

The Duality of Healthcare: An Observation of The Spanish National Health System Based on a Global Health Internship in Valencia, Spain

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Abstract

Healthcare systems around the world are designed accustomed to their culture, values, and government structures yielding a one-size-fits-all model not universally applicable. This observational analysis aims to compare my experiences between healthcare infrastructures of two affluent countries to evaluate the differences in their models and outcomes.

The summer of 2025, I completed an internship rotating at several private clinics and hospitals in València, Spain, where observations showed that individuals may access primary care physicians but are often required to provide specific documentation to be completed for health records or prescription refills. Additionally, patients need to visit multiple healthcare facilities to complete laboratory testing or receive medications.

The Spanish National Health System (SNS) is primarily funded through government taxes and provides universal health coverage to its citizens, with associated out-of-pocket costs unlikely to result in significant financial burden for households.¹ Spain consistently reports one of the highest life expectancies in the European Union, however, gaps remain in limited coverage for certain health services and prolonged wait times for specialist care.

The United States (US) healthcare system is funded through a combination of government programs, private insurance companies, and out-of-pocket individual payments.² Healthcare infrastructure is predominantly managed at the local level utilizing a patient cost-sharing system. Despite this multifaceted system, the US continues to face significant challenges related to the financial burden of healthcare and limited access to care.

My experiences interacting with the SNS through my internship and the US healthcare system emphasize the underlying differences in healthcare infrastructures between two highly developed countries, highlighting the diverse approaches used to provide care to their populations and improve health outcomes.

Introduction & Location

This internship was based in Valencia, Spain where I rotated through private medical facilities in multiple specialties to gain insight into the Spanish healthcare infrastructure. I observed patients in 3 private clinical settings and 2 private hospital-based environments in València center, Burjassot, Gandia, and Campanar. Through these experiences, I found that the unique structure of the Spanish National Health System (SNS) provides highly effective comprehensive care to its wide range of patient populations, comparable to that of the United States (US).

Valencia, Spain

- 3rd largest and most populated city in Spain with over 800,000 individuals
- Languages spoken among the region: Castellano Spanish and Valencian Spanish
- 28 Hospitals, 500 Primary Care Centers
- Catastrophic flooding in October 2024
 - High rates of infections associated with contaminated water
 - Increased mental health concerns

Patient Population

I rotated in the following clinical specialties:

- Obstetrics and Gynecology (OB/GYN)
- Neonatal Intensive Care Unit (NICU)
- Physical Medicine & Rehabilitation (PM&R)
- Family Health and Community Medicine

I observed a variety of patients navigate through the private sector of the Spanish health system and engaged with numerous healthcare professionals to gain insight into the SNS.

Spanish National Health System (SNS)

- Decentralized Universal Coverage Model
 - Government funded through general taxation
 - Hospital and Specialist Services – **54.0%**
 - Pharmaceuticals – **19.8%**
 - Primary Care Services – **15.7%**
- Public Hospitals as Academic Hubs
 - Centers for medical education, innovative research, and high-acuity care
 - Academic physicians primarily practice in the public healthcare sector
- Health Coverage Structure
 - All patients are required to enroll in SNS
 - Individuals may choose to opt in to private insurance coverage for extra benefits
 - *Tarjeta Sanitaria Individual (TSI)* – individual health identification card for SNS access
- Pharmaceuticals and Prescriptions
 - Medications are dispensed through stand-alone *Farmacias* (community pharmacies)
 - Electronic prescriptions are not yet universal

- Electronic Medical Record (EMR) Documentation
 - EMR systems are used for basic electronic documentation of patient visits, typically limited to key complaints, findings, and treatment plan
 - Test results and paperwork are brought in to be reviewed with the physician rather than electronically communicated
- Continuity of Care
 - Follow-up testing and laboratory services often require separate facilities, rather than integrated, all-inclusive centers → greater inconvenience factors
- System Challenges
 - Extensive wait times for appointments and specialized services remain a notable limitation



Spain Regional Map of the Autonomous Communities.

	Total medical professionals	Primary Care Teams	Other Primary Care	Hospital Care	Emergency and urgent care services	Medical professionals in specialized training	Total number of medical professionals per 1,000 inhabitants
SNS	177.121	37.960	6.080	95.702	4.001	33.378	3,7
Andalusia	26.721	6.430	906	12.727	1.115	5.543	3,1
Aragon	5.673	1.176	330	3.054	110	1.003	4,2
Asturias, Principality	4.530	810	277	2.652	56	735	4,5
Balearic Islands	4.086	844	154	2.291	143	654	3,3
Canary Islands	7.393	1.630	284	4.014	205	1.260	3,3
Cantabria	2.461	471	144	1.315	31	500	4,2
Castile and León	10.323	2.521	459	5.201	232	1.910	4,3
Castilla-La Mancha	7.744	1.651	316	4.274	171	1.332	3,7
Catalonia	29.062	6.176	606	16.895	306	5.079	3,6
Valencian Community	18.153	4.158	527	9.848	290	3.330	3,4
Extremadura	4.253	949	343	2.094	99	768	4,0
Galicia	10.159	2.237	508	5.555	137	1.722	3,8
Madrid, Community of	26.644	5.000	362	14.822	433	6.027	3,9
Murcia, Region of	6.271	1.262	316	3.159	433	1.101	4,0
Navarre, Chartered Council of	2.850	524	232	1.427	61	606	4,2
Basque Country	9.169	1.768	248	5.452	122	1.579	4,1
La Rioja	1.200	257	57	657	37	192	3,7
Ceuta and Melilla	429	96	11	265	20	37	2,5

Number of medical professionals working in the National Health System (NHS) in Primary Care, Hospital Care, Emergency and Urgent Care Services and Specialists in training by autonomous community. 2023/2024.



IMED Private Hospital in Burjassot, València, Valencia, Spain.



Entrance to Clínica Laura Martí, OB/GYN Clinic, in València, Valencia, Spain.

Personal Development

Through this internship, I gained firsthand insight into patient care within Spain's universal healthcare model, observing patient populations ranging from neonates to the elderly access medical services. Working in multiple clinical settings deepened my understanding of healthcare delivery across specialties and strengthened my ability to communicate effectively in Spanish, especially in medical contexts. These experiences enhanced my cultural competence and adaptability, qualities that will shape my approach as a future physician. Exposure to the SNS also broadened my perspective on how different systems address patient needs, allowing me to consider ways comparative models can facilitate effective healthcare outcomes, as well.

Limitations

- Limited to patients and healthcare facilities in 4 Valencian towns
- 6-week personal observational experience supported by academic literature
- Time duration of each clinical experience varied
 - Some clinics I spent 1 to 2 weeks, while others 2 to 3 days
- Global health internship only partnered with private sector clinics and hospitals

Future Research

- Pertinent areas to expand upon this observational research includes:
- An additional evaluation of the public healthcare sector:
 - What is the main academic research focus? How does the universal healthcare model in Spain compare to countries with alternative lifestyles?
 - An updated, comprehensive evaluation of health outcomes in Valencia to identify the current population health status
 - Further investigation of the catastrophic floods and its health impacts on the Valenciano population

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