

The implications of health insurance for the labour market and patient satisfaction with medical care in Vietnam

Citation for published version (APA):

Le, T. Q. N. (2019). *The implications of health insurance for the labour market and patient satisfaction with medical care in Vietnam*. ProefschriftMaken Maastricht. <https://doi.org/10.26481/dis.20190925nl>

Document status and date:

Published: 01/01/2019

DOI:

[10.26481/dis.20190925nl](https://doi.org/10.26481/dis.20190925nl)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Propositions accompanying the dissertation

The implications of health insurance for the labour market and patient satisfaction with medical care in Vietnam

by Lê Thi Quynh Nga

1. In the absence of sound evidence for their own countries, policy makers of low-and middle-income countries can use the available U.S. literature to gain insights on the labor supply effects of health insurance. (Chapters 6).
2. Within the Social Health Insurance in Vietnam, free health insurance for the poor has a negative effect on labour supply, manifested in both the number of hours worked and labour force participation. (Chapter 3).
3. To improve the efficiency of Social Health Insurance in Vietnam, the boundaries between different health insurance sub-schemes need to be removed. (Chapter 4).
4. Health insurance can make insured patients in Vietnam more satisfied with medical care provided if they benefit from its financial coverage. (Chapter 5).
5. Currently, Social Health Insurance coverage in Vietnam is rather limited and ineffective. (Chapter 5). Expanding the coverage depth of the Social Health Insurance via the expansion in services covered and reduction in co-payment rate for each service is needed. (Chapter 6).
6. Universal health insurance should be a means rather than a final goal.
7. The undesirable effects of health insurance on labour supply should not block the path towards Universal Health Coverage.
8. “Be patient with patients who are not patient” (unknown author)
9. Was Adam Smith a Marxist when he wrote “Labour was the first price, the original purchase – money that was paid for all things. It was not by gold or by silver, but by labour, that all wealth of the world was originally purchased”? (in *The Wealth of Nations*, Adam Smith, 1776)
10. In the wave of the Fourth Industrial Revolution, are robots really a threat?