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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
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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AEMH-President's Report 2006

Before I come to a short report of the last part of the year 2006, I want to stress out that I am starting now for my 4th and last 3 years mandate as AEMH president. As I underlined already after my last election in Athens, I'll continue to defend the interests of the AEMH in the context of a larger collaboration with the other AOs and especially with the CPME. I hope that in the next year we come to a stabilisation of the discussions around the future of the AOs in the interest of all the medical structures. But speaking about the future of an organization is often understood as speaking about dreams. I prefer speaking reality: our association in the international context has to solve problems on two levels:

- How to improve the activity of the members?
- How to secure the financial situation?

AEMH activity and working groups

We have now again established new working groups with old topics. Last years group were supposed to meet once but that did not show to be more effective than e-mailing. The little hastiness shown by the delegates to enroll in the groups showed either little interest in the topics, or little interest to invest time in the works of the AEMH. In both cases let us rethink our focus and discuss in open.

For the new plenary meeting we have decided to carry on the parallel sessions. In Bratislava the outcome was rather poor. This was due in my opinion to a lack of preparation. Let us learn from that and start NOW by defining the objectives for each group. The coordinators have to set the goals and a timetable to achieve them and commit themselves in the whole process.

AEMH Finances

Our friend E. Eicher asked me on his last Christmas card how we solve the financial problem of the AEMH. This is a sign that as former treasurer, he guesses how difficult the solution is.

Since the transfer of the accounts to Norway which is not in the Euro-Zone, we follow the waves of the financial evolution: up and down with the interests. The common proposals of the president, the treasurer and the secretary general in the financial field and the last vote of discharge of the board did until now not solve the financial problem of the AEMH. My last discussions with the DEXIA Bank have shown that our capital reserves are guaranteed but the choice of the "financial product" is actually not favourable. We will discuss about this in our meeting.

The solution of sponsorship becomes more and more difficult, we need in this field links lasting several years in relation with our activity.

What is needed is precisely sustainable income and this is only possible if we can provide a service in return which needs of course commitment and engagement of at least some of us. Once we are sure on this, we have to brainstorm on what this service could be.

External Affairs

CPME and AOs

16-28 October 2006 took place the CPME meetings in Luxembourg. In connection herewith the Presidents' Committee met for the third time this year. This is not the only occasion where all AOs come together but also in the CPME working group on the **Health Services Directive**, which I attended.

This is an important issue as the group drafted the answer of the CPME to the European Commission which launched a Public Consultation before the draft of a new health service directive. The consultation was framed in 8 questions but the working group also gave general perspectives to be considered such as **the right of the patient to receive high quality care and the right of the professionals to move and to obtain recognition of their medical qualifications**.

CPME recommends that the definition of hospital should be as narrow as possible in order to facilitate free movement of patients. The CPME definition for **hospital care** is: "medical care under the supervision and responsibility of medical doctor(s) and provided in specific facilities where medical surveillance is available 24H/day and which normally requires accommodation in the facility." However, CPME intends to propose a revised definition.

Concerning **patient safety** the reply of the CPME stipulates that the 'no blame' system should not jeopardize the rights of patients of getting compensation for medical errors. Therefore CPME favors a system where the **liability issue and the development of non fault compensation systems go hand in hand**.

The CPME would welcome close monitoring of **hospital care costs**. The real costs of the use of the publicly financed infrastructure are not always calculated. New methods of calculation should be drawn up so that these costs could be reimbursed by the country of residence.

The mobility of professionals is tackled at EU level by the Directive on the **recognition of professional qualifications**. This text covers both the temporary provision of services and the establishment in a host member state. The Directive ensures the coordination of minimum training requirements based on the duration of the training. However CPME wants to stress that this time criterion is not sufficient and should be completed notably on the **quality of the training.**

The CPD conference

On 14 December 2006, the CPME and other stakeholders including the AEMH and other AOs organised a conference under the auspices of the Finnish EU Presidency and the European Commission entitled "Continuing Professional Development – Improving

Healthcare. The conference was a unique opportunity to compare different experiences on quality improvement, assessment and control, as well as funding of CPD.
The outcome of the conference reflects in the consensus statement **"CPD – Improving healthcare quality, ensuring patient safety",** which was adopted by the participants and had been drafted by the working group in charge of the preparation of the conference and in which Dr Zilling defended the standpoint of the AEMH.

Other meetings

The CPME calls on the AEMH when hospital expertise is required and when internally nobody is available.

This was the case for the workshop on Pharmacovigilance in Spring, on which I have reported previously, and for a **workshop on Information to Patients in Hospitals** in November. The CPME is a member of the Information Working Group of the Pharmaceutical Forum created by the European Commission, which has identified the hospital as a key health place where people exchange information. The workshop was co-organized with HOPE and a patients' organization, the European Aids Treatment Group (EATG). The purpose was to discuss patients' needs regarding access to information in hospitals, gaps in those needs, and barriers and enablers to fill those gaps.
I had the opportunity to give as an example of best practice the experience from the Kirchberg Hospital and presented the different legal documents and practical information and insisted on the medical information dispensed by the health professionals.

AEMH Projects

From the topics addressed in the different meetings there are some the AEMH could get closer involved as for instance **Information to Patients in Hospitals**. Although I am not in favour to regulate too much because patients are individuals and as such need individualized information - as much as needed and not more than wished - and this differs from patient to patient. Nevertheless, the workshop showed that some guidelines would be helpful and could harmonize some rules of procedures.

The Parliamentary Assembly of the Council of Europe is preparing a report on **the Situation of Elderly People in Europe**. I attended a conference on this topic on which I have reported in my last report 2006. From my oral contribution the following has been quoted in the minutes:
"Caring for the elderly people becomes a problem for us. The health care systems are very even too much diversified in Europe, and they do not always comply with the Charta (Social Charta of the Council of Europe) evoked this morning. For budgetary reasons one starts to consider that as from a certain age, people are not entitled to receive an artificial kidney, and from a certain other heart surgery. Doctors cannot admit such deviance. Moreover, there is a lack of adequate structures in most countries to take care of the elderly people following the acute phase of illness, when at the same time there is a trend to reducing the length of stay in hospitals. The Charta is good, but it is not applied….

The high specialization of medicine, which is partly of the doctors' responsibility, is surely a handicap for the elderly people; each specialist takes care of one organ, no synthesis is made, things go fast…

Our association will make proposals on all these topics to the European institutions – the Council of Europe, The European Parliament, the Commission. It seems legitimate that doctors have an influence on this. (Applause)."

The interested acceptance by the audience of my intervention incites me to propose to the AEMH Assembly to work on a statement calling for a respect of elementary rights without distinction of age.

The Health grouping of the Conference of INGOs of the Council of Europe will come forward with a Draft Resolution on Ageing covering general aspects which the AEMH could complete by the specific situation in hospitals as addressed in my speech.