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EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA  
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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# NATIONAL REPORT ITALY

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### HEALTHCARE PROFESSIONAL CROSSING BORDERS

The policy of being interested in the healthcare-related issues across the borders had a strong development during the last decade of the last century and the first decade of the current one. The Physicians Associations belonging to the provinces located on the borders started getting in touch with their counterparts across the borders. First there was a phase centred on scientific exchanges, entailing a comparison of the acquired skills (this was the easiest phase), then they moved on to pinpointing the shared vital points with regard to the managing of their professional dimension.

During the last 30 years, the Italian national healthcare system transitioned from a country-level national model to a regional management model. A nation which was founded on the basis of a central management, starting in 1978 Italy began to implement a reform which adopted the British model for the national healthcare system (Beveridge style) and only recently it started working on a decentralisation of the system (devolution).

The contacts which we describe begun, due to local needs, on a provincial level and only during the last few years a system vision was acquired in larger, homogeneous areas.

In the context of a global vision, the Italian borders encompass the Alpine Arch in the North and they interface with the Alpine regions of France, Swiss Cantons, Austria, Slovenia.

The Italian peninsula is surrounded by the Mediterranean Sea on the remaining three sides, and the Mediterranean Sea constitutes more and more an area of contact with other nations belonging to Europe, the Middle East, and Africa. Therefore, to simplify the issue, two different board-crossing policies exist: one concerning the Alpine Arch, and one concerning the Mediterranean Area.

#### ALPINE ARCH:

The Province of Imperia (I) and Nice (F) have initiated a bilateral exchange concerning scientific issues (shared conventions), issues concerning professional association aspects (comparison of the codes of ethics, of the norms which regulate the profession, healthcare advertising, disciplinary activities by the Associations, etc.). The same happened between the region of Valle d'Aosta (I) and Savoy (F).

The Province of Imperia (I) borders with the Department of Maritime Alps (F).

The acquaintance and therefore the cooperation between OMCeO of the Province of Imperia, one of the four Province of the Liguria Region and, respectively, the Ordre des Medecins of the Region PACA (Provence, Alpes Maritime and Cote d'Azur) and the Ordres des Dentist, is relatively recent. As a matter of fact, it began in 2002. After the initial perplexity, especially on the part of our French "cousins", a reciprocal exchange of meetings took place. Those meetings were hosted alternatively at one of the seats, and during them the association structure of the three Associations was detailed to the counterpart, as well as the healthcare structure (beginning from the role of the Ministry of Health, to the structure of the hospital and territorial care network), in the two countries, and the caregiving modalities of the National Health System:

their pro and cons. The talks were also expanded to encompass the university structure, the acquiring of specialistic qualifications and “academic” qualification, self-employment and practicing in public structures, the “free market”, the enrolment of colleagues from Europe and from non-EU countries and so on.

Besides the steps which have been outlined above, other meetings took place, during which ethics-related themes were discussed in depth. Our attention was focussed most of all upon some particularly interesting items, which deserved to be discussed, also with reference to the most recent provisions by laws and courts which concern assisted fertilisation, euthanasia, informed consent, professional fees, advertising, etc.

This fruitful cooperation also set the premises for organising the European Convention of Medical Ethics “*European Days of Medical Ethics*”, which was held in the month of April 2005 in Sanremo (a town in the province of Imperia) thanks to the strenuous engagement of the Association of Imperia and to the will of our National Federation (FNOMCeO).

Twenty-two countries from the European Union took part in this Congress, as well as representatives from other countries.

Thanks to this initiative, our National Federation (FNOMCeO) was included in the restricted work group of the CEOM (meeting in Paris 2007) which is working on the drafting of an European Ethic Code (guidelines).

The Provinces of Varese and Como (I) and Canton Ticino (CH) have a long history of contacts in the field of healthcare, which have been made solid by international agreements.

Between the 19<sup>th</sup> and the 20<sup>th</sup> century, a flurry of initiatives took place in the healthcare industry, and those initiatives strengthened the cooperation ties between Italy and Switzerland, and were the proof of a shared past and a shared culture. It is appropriate to quote here a few historical examples.

The first is the agreement which was stipulated between the King of Italy, Umberto I of Savoy, and the Federal Government on 28<sup>th</sup> June 1888 “*for the aim of reciprocally authorizing those who practice home healthcare in the border district to practice their profession*”. This agreement recognizes a need to “*reciprocally grant an authorization to practice their profession to physicians, surgeons, veterinaries and midwives who are domiciled close to the border*” and fulfils it.

Eventually, to fulfil the healthcare needs of the very large Italian Colony of Lugano, a project was formulated to establish a small hospital in town. In August 1902 the “Italian” hospital was inaugurated at its current location.

It is not by chance that during the last 10 to 15 years there was an increment of the possibilities for the two systems to compare, share and absorb each other, especially with regard to professionals. The concept of a “free circulation of patients” between the two countries is, however, strongly hindered by the performance funding, which intrinsic difference constitutes to date an insurmountable barrier, in spite of the fact that on 1<sup>st</sup> June 2002 bilateral agreements between Switzerland and the European Union have come into force. Spaces are opening with reference to a cooperation in the area of highly specialized medicine (transplants, burn patients, reconstructive surgery, etc.), the high costs of which are justified only by means of a high number of performances. At the same time a procedure agreement is being developed as for what concerns first aid and transportation interventions across the border (in the field of emergency-urgent care). However, it is in the areas of training and research that the cooperation is consolidating with fewer obstacles: examples of this are the agreement which was drafted

between the Ente ospedaliero cantonale (Canton Hospital Body) (Ticino) and Università dell'Insubria (Insubria University) (Varese – I –) regarding the clinical specialisation of physicians, or the common continuous training of the Associations of Physicians (Ticino, Como, Varese, Verbano-Cusio-Ossola) in the field of ethics, which has been ongoing since 2000, or, to name one more example, the cooperation convention between Istituto oncologico della Svizzera italiana (Oncology Institute of Italian Switzerland) (IOSI) and Istituto europeo di oncologia di Milano (I) (European Oncology Institute of Milan) which was stipulated in 1996. It is a truth which does not stand for debate: the two areas are re-discovering the potentials for common growth in the healthcare industry, too, in spite of the recent healthcare history, marked by intrinsic dichotomies, and in spite of the persistent regulation differences.

Switzerland, the constitution of which gives the Cantons the responsibility of the healthcare system (as it does with regard to education and fiscal matters), adopts an organisational model based on insurance (Bismarck style), and universal access to healthcare was granted only in 1996. To summarize, 26 healthcare systems coexist on the Swiss territory.

The Province of Bolzano (I) has been cooperating for a long time with the bordering Austrian regions in regard to acquaintance, training and cooperation.

The mobility of patients and professionals is supported by the fact that they share a language, and this has caused many Italian Physicians from Alto Adige (I) to obtain their degree and to do their specialisation training in Austrian Universities and Hospitals.

This long history of professional and scientific cooperation shall find its apex in the initiative by the Federazione Nazionale degli Ordini Italiana (FNOMCeO) (Italian Federation of Associations) which has organized the first Congress of the German-speaking Physicians Associations. This event shall take place on 1<sup>st</sup> July in Bolzano (I).

The Province of Gorizia (I), with its regional capital which extends between Italy and Slovenia, is the most recent example of a lively interaction between professional medical components of the two bordering countries.

To summarize: a need for comparison, study and common resolution of shared problems concerning the medical profession and healthcare spontaneously arose in the Alpine Arch area, first at city level, then involving provinces and regions, till it reached wider and more homogeneous cross-border areas, which share their past and their history.

#### **MEDITERRANEAN AREA**

A new, interesting situation developed during the last few years in relation to the foreign countries policy of Federazione Nazionale degli Ordini (FNOMCEO).

Starting with the GIPEF experience, Italian Physicians have been thinking about developing the bridge function crossing the Mediterranean Sea, and uniting the Northern part of Africa to Europe.

The central position of the Mediterranean basin supports the interfacing with healthcare and professional dimensions having different origins and a different culture, and which all border on the same sea. In a time span of three years, beginning with a first meeting in Genoa (I), nowadays (and I mean this very same weekend) an encounter in Amman (G) has been organised, entirely by FNOMCEO. National delegation from Mediterranean countries shall take part in it and shall discuss about the healthcare problems of dimensions which are geographically close

but still distant from the cultural point of view, and which certainly need to open themselves to comparisons with far more advanced systems.

The FNOMCEO policy toward foreign countries is supported and motivated by a climate of ample and deep consensus of all the national medical and healthcare components.

In the course of the last year, the representatives of the Medical Trade Unions, of Scientific Societies, and of the Associations representing patient rights met several times with the patronage of FNOMCEO, and they drafted a shared work-project.

This connection, which is the first in the history of Italian healthcare to be so encompassing, shall appear publicly in Fiuggi (I) on 12<sup>th</sup> June in the frame of a Convention which shall encompass almost all of the Managing Bodies of Professional Associations, Trade Unions, Scientific Societies, and Organisations which represent citizens to have workshops where they shall discuss shared themes which deal with care and safety of the citizens and of physicians.

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