



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROÆISKE 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 ZDRAVNIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΗΙΗΙ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 12-052
Title:	National Report Italy
Author :	Dr Stefano Reggiani
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	17 May 2012

NATIONAL REPORT ITALY

AEMH 65th Plenary Meeting ,VARNA, 18-19 MAY 2012

A) Hypothesis on the reorganization of nursing skills

On April 2012 a draft reform for the reorganization of nurses' competence and professional responsibilities was presented to the Board Regions-Ministry of Health. The hypothesis involves nurses' redefinition of skills development and professional responsibilities in order to facilitate the assignment of additional advanced tasks to nurses, in connection with the objectives of prevention, treatment, care and rehabilitation of the national and regional health planning.

The FNOMCeO (National Federation of the Orders of Doctors and Dentists) shares the premise of the draft reform (the need for organizational innovation and for interdisciplinary and multi-professional activities in clinical care, given the complexity of the daily operations in hospitals), but not the conclusions of the document.

The FNOMCeO President, Dr. Amedeo Bianco, while declaring the availability of the Federation to a constructive dialogue within and outside the profession, on the other hand has expressed an highly critical opinion on the document, underlying that the evolutionary process of the nursing profession traced by the document is in fact a demotion of certain assets and expertise of physicians and other health professionals, with ambiguity of definitions, technical inconsistencies and unresolved profiles of professional responsibility.

B) Professional liability and "alleged medical malpractice"

In recent years professional responsibility has become a very relevant issue for the health system, especially for hospitals. To avoid litigations, tests and drugs are prescribed more often than necessary, with an increase for citizens of unnecessary, if not harmful, visits and investigations, while risky treatments are increasingly avoided.

The spread of defensive medicine has increasing costs for the system, estimated at around 10 billion, with an increase of adverse effects on the working life quality of a significant part of health professionals, not only physicians, but psychologists, nurses, physiotherapists and biologists too.

It is true that the final criminal conviction concerns only a small number of health professionals, but having to spend years to address the accusations (often with lawyers who invite to the complaint), involves a psychological and economic expenditure, in term of legal protection, with possible repercussions on the quality of performance.

It is expected a gradual withdrawal of the physician in assuming clinical responsibility for the fear of falling into error and receiving claims for compensation.

Moreover, the lack of organization and management must not be discharged on the operators. The health care companies are increasingly looking to make up for loss at doctors' expenses, even with arbitrary transactions.

The "medical malpractice" has an annual turnover between 850 million and 1.4 billion euros. It is an increasingly unsustainable cost for the healthcare structures, forced by the flight of insurance from the health sector to jump into the arms of foreign companies without the necessary know-how or into national operators at high risk of default, or to experience the thrill of self-insurance with results yet to be verified.

To this end, an important document signed on April 16 by medical trade unions and Ministry of Health on professional liability offers legislative instruments to curb the escalation of complaints that is poisoning the relationship with patients.

The actions proposed are 4, including the insertion of a provision in the Civil Code which limits the use of defensive medicine by restoring "the principle of the necessity of the existence of cause and effect in healthcare professional liability, including cases of non-disclosure".

The text also suggests a regulatory definition of "gross malpractice" in healthcare that circumscribes the contents of the medical act, with reference to the definition of medical act proposed by the UEMS.

Our legal system has never defined the concept of medical malpractice and gross medical malpractice.

In Italy the only case where the malpractice is defined by law is for the civil liability of magistrates.

In this case it was considered to protect the magistrates in order to ensure them serenity in their job.

Similarly, this concept may well (and better) be imposed in the health field.

The above mentioned document also recommended the introduction of other rules to force health structures to draw up contracts for the coverage of the malpractices of executives and health professionals.

On the organizational side, the "risk management" is enhanced, favoring the establishment in each hospital and/or healthcare structures of a Complex Operative Unit and of a dedicated network of contacts.

As regards relations with insurance companies, the proposed solution is to develop a single contract valid throughout the territory to ensure equal protection to all the doctors in the NHS; it is "necessary" the definition of trade unions participation in contracts by health agencies and Regions, and a technical cooperation with Ania, the national association of insurance companies, to "establish the proportionality" between the costs and the risks assumed.

Dr. Stefano Reggiani
AEMH Internal Auditor
FNOMCeO delegate