
According to the Health Satellite Account, between 2017 and 2019, the National Health Service (SNS in Portuguese) and the Regional Health Services of the Autonomous Regions (SRS in Portuguese), as a whole, were the main funding agents of current health expenditure, supporting, on average, 54.0% of the total. In those years, on average, 29.7% of current expenditure was financed directly by households.

In structural terms, between 2017 and 2019 there was an increase in the relative weight of expenditure by insurance companies (4.2% of current expenditure in 2019, 0.3 pp more than in 2017) and a decrease of 0.2 pp of the relative weight of public health subsystems (mandatory and voluntary).

Deaths from malignant neoplasms of larynx, trachea, bronchus and lung increased by more than 50% in 20 years

As in 1999, cerebrovascular diseases continued to be the ones that caused most deaths in 2019, having been responsible for 14.0% of deaths in the 20 years between. Nevertheless, they cause are fewer and fewer deaths, with a decrease from more than 20 thousand deaths in 1999 to around 11 thousand deaths in 2019.

Ischemic heart disease caused 7.4% of deaths in the period under analysis, remaining as the second underlying cause of death in the country, despite the decrease of 22.2% in the number of deaths between 1999 and 2019. In contrast, the Other cardiovascular diseases caused 27.2% more deaths in 2019 than in 1999.



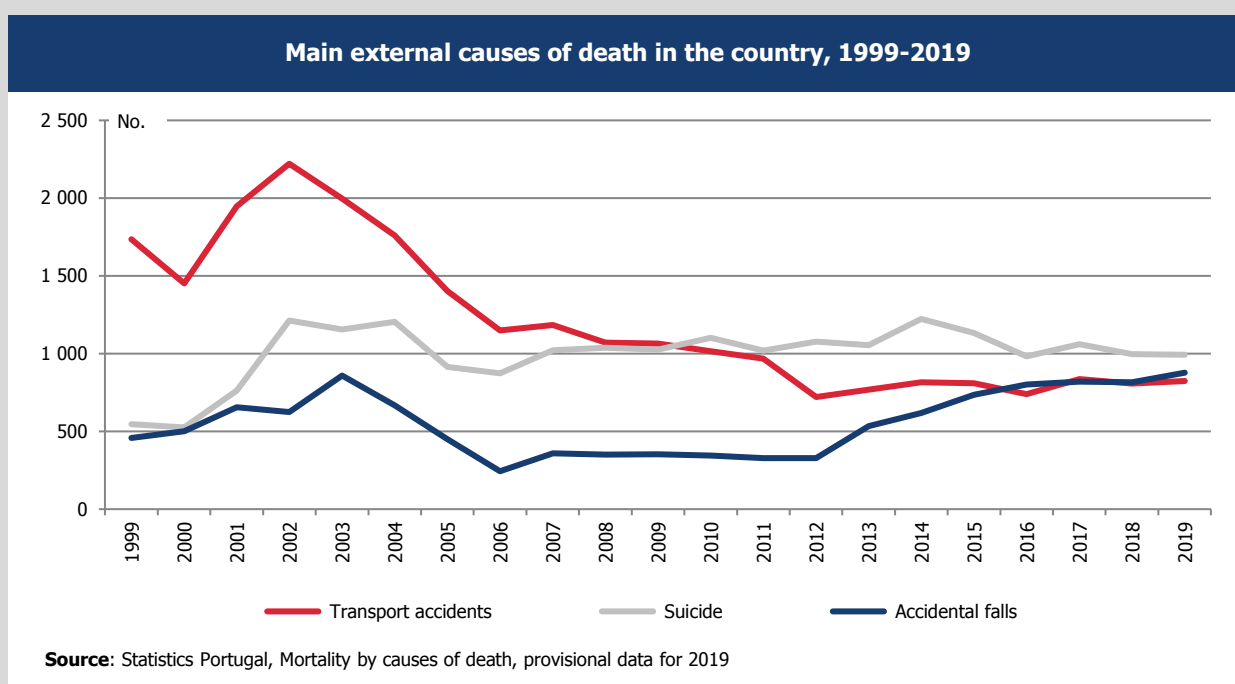
Deaths from malignant neoplasms of the larynx, trachea, bronchus and lung accounted for 3.7% of mortality between 1999 and 2019, recording in 2019 a number of deaths 52.4% above the result obtained 20 years earlier.

Transport accidents cause fewer and fewer deaths

External causes of death from injury and poisoning accounted for 4.5% of deaths in the country between 1999 and 2019, with higher values in 2002-2003 and lower in 2011-2013. Of these, the most determinant were transport accidents (1.1% of mortality between 1999 and 2019), suicides and other intentional self-inflicted injuries (0.9%) and accidental falls (0.5%).

Although, on average, the impacts of transport accidents and suicides were similar, over the 20 years under analysis the pattern of the two causes is substantially different. While the indicator of deaths from transport accidents shows a clear downward trend, the indicator on suicides stabilized around 1,000 annual deaths.

The indicator related to deaths due to accidental falls continuously registers annual increases since 2013, after a period of reduction in the number of cases between 2006 and 2012.



Concepts:

Age group: The age interval in years to which a person belongs at the time of reference.

Appointment: Health act in which a health professional evaluates the clinical situation of a person and plans the provision of health care.

Bed: Equipment intended for the stay of an individual in a health care establishment.

Complementary act of diagnosis: Exam or test that provides the required results to establish a diagnosis.

Complementary act of therapy: Provision of curative care, after diagnosis and therapeutic prescription.

Disease: Disturbance of the normal state of a living being that disrupts the performance of vital functions, that manifests itself through signs and symptoms and that is a response to environmental factors, specific infectious agents, organic changes or combinations of these factors.

Elective surgery: Surgery following a scheduled admission.

Emergency service: Clinical functional unit of a health establishment that provides health care to individuals who access from outside with a sudden change or worsening of health status, at any time of the day or night during 24 hours.

External appointment unit: Organic-functional unit of a hospital where the patients are admitted for appointment.

Family medicine: Specialisation in medicine that deals with the health problems of individuals and families on an ongoing basis and in the context of the community.

General hospital: Hospital that integrates several specialities.

Health status: Health profile of an individual or population that can be measured using an organized set of indicators.

Healthy life years: Average number of years that an individual of a certain age is expected to live without long-term limitations to perform activities people usually does, on the assumption that the mortality pattern observed in the period of reference remains unchanged.

Hospital emergency service: Emergency service of a hospital equipped with specialised physical, technical and human resources for the treatment of emergency situations.

Hospital: Health establishment that provides curative and rehabilitation health care in inpatient and outpatient services, which may collaborate in the prevention of diseases, teaching and scientific research.

Hospitalisation: Modality of health care to individuals who, after admission to a health establishment, occupy a bed (or neonatal bed or paediatric bed) for diagnosis, treatment or palliative care, with a stay of at least 24 hours.

Infirmary: Functional unit of the inpatient services of a health establishment where patients remain and which has at least three beds.

Inpatient bed-days: Total days used by all patients hospitalized in the various services of a health establishment in a reference period, except for the days of discharge of the same patients of that health establishment.

Longstanding health problem: Health problem that lasts or is expected to last more than six months.

Medical appointment: Appointment made by a doctor.

Medical doctor: Health professional with a degree in medicine and authorization by the respective professional order for the exercise of medicine.

Medical specialist: Doctor qualified to practice a speciality in medicine.

Minor surgery: Surgery that, although executed in safety and asepsis conditions, and with the use of local anesthesia, does not require to be performed in an operating room, direct support of a helper, anesthesia monitoring and the stay in recovery, having immediate discharge after the intervention.

Nurse: Qualified health professional with a degree in Nursing and authorization of the respective professional council for the exercise of Nursing.

Pathological anatomy: Speciality in medicine dedicated to the scientific study of functional and structural changes (macroscopic, microscopic, cellular and molecular) of diseases with the objective of identifying their causes, to allow the practice of a suitable predictive and preventive medicine, as well as the effective therapy and prognosis of diseases.

Physiotherapy: Treatment of diseases and their alterations or injuries through physical agents (heat, cold, water, electricity, ultrasound, diathermy, among others) or mechanical means (massages, gymnastics, active or passive movements, among others).

Private hospital: Hospital whose owner and main financier is a private entity, whether or not for profit, having universal or restricted access.

Private room: Single room with private bathroom.

Public hospital: Hospital whose owner, main financier or administrative guardian is the State, having universal or restricted access.

Public-private partnership hospital: Hospital whose main financier or administrative guardian is the State and whose management is controlled and carried out by a private entity through a contract established with the State, having universal or restricted access.

Semi-private room: Room for two patients with private bathroom.

Specialisation in medicine: Set of specific knowledge and skills, obtained after successful attendance of postgraduate training and which gives a specialisation in a particular field of medicine.

Specialised hospital: Hospital in which predominates a number of beds assigned to a specific speciality or that provides care only or especially to patients of a certain age group.

Specialist nurse: Nurse qualified to practice a speciality in nursing.

Speciality appointment: Medical appointment carried out within a speciality or subspecialty of hospital basis that should follow a clinical indication.

Subspecialty in Medicine: Title that recognizes a differentiation in a particular area of a speciality in medicine to members of the respective College of the Medical Doctors' Council.

Surgery: One or more surgical procedures with the same therapeutic goal and/or diagnosis, performed by a surgeon in the operating room in the same session.