**Annex 1:**

**List of interviewees (anonymized names)**

Patient 1: Claudia (22.07.2019)

Patient 2: Lotte (30.07.2019)

Patient 3: Giulia (19.08.2019)

Slotervaart staff 1: Johan (10.07.2019)

Slotervaart staff 2: Abigail (10.09.2019)

Slotervaart staff 3: Rachel (29.10.2019)

Doctor 1: Lukas (24.01.2020)

Doctor 2: Paul (05.11.2019)

Doctor 3: Stijn (26.08.2019)

Doctor 4: Samantha (07.11.2019)

Doctor 5: John (15.01.2022)

Nurse 1: Anna (07.02.2020)

Manager 1: Rafael (08.11.2019)

Manager 2: Jaap (22.01.2020)

Healthcare specialist/economist 1: Daan (09.10.2019)

Healthcare specialist/economist 2: Robert (23.01.2020)

Healthcare specialist/economist 3: Oliver (06.11.2019)

Healthcare specialist/economist 4: Albert (17.09.2019)

Journalist: Patricia (18.09.2019)

**Annex 2:**

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| Timeline of the Dutch healthcare sector and the Slotervaart Hospital | | |
|  | **Overall** | **Slotervaart Hospital** |
| 1940s | Before the 1940s providers were free to define the prices of healthcare services and there was no regulation about health insurance.  The promulgation of the Sickness Fund Act (ZFW) (1941) established mandatory healthcare insurance (*ziekenfonds*) for all those bellow a predetermined income threshold. Coverage was standardized and premiums were income related. This scheme covered about two thirds of the population. Wealthier citizens could enroll in a private health insurance.  This represented a dualized arrangement, where the affluent and the poor received different kinds of care. Professionals were also often prioritized those covered by private insurance since the price paid for the consultations was higher. |  |
| 1950-1960s |  | First plans for the Slotervaart Hospital started to be sketched and members of the City Council proposed that this facility should cater to those groups that are excluded from other hospitals (elderly, chronically ill, uninsured). |
| 1980-1986 | Hospitals were encouraged to reduce bed capacity and specialist positions were also limited. Moreover, the Healthcare Prices Act (1982) allowed the government to control medical fees.  Also, the health insurance scheme went through some readjustments and the Health Insurance Access Act (WTZ) was instated; it determined that private insurers should offer a standardized policy at a legally determined price the goal was to maintain health insurance accessible to the elderly and other high-risk groups. | According to the health minister, Slotervaart should be closed due to the excessive number of beds in Amsterdam and to its poor financial position compared to neighboring institutions. |
| 1987 | Dekker Committee: first step towards the creation of a healthcare market, the report “Willingness to Change” is presented. |  |
| 1990-2000 | Deregulating reforms were pursued in various sectors (including healthcare). However, that came at the expense of care provision and increasing dissatisfaction with the system.  Gradual policies were introduced in the care sector to pave the way for a market-led healthcare system, in line with the Dekker Comission’s suggestions. | In 1997 The Slotervaart Hospital was privatized. This process represented the rupture of any ties between the municipal government and the facility. From then on, Slotervaart would have to stand on its own, as any other hospital in the country. However, this was merely a bureaucratical process the staff remained the same, only the arrangements associated with the facility's management and financing were altered. |
| 2003 | Introduction (in an experimental stage) of the DBCs (Diagnosis Treatment Combination) in some hospitals. This device was created to facilitate the definition of healthcare products, aiding in the establishment of a market. |  |
| 2006 | Introduction of the Healthcare Act, institutionalizing “regulated-competition". The government’s role shifted from direct controller to rule-setting and overseer of the health sector.  The *ziekenfonds* are abolished and only private insurance companies remain active in the sector. All residents (or employed) in the Netherlands must subscribe to an insurance company at the risk of being fined if they do not comply. Premiums are no longer income-related, they are determined at a fixed price and those that cannot afford should apply for financial-aid. The minimum package is designed by the government and provided by all insurance companies. | Meromi B.V. purchases Slotervaart, turning it into the first privately owned general hospital in the Netherlands. |
| 2013 |  | The M.C. Groep buys the Slotervaart Hospital with the intent of creating a network of privately owned healthcare facilities. |
| 2018 |  | Slotervaart files for bankruptcy and is evacuated after three days. |

**Annex 3:**

**These are some of the quotes that did not make to the paper, or had to be shortened, due to space constrains. Nevertheless, they help to paint a clearer picture of the Dutch healthcare sector in the view of patients and care providers.**

When discussing how this abrupt closure led to uncertainties in care provision and treatment continuation some of our interviewees mentioned,

“My GP tried to locate the doctor and could not find it. Then she passed me to the specialist of the other hospital because she could not locate the doctor who attended me there. I had to change doctors and start over. I don't know where my exams went because at the time, I brought a flash drive with my exams and she copied everything and I don't know where those exams are. So I have to scan everything all over again, it's a lot of exams because I've been doing this for 20 years. I scanned everything since my first surgery 20 years ago, brought everything for her to understand what happened, the stages of treatment and this doctor I do not know where she went. I had to start over with someone else without having this documentation. It's a little traumatic disease for me I went 2x for surgery and the first one was super traumatic because I wasn't expecting it, I didn't even know what I had, I lost my ovary, so it's a little scary. I feel helpless here” (Patient 1,22.07.2019).

“I was still in the middle of treatment. And honestly, I was so shocked that I was like... I don’t know… I didn’t know what to do. If it had been in my home country, I guess I would have complained … here I was like ok, maybe this is normal here. So, I just went back to my GP after a month or so. She knew what had happened to the hospital, so basically, long story short, I had to start the whole process again. Seeing my GP, getting a new referral to a different hospital. Because actually when she checked me she said ‘I can see the surgery wasn’t successful, so you will probably have to have it again. So we are going to have to start the whole process from scratch”. And that was another 6 months. I was surprised by how slow the process was. I ended up being referred from my GP to the VUmc and then waited I guess a couple of months. But when I spoke to them, they told me they were full of Slotervaart’s patients, so I had to wait a while. When I went to see them, they said I needed a revision surgery and that ‘we don’t do it here so we’ll have to refer you to another hospital’. By now I’m in like hospital #3” (Patient 2, 30.07.2019).

“When you break your bone, it is not so important which orthopedist takes care of you. Your bone has to be fixed and after two weeks it is fixed. But when you have cancer, and you have a life-threatening disease, you know you will die because of your cancer. Then your relation to your caregiver will be very different. You rely on them, they are your anchors, they know you, they give you psychological help. That is a relationship that goes much deeper and that you don’t transfer easily. I had a patient, and she was suffering from breast cancer. She was a very difficult person and it really took us a long time to get her to trust us. She didn’t want to be treated; she didn’t want to know she had cancer. Finally, she trusted me, and we got the bankruptcy and she told me ‘well, I am going to die now. I am not going to another hospital. I want you and nobody else’. Finally, she has gone to another hospital with a delay of 2 months only with the promises that I would call her every now and then. About 2 months ago she passed away and in the last year every few weeks I called her. Just to stay in touch and to give her the feeling that I would not let her down”. (Nurse, 07.02.2020)