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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
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ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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# REPORT BY THE SPANISH DELEGATION
# AEMH, Brussels 7-8 May 2009

Elections to the Presidency of the "Consejo General de Colegios Oficiales de Médicos" (SMA) will be held on the 18th April 2009. Because only one candidate has been presented, the next president of our organisation will be Dr. Juan José Rodríguez Sendín.

Since the last Plenary Meeting that we held in Zagreb in 2008, the Spanish health situation has not undergone any major changes.

The project on "drug prescription" was blocked by the Council of State due to defect in form, but the Ministry of Health is insisting on going ahead with it and has submitted a Draft Bill to modify certain articles of the Law on Drugs that is now in force. These will not only allow nurses to prescribe drugs, but also to establish what are known as the "Pharmacy Consultations", permitting pharmacists the "diagnosis, prescription and therapeutic monitoring" of certain patients under the pretext of relieving the burden of primary care medical consultations, in view of the "shortage" of doctors in the Spanish health system.

It is nevertheless strange that within the Spanish National Health System, that is entirely socialised (where more than 80% of the hospitals are public and State owned), the pharmacies is absolutely private.

The Spanish medical association considers it deplorable and an offence on ethics for the same person that prescribes can sell the drug without the necessary knowledge to make a diagnosis of the illness and consequently the suitable treatment, of which the drug is only a part, and even less the patient's therapeutic monitoring.

The SMA made a Declaration from which we can highlight the following:

## *1. "Pharmaceutical care" infringes the clinical responsibility and authority protecting the patient.*

"Pharmaceutical care" is undermined by an essential contradiction for which there is no solution, because to implement it, the pharmacist must necessarily diagnose and have a *clinical* record of the patient, known here as "pharmaco-therapeutic record" and establish a "direct interaction" with him, in other words, a *clinical relationship* with the patient. But the pharmacist is not a clinician and cannot be so because he lacks the knowledge, the practical training, the expertise, the social authorisation and legal responsibility essential for exercising a *clinical activity* with the patient. The pharmaceutical profession is orientated and prepared for other social-health work; the cooperation relationship with the doctor cannot increase or reform such competences. Nor does the patient have the capacity to "grant the pharmacist clinical authority" except on the margin of scientific medicine and the System.

Only Training and the Professional Authorities can establish the competencies that are needed and which are compulsory for each profession. Only the doctor then, qualified after years of studies and specific practice, is a guarantee for society and for the patient providing a correct clinical activity. "Pharmaceutical care", with evident health risk and clearly in breach of the law, puts the patient in the hands of a non-doctor without authorisation or clinical responsibility.

### *2. "Pharmaceutical care" is not necessary*

Regardless of the real number and importance of problems related with drugs, these are undesirable, and the National Health System should fight to surmount them, a task that in no way demands resorting to "pharmaceutical care".

The SMA considers that the evitable problems related with drugs require the compliance of the qualification and competence functions assigned to each health agent. To enable doctors who are responsible for the diagnosis and prescription to comply with these functions they need to have the ideal structural conditions to be able to exercise them with the maximum guarantees.

The population must receive a suitable health education to reduce the problems linked with the use and handling of drugs, and to know the beneficial effects of a good use of drugs as well, as the risks for health derived from their unsuitable use. This education will be more effective if it fosters a suitable doctor-patient relation that minimises the problems of the use of drugs, as well as establishing a fluent collaboration between the doctor and pharmacist in prescribing as well as in dispensing drugs.

Reducing problems related with drugs is closely linked with the quality of health care and fundamentally with the factors that determine the goodness of the medical act. The SMA understands it is difficult to avoid problems related with drugs in a high pressure atmosphere and a lack of time to allow the doctor to seriously reflect on what he is prescribing his patient in addition to the risks of this prescription.

If there are an insufficient number of doctors, then the system will have to contract more doctors. Spain has made an effort in training and in specialising huge numbers of doctors, and this effort is not only misused but it also permits emigration by our doctors to other countries, when these same doctors are needed here in our very own country. It would be contradictory that this labour stifling that afflicts Spanish doctors because of the poorly dimensioned teams in relation to the real demand for health care, be used to protect the intrusiveness of other professionals in the doctor's tasks and responsibilities.

### *3. "Pharmaceutical care" would be a heavy economic burden*

It is not possible to estimate the real scope of the problems related with medication nor therefore their cost or the saving it would represent if these are reduced. It is however easy to observe that establishing "pharmaceutical care" would absorb important financial resources of the National Health System. Firstly, for the investment needed to provide the pharmacies the IT hardware, a consultation office, and to prepare and file the pharmaco-therapeutic records. Secondly, for the functioning of the IT means, the preparation of "standardised work procedures" and the consequent clerical work. Thirdly, for the remuneration to pharmacies depending whether the basis of calculation is made per patient or according to the 44 million inhabitants ready to receive health care, although there is also the possibility of this being carried out using a fixed amount per prescription or whether a fixed amount is established for each pharmacy, depending on the remunerations of (APD=Asistencia Pública Domiciliaria=Home Public Care) pharmacists, and even a mixed payment.

In any case the current expense would be exorbitant and the "pharmaceutical care" would provoke a huge, irreversible and progressive economic burden on the System,

comparable to the cost of the present primary health care network, without knowing what the consideration really is.

"Pharmaceutical care" would in practice mean a greater privatisation of the System because its investment and expense would be destined to private property establishments. Apart from increasing the risks on confidentiality and clinical data protection, highly sensitive issues for the population.

In line with the above, we defend the technological development of a communication infrastructure, based on the new technologies, between the pharmacy and the primary care doctor.

### *4. Nowhere in the world is there "pharmaceutical care"*

There is no "pharmaceutical care" as such. Defined for the first time in 1975, no country in the world has yet put it in practice in its health care system. Since then it has been relegated to a "cloudy theoretic-experimental phase reduced to determinate countries". After a long period of 33 years, the idea of "pharmaceutical attention" has not become crystallised in modern society, precisely characterised for being quick to accept new products, concepts and services. In other words, in more than three decades no public or private health system, in any industrialised or non-industrialised continent, has considered that pharmaceutical care is useful. This is conclusive data and it comes with a shock to now see the intention to make Spain the only exception in the world.

At the root of the debate on "pharmaceutical care" there is an underlying conflict in health subsystems. Firstly there is a medical care with a highly intervened, regulated and socialised model compared with the pharmacy office that is developed in a very liberal and private framework, with aspirations to extend its field of action in the opposite direction to all the other SNS.

### *5. Pharmaceutical Care does not resolve the problems of primary health care nor does it offer the patients a satisfactory solution.*

Pharmaceutical care contemplates people going to the pharmacy to consult about their health problems for "mild complaints or illnesses" that will be "treated" by the pharmacist.

Under what responsibility and with what knowledge can certain symptoms be diagnosed as mild? Only the doctor is qualified to diagnose and only he is capable of determining whether the symptoms are mild or not.

Who is going to assume the responsibility for the algorithms used by the pharmacists to determine how serious the symptoms are?

Is it ethical to prescribe and to sell drugs in one and the same act?

The SMA will disavow any professional group that collaborates in a project that implies endangering the patient's integrity and the quality of the health care it is provided.

The SMA will also appeal against any initiatives, projects, guides, etc. that infringe the Law on Organisation of the Health Professions, the Law on Guarantees and Rational Use of Drugs and the Law on the Patients' Autonomy.

The medical act and respect of the doctor-patient relation guarantee the quality of the health care.

The doctor wants well-informed and responsible patients strengthening the objective information, independent information and professional information with them.

On the pretext of there being a shortage of doctors in Spain real outrages are being committed or trying to be committed.

Less than ten years ago there were almost 30,000 unemployed doctors in Spain. Today there are no doctors without a job and in reality there is no shortage of doctors either. What is true is that in certain parts of the country and in certain specialities there may be a shortage of doctors. But this will continue to happen even though there are doctors who are unemployed, because these are places where they do not want to go and work.

Contrary to the opinion of the Scientific Societies, the Deans of Medicine, the Medical Trade Unions, the Medical Colleges, etc., the Minister and certain regional authorities are insisting on a series of measures that will end up irrupting in a strike being called by doctors bigger than the one that happened 10 years ago.

To give an example, the Ministry's proposals are:

- To increase the *Numerus Clausus*
- To increase the number of Medical Schools
- To reduce the High School grade level to enter medical schools.

The idea is also to change the present Law that Penalises Abortion, converting it into a "law of terms" where free abortion is foreseen until 22 weeks and the possibility of an abortion at the age of 16 without the consent of the parents.

The SMA is against the modification in the present Law, which it considers unnecessary and there is no real social demand at the present time. Also, a great deal of doctors and scientists in general are against such a modification, in addition to the conservative political parties.

The Minister is also threatening us with a Law on Euthanasia similar to the Dutch Law, but there is not even a Bill on the slate yet.

Another of the problems affecting Spanish health is the official recognition of medical diplomas from third countries. There is a Bill that contemplates authorising, for a provisional and indefinite time, the practice of non-Community doctors who are pending the official recognition of their basic or speciality diplomas. Since the process of recognition may last for a year, this Bill would mean that doctors who haven't accredited possessing the speciality of the basic degree could work as specialists.

Naturally, the SMA is strongly opposed to this project moving forward.

To these problems, we must add a Government crisis that has resulted in the cessation of the current Health Minister, and his replacement by Ms. Trinidad Jiménez, who lacks experience in the health sector.

Dr. Manuel Sánchez García
19th April 2009