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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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Dr. Lies, President
AEMH-European Association of Senior Hospital
Physicians
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Dear Dr. Lies,

We look forward to the meeting in Zagreb.

We have looked through the program and look especially forward to the discussion about the budget. Without a balance between income and costs the Organization will be "bleeding to death" in a short time. If that happens, it means, that the group of senior doctors in the hospitals – the sector in the health care sector which use most of the budget in all countries health budget – will get a diminished influence on health politics.

We do not want such a development and hope, that we can solve the problem in solidarity to the decisions made in the AEMH Plenary Assembly in the years which have passed.

In Zagreb, the assembly has to make a budget, where there is balance - either by increasing the income or by decreasing the costs.

We have looked through the proposals for "core values" in the AEMH. In accordance with the idea of core values, we find it a very good idea, that we at the plenary assembly put forward a few subjects that have priority in the coming year.

We find the list interesting – but in our opinion – it will have a bigger influence in the EU and in the CPME if we chose for instance three subjects, which we will give priority in the coming year.

After the discussion for instance in Germany and in the Republic of Slovakia as well as in the Scandinavian countries, we propose that the following subjects have priority in the coming year. The subjects should be handled in such a way that AEMH can deliver a report on the subjects that could be authorized at the next meeting and thereafter sent to the EU and the CPME.

- Healthcare professionals and patients crossing borders in Europe. The juristic as well as quality of healthcare in the different countries should be applied to the report. In relation to this it is also necessary to lay down the patients rights to obtain treatment in other EU-

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countries. Inevitably, there will be a link between such patient rights and the development of the health care in each country.

- Working conditions for senior doctors in EU. For instance: Working time pr week, the length of relaxation periods between working periods, night work etc in the aspect of safety and risk for the patients. It is well documented, that a tired doctor may increase the failure risk at a level that is comparable to having had an alcohol intake just before working.
- How can continuous professional development (CPD) be organized in such a way, that we increase the quality and diminish the risk of the treatment in the Hospital sector in Europe? What is the status and what should AEMH propose?

The two last bullets are more or less close connected to the cross border problem.

We also propose that an abstract from all meetings either internally or externally be send to all the different delegations after such a meeting. The purpose of this is that all participants are updated on the work of the board. We also propose that the AEMH give priority to abstracts of reports instead of just sending the reports to all members. It will give all members that are away from the center a decisions, a more qualified information and by that a better understanding of all aspects of information.

Such a procedure could facilitate the communication with the members of the senior doctors' organization in the individual countries and in that way make a more manifest position of the AEMH for in the individual members of these senior organizations. For instance in Denmark, this is important, if we should convince our members that a membership of the AEMH is a platform which can promote our interests in the EU in a professional way.

Yours sincerely

Erik Kristensen
President of the Danish Association of
Senior Hospital Doctors

Erik Obel
Head of delegation