



STADA HEALTH
REPORT 2026

AI Is Transforming Healthcare

STADA Health Report 2026:
20 Countries. Countless Insights.



● ● **Peter Goldschmidt**
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EDITORIAL

Three Forces, One Direction: How Europe's Health Is Being Reshaped by AI

Each year, we have looked at the data of the STADA Health Report through a slightly different lens – but one overarching theme is now more prevalent than ever: across the 20 countries we surveyed in 2026, three forces are colliding. Everyone within the healthcare sector will need to adapt and act on these changes.

Healthcare systems are under sustained pressure – barely half of Europeans are satisfied with their public healthcare system. Two in three name a shortage of healthcare professionals and long waiting times as the single biggest health challenge in their country.

At the same time, people are not waiting for the system to catch up: more than three out of four feel in

control of managing their own health, virtually everyone self-medicates, and 8 in 10 Europeans already use one or more tools to monitor their well-being.

Into this moment steps a third force: artificial intelligence. 55 percent of Europeans are already using AI in relation to their health, the majority would consider AI consultation, and almost 1 in 2 already trust, or would be willing to trust, an AI diagnosis.

The discourse around empowered, self-determined patients is not new, but AI is driving this development forward at a markedly faster pace. Europeans are no longer simply patients waiting in a queue. They are active participants who combine personal action, digital tools and professional advice into

something new. Among the many clear findings of this report is that this shift is not a temporary work-around for an overstretched system – it *is* becoming the model itself. But the data is just as clear about what does not change. Trust still has a human face.



Most Europeans continue to rely on healthcare professionals, and when it comes to the decisions that really matter, still prefer to see their doctor or pharmacist in person.

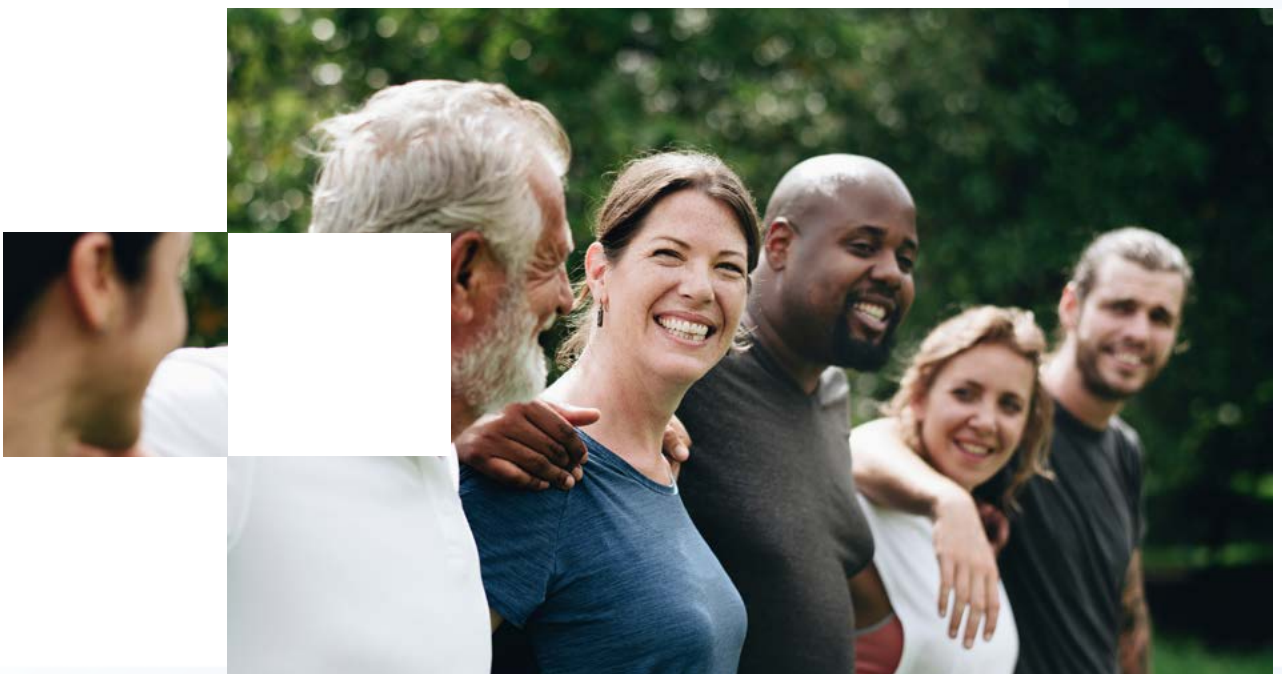
Even among those most open to AI, the appetite is for support, not substitution. The winning model of care that emerges from this year's findings is therefore not digital instead of human, but a combination of the two: faster, smarter and more accessible, while keeping trust, guidance and responsibility where they belong – with the pharmacists, doctors, nurses and carers who hold the system together every day.

Pharmacies are one of the most accessible, most trusted points of contact most Europeans have with their healthcare system. In a world where 62 percent would already trust a digital-only pharmacy partly or fully, the question is not whether pharmacies will change – they will, because they must – but how they evolve into hybrid hubs that combine human expertise with the speed and reach of digital tools.

True to our purpose of *Caring for People's Health as a Trusted Partner*, we will support them through this transition – with reliable supply, quality consumer healthcare, generic and specialty medicines. And a clear commitment to the people, both in front of and behind the counter.

I invite policymakers, manufacturers, distributors and healthcare professionals to read the 2026 edition of the STADA Health Report not as a verdict, but as an invitation: to shape a hybrid future of health in which innovation serves people, and trust remains the foundation everything else is built on.

Peter Goldschmidt
CEO STADA Arzneimittel AG





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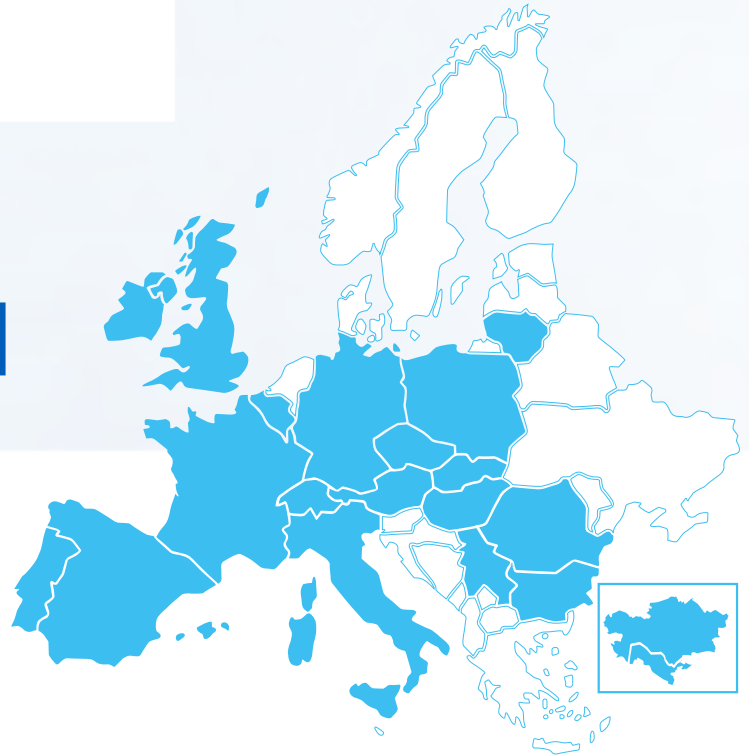
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METHODOLOGY

Origin, Objectives and Methodology



Across Europe, the way people relate to their health is changing fast. Healthcare systems are increasingly showing the strain, while new tools – from artificial intelligence to online-only pharmacies – are reshaping what caring for one’s health looks like. At the same time, Europeans are taking a more active role in managing their own well-being, navigating an ever-growing range of information, channels and choices.

The STADA Health Report 2026 sets out to capture this moment of transition: How do Europeans experience their healthcare systems today? How in control of their own health do they feel, and when do they feel left alone? How open are they to AI as part of their health journey – and what do they expect from the doctors, pharmacists and other professionals they have trusted for decades? And what will the future of healthcare look like when digital tools and human expertise meet?

•• Looking back

Initially conceptualised as a national health study to investigate the health literacy of the German population, the STADA Health Report has grown steadily, and has since become one of the largest and most comprehensive international studies in the industry. True to STADA’s purpose of Caring for People’s Health as a Trusted Partner, the Health Report does not shy away from asking difficult questions and uncovering uncomfortable truths about our well-being, habits and attitudes to initiate discussions about how healthcare is perceived today and how it must adapt in the future.

•• Sample and methodology 2026

The 2026 international survey was conducted by Human8 via an online questionnaire in February through March 2026 in the following 20 countries: Austria, Belgium, Bulgaria, Czechia, France, Germany, Hungary, Ireland, Italy, Kazakhstan, Lithuania, Poland, Portugal, Romania, Serbia, Slovakia, Spain, Switzerland, the United Kingdom and Uzbekistan. The panel included well-balanced, representative samples of 500–2,000 respondents aged 18–99 in each country. As always, the survey was representative in terms of age, gender and region.

In answering more than 40 questions, participants were able to share their thoughts and opinions on topics such as health empowerment, care preferences in the age of AI, the relevance of personal interaction with healthcare professionals, whom they trust most in health questions, satisfaction with and challenges of national healthcare systems, ageing and longevity, and many more.

Geographically, Kazakhstan and Uzbekistan form part of Central Asia. For the sake of this report and its readability, both countries and the results from their respective surveys, together with the 18 participating European nations, have been subsumed under the term “European”.

CHAPTER 01

8 MIN

Europe's Healthcare Systems Are Under Pressure

● ● Healthcare systems across Europe continue to be tested: long waiting times, staff shortages, and an ageing population are stretching resources to their limits.

At the same time, Europeans are navigating an overwhelming flood of health information, managing financial pressures and grappling with mental health challenges that show no signs of easing. Where does healthcare satisfaction stand, what challenges dominate and what do Europeans think needs to change?



European healthcare is facing a moment of reckoning. After a brief uptick in 2025, satisfaction with public healthcare has fallen back from 58 to 56 percent in 2026: barely more than half of Europeans feel their system is working for them. Dissatisfaction now dominates for 42 percent, marking a continuation of the downward trend that has characterized the past several years.

Experiences of care, access and trust vary fundamentally by country: in Belgium, 86 percent are satisfied with their healthcare system, followed by Uzbekistan at 82 percent and Switzerland at 77 percent. At the other end of the spectrum, Hungary records just 27 percent satisfaction – the lowest in Europe – with dissatisfaction reaching 71 percent. Serbia (36 percent satisfied), Slovakia (38 percent), and Poland (38 percent) also struggle with satisfaction rates below 40 percent.

The middle ground tells its own story: Germany sits at 63 percent satisfaction, slightly above the European average but well below the top performers. Spain (62 percent), Lithuania (60 percent) and Portugal (54 percent) cluster around the European mean, suggesting that even in relatively well-resourced systems, a significant share of the population feels underserved.

Gender and age reveal diverging experiences

Men are notably more satisfied with their healthcare systems than women: 59 percent of men report satisfaction, compared to just 53 percent of women – a gender gap of 6 percentage points. This pattern reverses when looking at dissatisfaction: 45 percent of women are dissatisfied, compared to 40 percent of men. The gap suggests that women’s healthcare needs continue to be less adequately met across Europe, whether due to access barriers, quality of care, or the types of services prioritised by healthcare systems.

Age also plays a role, though the pattern is less linear. Younger Europeans aged 18 to 34 are the most satisfied (60 percent), while those in their prime working years – aged 35 to 54 – are the least satisfied (53 percent). Satisfaction recovers slightly among those aged 55 and older (56 percent).

While the 2-percentage-point drop from 2025 to 2026 may seem modest, it continues a pattern of erosion. Satisfaction is not collapsing, but it is not recovering, either. And in a landscape where nearly half of Europeans are dissatisfied with their healthcare, the question is no longer whether systems are under pressure – it is what is driving that pressure, and what Europeans believe needs to change.

●● Prevention: a missed opportunity

Prevention is one of the key drivers of how people judge their healthcare system, and it is also where satisfaction is weakest. Across Europe, only 46 percent say they are content with the preventative services their health system provides. Satisfaction is lowest in Bulgaria (20 percent), Serbia (28 percent) and Kazakhstan (30 percent).

Evidently, health prevention remains a missed opportunity across Europe. This is also reflected in how people use the services available to them: only 67 percent of Europeans attend at least some of the preventative



healthcare check-ups available to them – meaning that one in three Europeans (33 percent) forego all preventative screenings entirely.

This structural failure allows health problems to worsen, costs to escalate, and inequalities to deepen. Rather than the foundation of a sustainable healthcare system, prevention has become a privilege that many cannot afford.

●● **Mental health and finances: the hidden dividers**

Aside from national circumstances, satisfaction with healthcare systems is significantly shaped by mental health and financial security. Europeans facing poor mental health and financial hardship are significantly less satisfied with the healthcare system: only 40 percent of people with poor mental health deem it satisfactory, compared to 61 percent among Europeans with good mental health.

Between those who are financially comfortable (61 percent) and struggling (46 percent), satisfaction exhibits a 15-point gap. These are not side issues – they are the underlying currents that determine who can access care, how people navigate healthcare and prioritise prevention: among those with poor mental health, 38 percent skip all preventative services – compared to 32 percent of those with good mental health.

Among those struggling financially, 41 percent forego all prevention, which “only” applies to 29 percent of those who are comfortable. In overall numbers, 64 percent of Europeans rate their mental health as good – relatively stable compared to 2025 (64 percent), but still leaving more than one-third struggling. Financially, 2 in 3 Europeans (66 percent) consider their situation “comfortable”, meaning that they are at least reasonably in control of their finances and able to afford at least the basics.

●● **Mapping European healthcare challenges**

As illustrated by the use of and satisfaction with preventative services, the stagnation in overall satisfaction is not abstract frustration – it is rooted in concrete, daily challenges that Europeans face when trying to access care. When asked to identify the biggest health challenges in their country, Europeans paint a remarkably consistent picture across borders: healthcare systems are stretched thin, access is difficult, and the burden falls unevenly.

Access and capacity are central concerns

Two-thirds of Europeans (67 percent) cite a shortage of healthcare professionals resulting in long waiting



The three biggest challenges facing healthcare systems

67%

of Europeans cite access and capacity as the single biggest healthcare challenge in their country

53%

point to gaps in mental health services as a key challenge, especially affecting younger people and women

43%

identify increasing healthcare costs as a major challenge, particularly among financially struggling households

times as the single biggest health challenge facing their country. This is the most frequently mentioned challenge overall, cutting across nearly every demographic and geography. The problem is particularly acute in Portugal (79 percent), Hungary (79 percent), Spain (78 percent) and Ireland (74 percent).

Following in second place from a systemic standpoint, 43 percent cite access to affordable healthcare as a major challenge, with the highest concern in Romania (68 percent), Hungary (61 percent), Poland and Ireland (56 percent). Naturally, the financial divide is stark: 51 percent of those struggling economically mention costs, compared to 40 percent of those who are comfortable. Older Europeans (55+: 45 percent) are more likely to raise this issue than the young (39 percent), possibly reflecting higher healthcare needs and out-of-pocket expenses.

An ageing population as well as chronic health issues (56 percent) and the growing number of people affected by mental health issues (53 percent) are considered problematic.

Support for vulnerable groups, prevention and digitalisation are lacking

Beyond the immediate access crisis, Europeans identify critical gaps in the types of care available – particularly for vulnerable populations.

Overall, 36 percent identify inadequate mental healthcare access as a major challenge – rising to 57 percent in Bulgaria, 51 percent in Hungary, and 50 percent in Portugal. Women (39 percent) and younger Europeans (35 percent) are more concerned than men (32 percent) and older groups (55+: 32 percent).

Insufficient health prevention is mentioned by 24 percent, rising to 56 and 40 percent in Bulgaria and Serbia, respectively. The state of elderly care has 29 percent filled with worry.

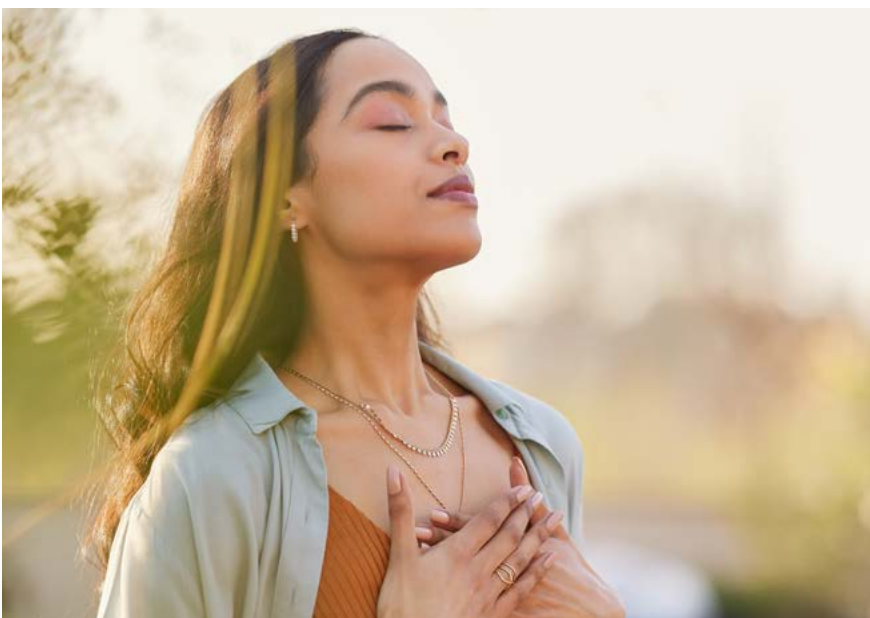
Inadequate digital healthcare infrastructure is cited by 25 percent overall – in Uzbekistan (52 percent), France (45 percent), Switzerland (44 percent) and the UK (40 percent), people are especially upset at this. As healthcare systems strain under demand, the absence of digital tools that could ease pressure becomes more visible.

● Health Minister for a day: what Europeans would change

The grievances Europeans express translate directly into what they would prioritise if they had the power to change their healthcare systems. When asked what they would do first as Minister of Health, the answers reveal both the depth of frustration and the clarity of vision for reform.

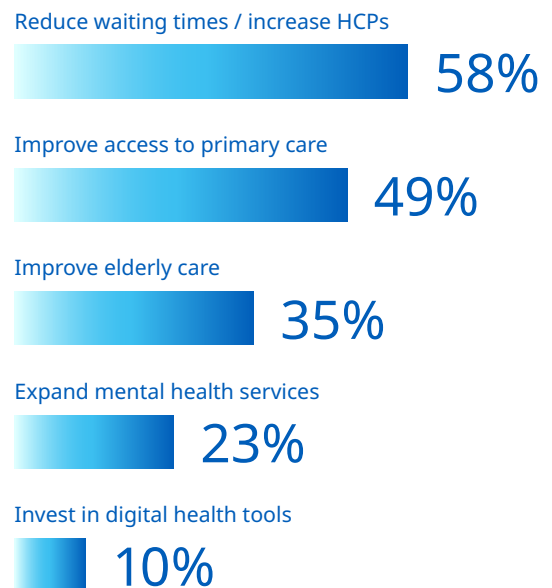
Reduced waiting times and increased numbers of healthcare professionals top the list at 58 percent – a direct response to the challenge cited by 67 percent as the biggest problem. This priority is highest in Italy (73 percent), Serbia (70 percent), Spain (67 percent), Poland and Slovakia (66 percent).

Improving access to primary healthcare – such as general practitioners and clinics – comes second at 49 percent, particularly strong in Kazakhstan (64 percent), Italy (57 percent), Portugal and Poland (57 percent). Improved care for the elderly ranks third at 35 percent, with the highest support in Germany (53 percent), Belgium (42 percent) and Bulgaria (40 percent).





Europeans' top priorities for healthcare reform



Beyond the top three, two priorities hint at where the future may be heading: 23 percent would expand mental health services – rising to 45 percent in the UK and 43 percent in Ireland, with those experiencing poor mental health (45 percent) and younger Europeans (33 percent) leading the call. And while investing in digital health tools is chosen by just 10 percent overall, this rises to 16 percent in Romania and 15 percent in Switzerland, with younger Europeans (15 percent) twice as likely as older groups (55+: 6 percent) to see digital infrastructure as a priority. The gap between current demand and future potential is significant – and it signals a quiet shift in how access, efficiency and care delivery are being reimaged.

But even as Europeans call for systemic reform, the reality is that many cannot wait for change. The gaps in the system – particularly in prevention and mental health support – are forcing people to navigate health on their own, often without the resources or information they need.

● Health information abounds – and overwhelms

In an age where health advice is everywhere – from social media and influencers to government websites and AI chatbots – Europeans are drowning in information. Only 22 percent feel confident navigating the sheer volume and variety of health information available. Nearly half (46 percent) say they feel overwhelmed by it.

Once again, mental health determines who is more likely to be left behind. Among people with poor mental health, 59 percent feel overwhelmed by health information – compared to 42 percent of

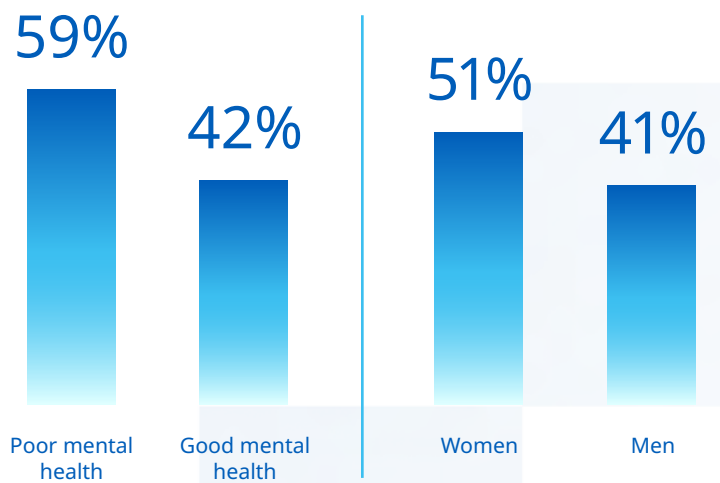
those with good mental health. Women (51 percent) are more likely than men (41 percent) to struggle with the influx of information, and younger Europeans (51 percent) have a harder time than older groups (55+: 47 percent) – despite being digital natives who theoretically have the tools to filter and evaluate information. Information abundance has not created empowerment. For many, it feels paralyzing.

● Europeans are stepping up

From this vacuum of long waiting times, limited access and information overload, something else is emerging: a willingness to look for new solutions. Faced with strained systems and unmet needs, Europeans are taking health into their own hands – increasingly turning to tools and approaches that were unthinkable just a few years ago. The question is no longer whether change is coming. It is how people will navigate it, who they will trust to guide them through, and whether the systems meant to support them will adapt in time – or be left behind.



Mental health and gender dictate information overload



CHAPTER 02

8 MIN

AI Is Reshaping Self-Empowerment in Healthcare



Faced with strained systems and an overwhelming flood of health information, Europeans are not waiting for rescue but are taking control over their health, arming themselves with tools and increasingly turning to AI to fill in the gaps.

Some feel more empowered than others, and the line between autonomy and risky choices is narrower than many realise.

78%

feel in control of their well-being

68%

among those experiencing financial hardship

For those struggling with mental health issues, it falls further to only

52%



Europeans have claimed agency over their health. More than three in four (78 percent) say they feel in control when it comes to managing their own well-being – a striking vote of confidence in personal capability.

This self-confidence strongly correlates with mental well-being: among Europeans with good mental health, 85 percent feel in control of managing their health compared to 52 percent of those who are struggling. Financial security plays an equally decisive role. Of those who are financially comfortable, 82 percent feel in control; among those struggling, just 68 percent do. Empowerment, it turns out, is not merely a mindset, but also a privilege shaped by mental and material resources.

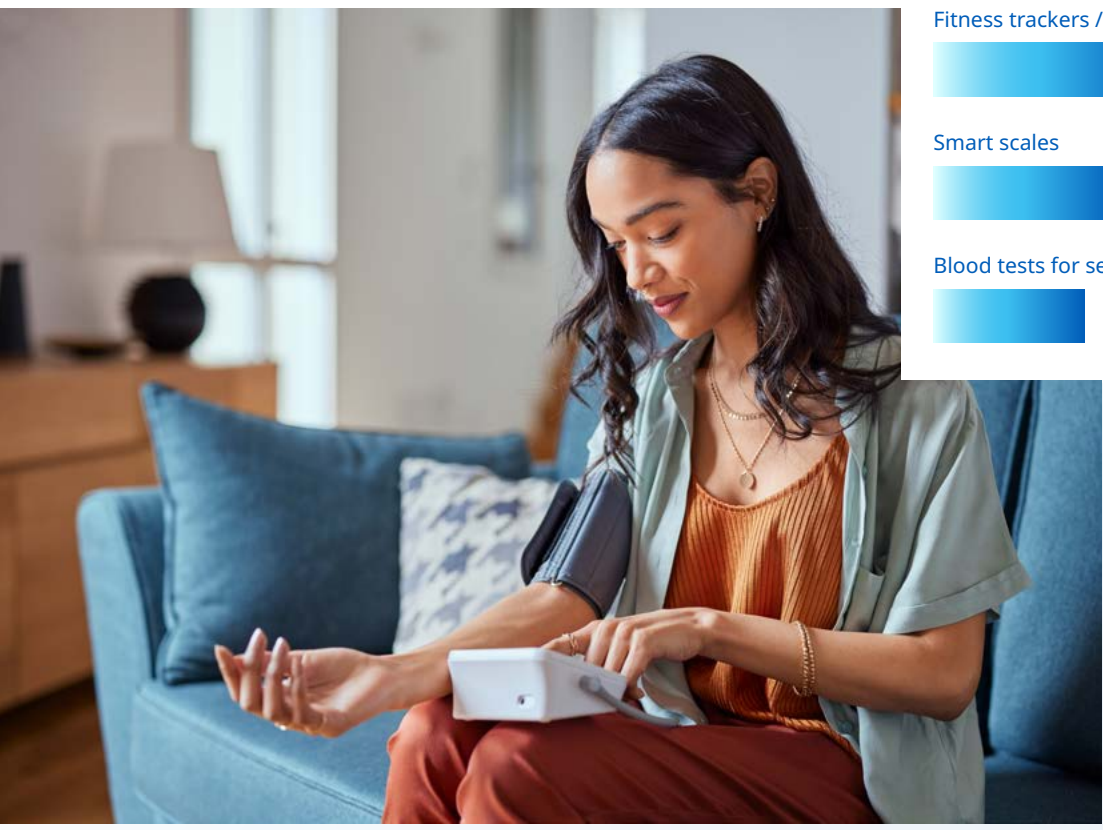
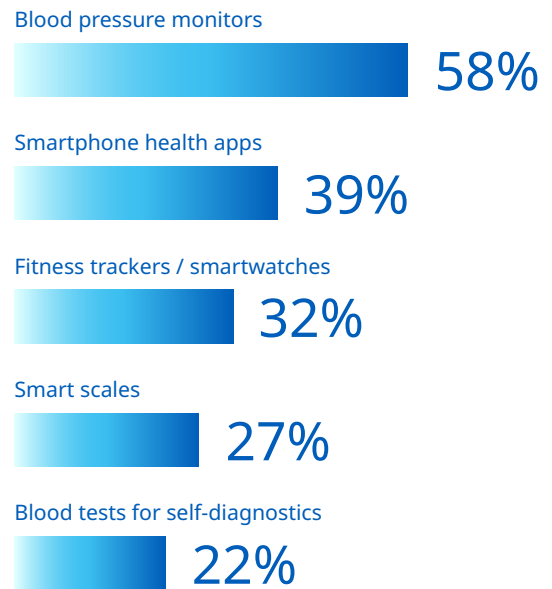
In the UK, 89 percent of people feel in control of managing their health – the highest in Europe – followed by Uzbekistan (85 percent), Austria (84 percent), Ireland (83 percent) and Italy (83 percent). At the other end, Portugal records the lowest sense of control at just 44 percent – less than half the population. Poland (65 percent), Bulgaria (67 percent) and Kazakhstan (73 percent) also fall below the European average.

● **Taking control, one measurement at a time**

Empowerment is not just a mindset – it is backed by everyday action. 85 percent of Europeans have adopted at least one health monitoring tool, with many using several. The most widely used tool is blood pressure monitors (58 percent), followed by smartphone health apps (39 percent) like step counters, sleep monitors and calorie but are trackers. About one in three (32 percent) use fitness trackers or smartwatches, more than one in four Europeans (27 percent) use smart scales to track body composition or weight, and 22 percent have used blood tests for self-diagnostics. To some degree, empowerment and control seem to go hand in hand.

Health monitoring tool usage

Multiple responses allowed





●● **Self-care or system failure? The double edge of self-medication**

Another hands-on approach people are taking to put health empowerment into action? Self-medicating is an everyday example that applies to virtually all Europeans: 94 percent treat themselves for at least one type of health issue without consulting a professional. The most common ailments driving this behaviour are minor pain (75 percent) and cold or flu symptoms (75 percent), followed by mild gastrointestinal issues (49 percent).

The top reason why Europeans self-medicate is experience: 59 percent say “I already know what works for me”, which may be true for minor symptoms. However, regularly self-medicating for persistent health issues without consulting a doctor or pharmacist can be problematic and potentially dangerous – and may be a reaction to systemic shortcomings. Almost half (47 percent) say they resort to self-medicating because they want to avoid long waiting times. An additional 13 percent say they cannot afford regular doctor visits, a figure that rises to 20 percent among those who are financially struggling, and to 22 percent among those with poor mental health.

A certain degree of mistrust in systems and their ability to deliver also becomes evident when looking at how Europeans would use an extra €100 per

month to spend on their health. More than 1 in 4 (28 percent) would prioritise prevention in the form of health screenings, followed closely by saving for future medical expenses (26 percent). Mental health and nutritional supplements or vitamins (16 percent each) tie for third place.

●● **AI use mirrors healthcare gaps**

Artificial intelligence has long found its way into healthcare. It has also made health information more accessible than ever. Europeans have recognised this potential and are harnessing its power to their advantage, with 55 percent reporting currently using AI in relation to their health. The most common use is understanding diagnoses (29 percent), suggesting that AI is already functioning as a “second opinion” tool. Another 23 percent use it for preventative lifestyle support like meal plans and fitness, and 17 percent to prepare for doctor’s appointments.

74%
of under 35 year olds
already use AI to
manage their health.

For now, adoption remains generational: nearly three in four (74 percent) under-35-year-olds use AI for health, compared to 57 percent of 35- to 54-year-olds and 38 percent of those over 55. But the pattern that matters most is systemic: where health-care systems are strained, AI fills the gap. Romania (74 percent use AI, 48 percent satisfied with health-care), Serbia (74 percent, 36 percent satisfied), and Kazakhstan (71 percent, 43 percent satisfied) lead AI adoption – all countries where system satisfaction falls well below the European average of 56 percent. Meanwhile, France (43 percent use AI, 71 percent satisfied), Belgium (45 percent, 86 percent satisfied), and the UK (46 percent, 65 percent satisfied) report the lowest AI adoption. AI seems to be evolving into a necessary tool where traditional care is hardest to access.

Interestingly, people with poor mental health are more likely to use AI (58 percent vs 54 percent with good mental health). Meanwhile, those facing financial hardship are less likely to use AI (52 percent vs 57 percent among the financially comfortable), despite AI potentially being more accessible than paid consultations.

● **The best of both worlds: Europeans want AI with a human safety net**

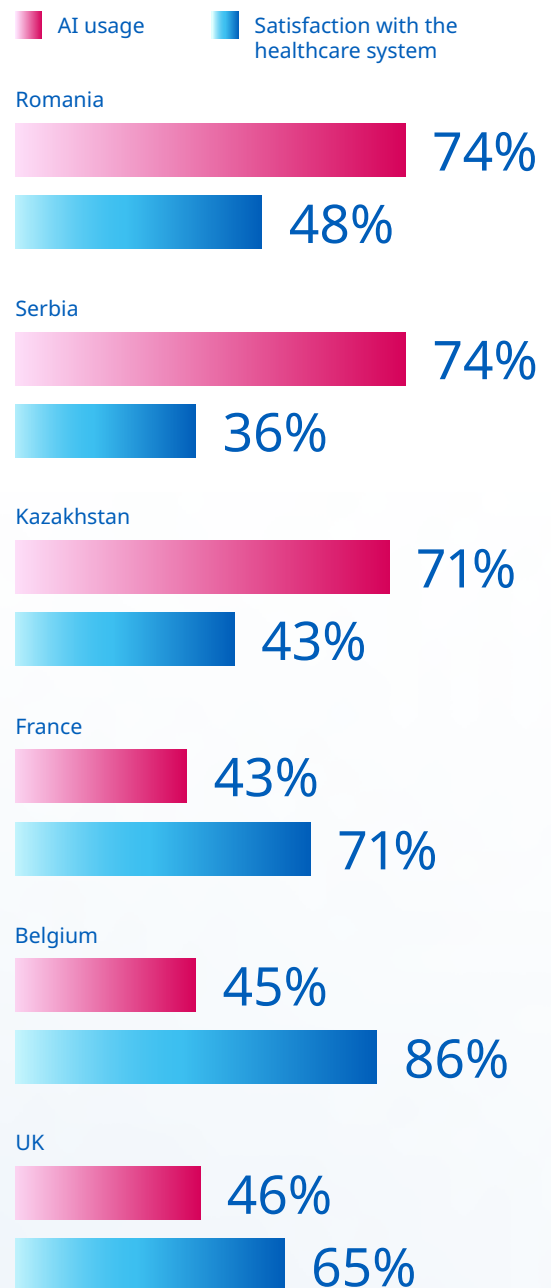
Looking ahead, Europeans expect AI to excel in data-intensive tasks: monitoring chronic conditions in real time (36 percent), managing medication schedules (36 percent) and detecting rare diseases (34 percent). About 3 in 10 expect AI to be better at diagnosing disease (31 percent) and recommending personalised treatments (29 percent). Notably, 21 percent say they do not think AI will outperform their GP in any area – a significant minority that remains unconvinced AI will ever match the holistic care a good doctor provides.

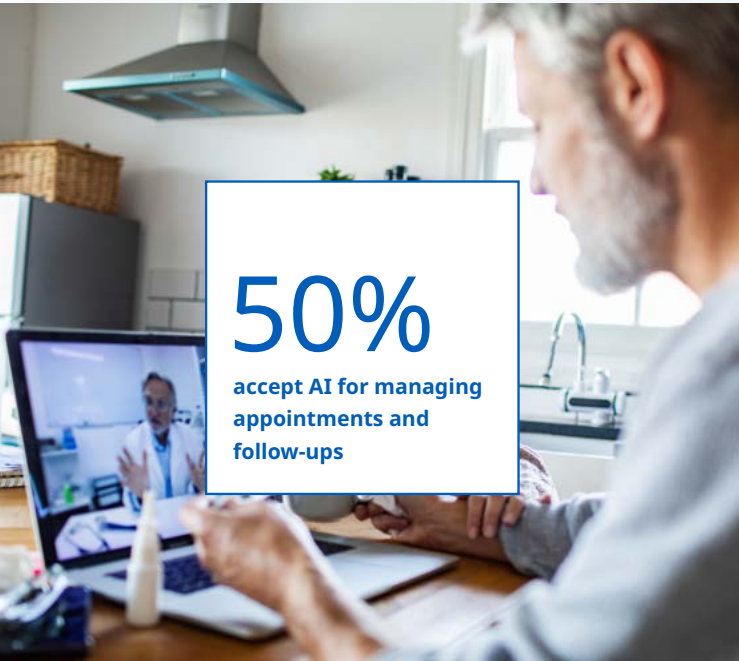
But openness comes with conditions. Nearly six in ten Europeans (58 percent) would consider getting a consultation from AI instead of seeing a doctor – but most attach caveats. Only 11 percent have no reservations. The rest want human oversight: 17 percent would accept AI only if healthcare professionals review its recommendations, 16 percent only as a second opinion, and 13 percent only for minor symptoms. Nearly one in four (23 percent) say they only trust healthcare professionals, particularly

in Uzbekistan (39 percent), Ireland (36 percent) and Belgium (35 percent).

When it comes to trusting an AI diagnosis as much as a doctor’s, nearly half (49 percent) already trust or would be willing to trust AI – but again, only in certain cases. Just 4 percent already trust AI as much as a doctor. The remaining 45 percent would trust AI if it were certified by health authorities (25 percent) or if the diagnosis were explained clearly (20 percent).

Health system dissatisfaction in correlation with openness to AI Adoption





50%
accept AI for managing appointments and follow-ups

On the other side, 41 percent say they would never trust an AI diagnosis as much as a doctor. This varies dramatically between countries: Kazakhstan (24 percent), Serbia (31 percent), Slovakia (34 percent) and Lithuania (36 percent) show the highest willingness, while Belgium (60 percent), Ireland (53 percent) and Austria (50 percent) show the strongest resistance.

●● The AI trust deficit

The biggest fear in the context of AI use in health-care is rather practical. More than half (54 percent) of Europeans worry about mistakes or misdiagnoses due to faulty AI systems. This outweighs all other concerns and reflects a fundamental truth: people will tolerate AI as a support tool, but they will not tolerate AI making life-or-death errors.

The second-biggest concern is data security: 41 percent worry that their health data could be used without their knowledge. This ties directly to Europeans' reluctance to share health records with AI – only 43 percent would be willing to store their full health history in an AI system, and just 11 percent would do so without hesitation. Most attach conditions: 23 percent only if access is strictly limited, 10 percent only if not controlled by a private corporation. Nearly three in ten (29 percent) say “maybe” – they need to better understand what this means for their data first.

●● Admin, not autonomy

When it comes to specific applications, Europeans are most comfortable with AI handling administrative and monitoring tasks rather than diagnosis or decision-making.

Half (50 percent) are open to AI managing appointments and follow-ups – the most widely accepted role. More than one in three would agree to AI monitoring chronic conditions (36 percent) and writing notes during doctor visits (36 percent). About three in ten would accept AI generating discharge summaries (31 percent) or assisting during consultations (30 percent). Almost 1 in 5 (18 percent) remain firmly opposed, saying they would not be open to any use of AI in their care.

The pattern is clear: Europeans are willing to let AI handle logistics, documentation and monitoring. But when it comes to diagnosis, treatment decisions and direct patient interaction, they want a human in the loop.

In other words: people would consult professionals if they could – but when they cannot, they act on their own. The empowerment mindset is real, but it is also necessity-driven. Europeans are not choosing autonomy over guidance, but any action over inaction.

●● The paradox of health autonomy

Europeans feel in control of their health – but this says little about the quality of the decisions they make. It sometimes means choosing what is easiest, fastest or most immediately effective. If Europeans are empowered to act, they also need support to act wisely. The people of Europe have claimed agency, but empowerment alone is not enough. Their behaviours reveal a population navigating health with a mix of confidence and caution, often driven by necessity. They want AI's speed and accessibility, but they also want a human to review the results. They self-medicate where they feel they are able, but they also worry about missing something serious.

The future of health is not about choosing between digital and human care, but about designing systems that combine both, ensuring that empowerment is supported rather than becoming an end in itself.

CHAPTER 03

9 MIN

The Future of Care Is Built on Trust and Innovation

Europeans are expanding their personal health toolbox and are beginning to embrace AI as part of their health management and maintenance journey. But they are not looking to succeed in this solely by themselves.

The future will not swap out human for digital care but combine them to become faster, smarter and more accessible, while remaining anchored in the trust and guidance that only healthcare professionals can provide. This is not a distant vision, but the reality Europeans are already building.

14%

of Europeans consider the government a relevant influence on their health decisions

77%

consider GPs and healthcare providers their most influential source for health decisions

Although the majority of Europeans feel empowered to make their own choices when it comes to health, this does not mean they close themselves off to expert input: more than three in four Europeans (77 percent) say GPs and other healthcare providers influence their health-related decisions. This makes doctors the clear number one source of influence across the continent. Trust in GPs runs highest in Spain and Portugal (90 percent each) and Belgium (88 percent). It also deepens with age:



83 percent of those aged 55 and over rely on their doctor’s input, compared to 75 percent of 35- to 54-year-olds and 71 percent of 18- to 34-year-olds.

Pharmacists and pharmacy teams follow at 57 percent, reinforcing their role as a key real-world access point in the hybrid health landscape. Pharmacist influence peaks in Slovakia (74 percent), Portugal (71 percent), Spain and Belgium (68 percent each). Unlike GPs, pharmacist influence barely shifts by age, from 56 percent among under-35s to 57 percent among those 55 and over, making pharmacies a uniquely consistent touchpoint across generations.

Beyond healthcare professionals, influence becomes more personal. Life partners (56 percent) and family members (55 percent) form the next tier of trusted health “co-pilots”, with men notably more likely than women to cite their partner as influential (60 percent vs 52 percent). Friends play a smaller but generationally distinct role: 46 percent of 18- to 34-year-olds say friends shape their health decisions, compared to just 28 percent of those aged 55 and over.

●● **Europeans think experts should lead in health education**

The same hierarchy reappears when Europeans are asked who should be responsible for health education. More than two in three (68 percent) say doctors, pharmacists and nurses should lead the way, a view strongest in Serbia (82 percent), Portugal (81 percent), and Belgium and the UK (79 percent each). Schools and universities (48 percent) and families and parents (47 percent) form the second tier, while 43 percent believe individuals should take charge of their own health education. This view is especially pronounced in Austria (71 percent) and Germany (70 percent). Governments are cited by 40 percent, with the highest expectations coming from Ireland (58 percent), the UK (54 percent) and Kazakhstan (52 percent).

The pattern across both questions – who influences health decisions and who should educate – is the same: Europeans build their health knowledge and choices around a network of trusted sources, with healthcare professionals at the centre. As information becomes more abundant and AI adoption grows, the need for trusted human interpretation does not fade, it becomes all the more relevant.

●● **4 in 10 Europeans consider other healthcare systems superior to their own**

Trust in healthcare professionals is strong, but Europeans are not measuring their system only by what they have at home. Asked how their national healthcare system compares to other countries, 41 percent rate it as below average or among the worst, meaning four in ten Europeans look across borders and believe they see a better model than their own. In Hungary, more than 8 in 10 (85 percent) believe



Compared to others, only

14%

consider their healthcare system one of the best

their system is sub-par in comparison, followed by Slovakia (74 percent) and Serbia (73 percent), who also feel little pride about their respective health-care set-ups. Only 14 percent of Europeans consider their system one of the best. Switzerland (33 percent), Uzbekistan (30 percent), the UK (27 percent) and Spain (23 percent) are particularly confident in their system's performance compared to others.

●● **The future of care delivery**

What could a better model look like in practice? Europeans give a remarkably consistent answer: choice and convenience where it helps, human contact where it counts. The hybrid model is not a theoretical construct. It is already shaping everyday preferences for how care is accessed, where medication is bought, and what AI is expected to deliver.

Nearly eight in ten Europeans (79 percent) prefer to see their GP face to face, with just 11 percent opting for online consultations. The preference is strongest in Belgium (88 percent), Austria (87 percent) and Germany (86 percent). For health screenings and preventative check-ups, the in-person preference climbs even higher to 83 percent, peaking at 91 percent in Spain, 89 percent in Czechia and 88 percent in Austria. Even mental health support, where digital therapy has gained real ground, holds an in-person preference of 59 percent, rising to 77 percent in Austria, 71 percent in Germany and

65 percent in Switzerland. Only 12 percent prefer online mental health support: despite the rise of teletherapy, most Europeans still want a therapist in the room.

Pharmacies occupy a more flexible middle ground. For pharmacist consultations, 61 percent prefer in-person interactions, but 18 percent are comfortable going online – a notably higher digital openness than for GPs. When it comes to actually buying medication or supplements, preferences split almost evenly: 49 percent prefer in-person, 27 percent prefer online and 22 percent have no preference. France (65 percent), Uzbekistan (63 percent) and Hungary (60 percent) hold the strongest in-person preference for purchases, while across Europe younger, more digitally native populations are more open to online channels.

●● **Trust in online pharmacies is conditional**

Yet trust in fully digital pharmacies has clear limits: while 62 percent would trust an online-only pharmacy to some degree, nearly three in ten (29 percent) would not trust a pharmacy without a physical presence at all. Distrust is highest in Uzbekistan (45 percent), France (37 percent) and Belgium

Limited trust in online-only pharmacies:



(36 percent). And among those who would trust digital pharmacies, most attach conditions: 25 percent only for simple or over-the-counter products, 23 percent only if the digital pharmacy is connected to a licensed local pharmacy. A mere 13 percent would fully trust such a service. Digital convenience is welcome, but it must be tethered to a real-world anchor.

This tether is being tested by “showrooming” – the practice of asking for advice about a product in person and buying online, often to benefit from lower prices. More than one in three Europeans (35 percent) admit they have asked for advice at a pharmacy and then bought the product online. The main drivers are price (17 percent) and convenience (12 percent), though 14 percent say they trusted the pharmacist’s advice even when buying elsewhere. Just over half (54 percent) have not done this – meaning loyalty to the pharmacy where advice is given remains strong but is not always guaranteed.

●● Call for more agency for pharmacists

So what would persuade Europeans to keep coming back? Their wish list for the pharmacy of the future reads as a brief for a more empowered, more accessible role. The single most-wanted innovation is the authority for pharmacies to issue repeat prescriptions for chronic conditions (39 percent) – strongest in Ireland (51 percent), Poland (49 percent), Portugal and France (48 percent), and a clear response to the inefficiency of needing a GP visit for routine renewals. Beyond that, Europeans want 24/7 opening hours with pharmacist consultation (34 percent), particularly in Bulgaria (47 percent), the UK (44 percent) and Ireland (42 percent). Personalised advice based on medical history (29 percent), easier access to specialist consultations via the pharmacy (29 percent) and home delivery with pharmacist consultation (29 percent) round out the top tier. Digital medication management (26 percent) and personal health checks (25 percent) follow, while AI-supported symptom checkers remain a niche interest at 17 percent.

●● Online for convenience, in-person for trust, AI for scale

This is where AI enters the picture – not as a replacement for established channels, but as the force expected to make them faster, cheaper and more ac-

cessible. Just 28 percent of Europeans say their health system currently supports digital tools and services well, so the appetite for what AI could deliver is large.

The top hope is speed: 43 percent believe AI will enable faster diagnoses – a powerful promise in a system often defined by waiting times. This expectation is strongest in the UK (55 percent), Portugal (51 percent) and Hungary (48 percent), all countries where access pressure is acute. One in three Europeans (33 percent) hope AI will make medical services easier to access, including in rural or underserved areas, with Romania (43 percent), Serbia (39 percent) and Portugal (38 percent) leading. Another 29 percent hope AI will make healthcare more affordable, particularly in Ireland (41 percent), Italy (39 percent) and Switzerland (36 percent). Beyond access and cost, Europeans hope AI will help doctors stay up to date (31 percent), enable more accurate predictions (27 percent) and reduce medical errors (27 percent).

The pattern across channels, pharmacies and AI hopes is unmistakable. Europeans want pharmacies to do more, stay open longer and integrate digital tools – but they still want a pharmacist they can talk to. They want AI to fix the systemic failures of speed, access and affordability – but they want it delivered through trusted human channels, not in place of them.

●● The evolving role of healthcare professionals

If AI is the engine and pharmacies are one of the evolving access points, what role is left for the humans at the centre? A larger one than many assume – but different compared to how we know it. A good sign: only 20 percent of Europeans believe the importance of healthcare professionals will decrease due to AI.

The most common scenario Europeans can imagine is that healthcare professionals will offer more digital and remote consultations. Overall, 4 in 10 (41 percent) see this as the defining shift, with the strongest support in the UK (54 percent), Spain (51 percent) and Hungary (49 percent). This is not a vote to replace in-person care, but the realisation that telemedicine and digital access are now part of the standard toolkit, sitting alongside the face-to-face care Europeans still prefer.

At the same time, 3 in 10 Europeans (30 percent) expect healthcare professionals to become even more important as trustworthy human contacts, strongly echoed in Austria (42 percent), Portugal (40 percent), and Switzerland (40 percent). They see healthcare professionals becoming the counterweight to AI adoption: as health information multiplies and algorithms become more capable, the value of a person who can interpret, contextualise and reassure grows.

A third evolution sits between these two: 26 percent of Europeans expect healthcare professionals to act more as advisors and interpreters of AI tools, highest in the UK and Italy (31 percent each) and Kazakhstan (29 percent). This is the hybrid model in its clearest form, with doctors and pharmacists as guides who help patients navigate AI-generated insights, separating signal from noise and translating data into care.

● **54 percent of Europeans are concerned about ageing**

The hybrid model of healthcare is not only about treating illness today. It is about supporting Europeans across a longer, healthier life – and the data shows a population that is already moving into that direction.

Europeans hold a nuanced relationship with ageing. Among the 54 percent who are concerned about getting older, worries around losing health and independence dominate. Potential illness (65 percent) and physical problems (64 percent) top the list, followed closely by the need for care (58 percent) and cognitive decline such as dementia (56 percent). Having to potentially deal with pain (47 percent), money problems (46 percent) and being a burden to family (45 percent) leaves many worried. Loneliness (41 percent) and possibly having to move into a care facility (31 percent) complete the picture. These are not abstract anxieties: they map almost perfectly onto the gaps in elderly care and mental health support Europeans see in their systems today.

But there are upsides to older age, with its appeal mainly rooted in time and freedom: 55 percent look forward to time for themselves, hobbies and family, 53 percent to more free time, 42 percent to less stress and 39 percent to retirement. Quieter, more reflective rewards also feature: more acceptance of what life is about (32 percent), financial security (31 percent), becoming wiser (28 percent) and being more comfortable in oneself (28 percent). Ageing, for many, is not just something to fear. It is something to grow into.

**Between fear and hope:
how Europeans feel about ageing**



54%
of Europeans are worried
about growing older

fear potential illness



worry about cognitive decline



anticipate financial issues in old age



do not want to be a burden to family



46%
are not concerned
about ageing

look forward to more time for hobbies and family



anticipate feeling less stressed



are excited to retire



think they will feel more self-confident



●● 3 in 4 want to live as long as possible

Whether fearful or in quiet anticipation of the benefits of advanced age, 3 in 4 (75 percent) Europeans say living as long as possible is important to them personally.

This mindset translates directly into willingness to act: asked what they would give up today for a longer, healthier life, Europeans show some real potential – if words are backed by corresponding actions. Nearly 8 in 10 (79 percent) would give up or reduce sugar and sweets, 73 percent would cut back on fast food and 72 percent would reduce screen time. Two-thirds (67 percent) could imagine giving up or reducing alcohol, 60 percent would do the same with meat, 51 percent would quit smoking or at least cut back. Even social habits are on the table: 61 percent would give up or reduce parties and nightlife. This is not a population resigned to its habits. It is one (hypothetically) ready to trade short-term comfort and pleasures for long-term health – if the system supports them in doing so.

Europeans are also open to preventative technologies that put science in service of longevity. More than eight in ten (82 percent) say they would be willing to take a gene test if their doctor suggested it, enabling more accurate calculation of future health risks and more personalised treatment.

●● Current health systems stand in the way of healthy ageing

But the appetite for a longer life runs ahead of what current systems are set up to deliver: only 32 percent of Europeans say their health system supports elderly care well, with Bulgaria (14 percent), Portugal and Hungary (20 percent each) trailing far behind even modest expectations. And just 28 percent feel their system supports mental health needs adequately, a particularly stark gap given that mental well-being is a strong predictor of healthy ageing. As Europe's population grows older and lives longer, these are the two areas where the gap between what people want and what systems deliver will widen fastest.

The hybrid model must answer this. A system that combines digital access, AI-driven prevention and trusted human guidance is not only about easing



today's bottlenecks. It is about building a model that supports Europeans across decades. Europeans are preparing for the long run. The question is whether the system around them will keep pace.

●● The hybrid future of health is here

The future of health is not a choice between digital and human care. It is the deliberate integration of both. People turn to GPs and pharmacists as the anchor of their health decisions, but they expand their toolbox with AI, self-monitoring and digital channels. They look across borders and see better models elsewhere, and they want a version of that at home. They demand convenience where it helps and human contact where it counts: in-person for high-stakes care, online for everyday access, AI for speed, scale and affordability. They expect healthcare professionals to evolve – more digital, more advisory, more interpretive – but never less central. And they are preparing for a longer life, ready to change habits and embrace precision medicine, on the condition that a trusted professional guides the way.

Europeans have made their choice. The hybrid future is no longer a vision to debate. The question now is whether healthcare systems, policymakers and innovators will catch up – and deliver the care Europeans are already demanding.

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