



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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REPORT on F.E.M.S. MEETING held at FUNCHAL (MADEIRA)
(Friday Oct. 10 and Saturday Oct. 11, 2003)

- 1) **Approval of Minutes** of the May 16 and 17 Prague general assembly Doc. 1 EN/FR.
- 2) **Approval of Agenda** (F 03/30)
- 3) **Activity reports** (F 03/32; F 03/33; F 03/34) Chairman Bertrand presented the reports of the meetings held after the FEMS Prague general assembly: **CPME** – doc. 2: co-ordination among the Chairmen of the associations in CPME in which certain points dealt with, such as recognition of qualifications (degree and specialisation) are described and other points of common interest. Doc. 3 – **AEMH** Copenhagen meeting. Doc. 4 – presented the Reports of the 4 CPME Commissions: recurring subjects with the expected conclusions. As far as “subsidiarity” was concerned, an irreplaceable principle appeared at this juncture. It was necessary to anticipate the payment systems and charges agreed for services rendered to citizens of the various EU countries. The, final document (5) **CPME** – on patients’ safety. Bertrand presented a file (*annex : Issues relating to the termination of life*) on the interruption or limitation of intensive care and in general on the ethical and health questions relating to the termination of life (euthanasia) arising from a sample of 113 French intensive care cases by a group of anaesthetists, paediatricians, philosophers and psychologists. There were some considerations that touched on all the points of the subject. Age could not be considered an element in limiting treatment; patients must freely express their own will and relatives may not interfere. After a general discussion it was decided to arrange for a questionnaire on this subject for the next meeting.
 - The Regional Secretary of the Madeira Health Service pointed out current difficulties: after the recent reform that had entailed the decentralisation of the system (regionalisation that should respond better to citizens’ needs) many doctors had gone to practise in Spain. The ‘usual’ problems arose also in this case: fund-cutting and the need to raise the level of service, and so application of guide-lines, measures for constant quality improvement, investment in research. Furthermore, there was the issue of the free circulation of doctors and patients that created evident problems. Attempts were being made to enhance public/private and hospital/territory integration.
- 4) **Survey of the medical situation in the various countries.** Germany (6): reforming the payment system, reduction in funds and the problem of the number of doctors actually available and the number that would be necessary but could not be taken on for cost reasons , since the budget had been cut (about 15,000 more doctors were needed at an estimated cost of over € 1 billion). The subsequent discussion highlighted the problem of the free circulation of doctors and the “defensive” position of Germany and France and the call for liberalisation by the Eastern European delegations. Italy (7). In the discussion what came out was that by now throughout Europe the common problem was how to reconcile increasing demand with constant financial cutbacks in the supply. All European and world health systems now faced this problem, and it explained why it was right to speak of mixed health systems, not only just public and not only just private. Portugal (only written report) on the agenda was the balance of the budget and the action that the centre-right government was taking, such as the private management of the hospitals. The Portuguese delegations agreed substantially after periods of total disagreement. Czech Republic (8); Croatia (9) the same document as would be presented under item 5 of the agenda; Spain (10). Bulgaria verbal report; the new Health Minister was an economist, not a doctor as had always been the case in the new Bulgaria. Changes had taken place in the hospitals and privatisation continued. The health system was equivalent to about 4% of the Gdp. Austria (11) pointed out as leading issues: legislation on working hours, reform of retirement age (men 64; women 60), university and post-graduate education, definition of hospital sectors of activity (reallocation of the activities of small hospitals) and the question of female numbers in the profession. Waneck added (doc. 11.1) the reform of the Austrian health system was continuing and that funding had increased for health structures. Numbers were not limited for access to the Faculty of Medicine. France (12) Wetzel: introduction of tickets, exclusion of homeopathy services, €14 billion sickness insurance deficit, increase in tobacco duty. Chauvot added certain considerations, doc. (13). Belgium (14).
- 5) **Croatia**: the delegate read document 15 prepared by Pasini (English version of No. 9). The discussion touched on the old documents forwarded by Pasini (15.1 – 15.5) after the Prague meeting. The situation still remained unchanged and so there was still the need, according to the Croatian delegation, for a highly incisive and visible action on the part of FEMS. Bertrand proposed a press conference and Wetzel (F) reminded the meeting that since the campaign for the forthcoming

elections in Croatia had begun, this was the right moment to make agreements with the candidates, given that to pursue the “legal” path at Strasbourg might not only be useless and require a great deal of time, but might also prove fruitless in resolving a problem that was essentially political.

- 6) **Relations with the CPME.**
- 7) **Working time and on-call duties.** To be discussed at next meeting with a final document by FEMS.
- 8) **Patient safety and risk management.** Chauvot (F) presented transparencies on risk management and the various forms of safeguards (drug, infection control, haemo-control and others). He presented a Power Point document that highlighted the way of managing accidents and pointed out that these should become quality tools, tools for the improvement of internal management besides being a defence in case of legal action. Opinions were sought from the delegations, which brought out the fact that in the different countries this problem had not been tackled systematically and while certain fanciful solutions had been found, these were neither “professional” nor exportable within a European framework.
- 9) **Discussion and approval of doc. CPME 2003/04:** document 5. Further, Bertrand showed a Power Point file that summed up certain concepts already expressed under item 8 of the agenda.
- 10) **Medical liability.**
- 11) **Drug prescriptions and economy.** (F 02/15) Waneck (A) presented the summary of the responses to questionnaire 02/15. A discussion followed and it was decided to update the 2001-2002 data in order to draw up a final document.
- 12) **Prescription and drug prices** (F 01/09 follow-up) see above.
- 13) **Compared salaries (F 02/06).** There was a discussion on the questionnaire drawn up in Power Point by the Czech colleagues. Doc. 16. This was shelved because as structured it was unusable and had not been filled in satisfactorily by all delegations. Thus, no comparison was possible.

Saturday morning 9.00 a.m. – 12 noon

- 14) **SOR (Standard Options & Recommendations) assessment. Interaction with DRG. Accreditation.** Chauvot (F) presented a Power Point file that explained what SOR was and how it was used in the oncology sector in France. It was a classification system worked out by a group of various experts in order to improve the quality of care, to help medical decision and to optimise the use of resources. An EU programme (AGREE) had been started up in which this system was reworked by experts from different countries besides France so as to make it an international professional Guide-Line system.
- 15) **PAIMM and “burn-out syndrome (Report by the Delherm-Caixero-Waneck-Dru working group).** A document drawn up by the European Medical Associations Forum, intended to cause greater awareness of this problem, was presented.
- 16) **Questionnaire on ability to practise (F03/08 Rev 1) Doc. 17.**
- 17) **Salaries, working conditions and medical work positions** (Sikovec, Amaya, Pasini & Caixero working group). Sikovec presented the first version of the questionnaire. What came out once more was the need for the East Europe delegations to verify the real “purchasing power” of doctors as against other professions (judges, teachers etc.) as well as to know the level of doctors’ social security (occupational medicine, compensation, allowances etc.). The questionnaire would be forwarded to all delegations for any observations, corrections and further information.
- 18) **Hospital funding** (Working group report and draft questionnaire – F03/39). The questionnaire proposed by Del Maso (I) was discussed (18). Certain corrections and additions were made. This final version would be forwarded to Wetzel (F) for the French version to be drawn up and then to FEMS secretariat, which would forward it to all delegations. Chairman Bertrand would like to present the final data to the AEMH meeting in April. In any case, the replies needed to be ready for the FEMS May meeting. Furthermore, Bertrand proposed the drafting of a second questionnaire on the ways money was spent and on the different national proposals for limiting health service costs.
- 19) **Feminisation of the medical profession (F03/17).** On Wetzel’s (F) proposal, the questionnaire was further modified given the difficulties in getting hold of reliable and comparable data.
- 20) **Registration point for doctors migrating.**
- 21) **Waiting lists:** the final data of the questionnaire was dealt with by Bertrand. The questionnaire was still very superficial and incomplete (4 delegations out of 11 had not replied). A new and more detailed questionnaire with a request for data on the first examinations (ophthalmological, orthopaedic, gynaecological, dermatological and the surgical treatment laid out: hip prosthesis, hernioplasty, saphenectomy, aorta-coronary by-pass).
- 22) **Medical academic qualifications in the EU.** The academic qualification of Professor in Europe: existed throughout the EU, with different limitations. The examination could be taken by those with requisite qualifications and involved both written and oral tests; it was made up of several levels; it did not necessarily entail heading a department; teaching compulsory with possible career and

financial advantages. The specialisation of which one was professor should be specified on headed paper.

- 23) Brochure and web site: Report of the editorial committee.** (Wetzel, Amayo, Dal Maso). The draft document was presented and after a general discussion funding of €15,000 was unanimously approved in order to set up the NEW web site along with € 2,000 p.a. to maintain it besides € 5,000 for the journal with two issues per year. Details should be presented at the next meeting and the forwarding of articles by delegates and publication on the site co-ordinated.
- 24) Treasurer's report.** No increase in subscriptions was foreseen for 2004.
- 25) A. O. B. :** A Serbian medical association had asked to enter FEMS as an observer. In reply, they were asked to check our statute to see if it was in line with that of their association. Waneck (F) proposed for the agenda of the next meeting that there be a discussion on extending FEMS to other associations and on founding a sole European hospital-doctors' union.
- 26) Next meeting and agenda.** Sofia, May 27-30 2004 and Strasbourg, Friday and Saturday, October 8 and 9, 2004.

**AGENDA
OF THE GENERAL ASSEMBLY OF THE FEMS
(Funchal, 10th & 11th October, 2003)**

- 1. Approval of the minutes** of the previous general assembly (Prague, 16th & 17th 2003 – F 03/29)
- 2. Approval of Agenda** (F 03/30)
- 3. Activity reports** (F 03/32; F 03/33; F 03/34)
- 4. Survey of the medical situation in the various countries** . (F 03/31; F 03/35; F 03/36; F 03/37; F 03/40; F 03/41; F 03/42; F03/43)
- 5. Croatia** (F 03/38)
- 6. Relations with the CPME.**
- 7. Working time and on-call duties.**
- 8. Patient safety and risk management.** (Report from Working Group)
- 9. Discussion and approval of doc. CPME 2003/04**
- 10. Medical liability.**
- 11. Drug prescriptions and economy.** (F 02/15).
- 12. Prescription and drug prices** (F 01/09 follow-up).
- 13. Compared salaries** (F 02/06).
- 14. SOR assessment. Interaction with DRG. Accreditation**
- 15. PAIMM and “burn-out syndrome (Report by the Delherm-Caixero-Waneck-Dru working group).**
- 16. Questionnaire on ability to practise (F03/08 Rev 1)**
- 17. Salaries, working conditions and medical work positions** (Sikovec, Amaya, Pasini & Caixero working group) Questionnaire to be elaborate and/or discuss.
- 18. Hospital funding** (Working group report and draft questionnaire – F03/39).
- 19. Feminisation of the medical profession** (Report of the Working Group and draft questionnaire -F03/17).
- 20. Registration point for doctors migrating.**
- 21 . Waiting lists**
- 22. Medical academic qualifications in the EU.**
- 23 .Brochure and web site: Report of the editorial committee.**
- 24. Treasurer’s report.**
- 25. A. O. B (any other business)**
- 26. Next meeting and agenda.**