



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
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  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## **AEMH-FEMS-EJD**

### **VIENNA STATEMENT**

#### **PART 1 – ON EUROPEAN WORKING TIME DIRECTIVE**

The European Working Time Directive is an essential piece of health and safety legislation for employees in the European Union and, is therefore of considerable importance to doctors.

Recently the European Commission launched a public consultation, and commissioned two studies, on the implementation and review of the European Working Time Directive. The results of this work have not been published, and the European Commission has not yet submitted a legislative proposal to the European Parliament and the Council.

The European Junior Doctors' Permanent Working Group (EJD), the European Federation of Salaried Doctors (FEMS) and the European Association of Senior Hospital Physicians (AEMH) call upon the European Commission not to compromise the health and safety provisions of the European Working Time Directive for financial considerations. In this context it is particularly important that the findings of the European Court of Justice (C-303/98 SIMAP of 3 October 2000 and C-151/02 Dr. Norbert Jaeger of 9 September 2003) are respected. The substantive effects of these rulings should remain unaltered in EU law, in other words:

- The entire period of on-call time (at the work place) is working time.
- Compensatory rest must be taken immediately after a prolonged working period.

Furthermore EJD, FEMS and AEMH are against an extension of the reference period for establishing weekly working time limits.

Once more EJD, FEMS and AEMH want to remind the European Commission that excessively long working hours not only carry health risks for doctors, but also represent a considerable risk for their patients.

## **PART 2 – ON CLINICAL LEADERSHIP**

EJD, FEMS and AEMH point out that the involvement of physicians in healthcare management is vital. Evidence shows that clinical leadership improves clinical results, patients' satisfaction and financial outcomes. Thus, clinical leadership ensures that the treatment of patients is not influenced by economic criteria since the medical needs are the primary focus of attention.

## **PART 3 - ON WORKFORCE**

Reductions in employee numbers are frequently seen as a quick solution to address budgetary constraints or to alleviate financial pressures, however the negative impacts of such staff cuts can often prove costly. The heightened physician fatigue and stress arising from insufficient staffing levels can lower motivation and productivity, as well as significantly increase the risk of medical error. The costs of failing to adequately meet the needs of patients can, therefore, erode any potential savings made as a direct result of lowering headcount.

EJD, FEMS, AEMH firmly strongly believe in the free mobility of the medical workforce. However, EJD, FEMS and AEMH strongly believe that each European country should be in a position to meet its internal need for physicians from its own human resources. Therefore, sufficient funding must be allocated for undergraduate and postgraduate medical training to ensure that every country may train as many physicians as they require, according to their needs. After all, availability of sufficient medical staff all over Europe will also contribute to the successful implementation of the EWTD.