



ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΠΙΕΥΛΛΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
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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Report AEMH Liaison officer
Dr Pier Maria Morresi
Of the FEMS Meetings in Madrid October, 11th – 12th 2002
and Prague May 15th – 17th, 2003

FEMS plenary meetings are kept every six months, therefore there is a continuity among the subjects in the agenda, continuity which reflects the progress of commissions' works. So, finding the same subject in more than one meeting is connected with the different maturity phase of the problem which is being dealt.

The enclosed agendas represent a useful instrument to obtain the code number of a subject and go back to the whole document and its authors. I'm going to summarize, as far as Madrid meeting is concerned, the most significant positions which have emerged, bearing in mind above all the geographical areas not completely represented by our organization.

Another element characterizing FEMS meetings is the treatment, by a rapporteur, of a pre-ordered report, report which is often enriched with visual supports. So, President Bertrand's report, which has been drawn from one of Dr. Grewin for EFMA, has illustrated very well the Swedish system of medical responsibility, completing the exposition with the comparison with the French reimbursement system, which sometimes also arrives at extra-judicial agreements. (The slides which have been presented are available.)

Equally interesting as far as Risk-management is concerned, are the slides illustrating Dr. Poulsen's report "Patient Safety", about the safety in the Health field, comparing between them different data which have been obtained from studies published from 1991 to 2001 by different authors coming from all over the world. (The slides which have been presented are available.)

Dr. Wetzel (F) has reported about PAIMM. Dr Wetzel exposes us the PAIMM program following the conference organised in Barcelona in June. This program is well known in the United States, Canada & Australia. In Europe, this experience is very new and may be the first step to treat medical staff.

Everybody has to know that, when doctors are ill, they don't access the public health system like the rest of the population. If, next these health

troubles, there are also mental troubles or dependences behaviours, these patients hide automatically their problems, they don't ask for help and try to continue working as if nothing had happened.

This constitutes evident risks for the health of the citizens, which are helped by those professionals. Due to these situations, the PAIMM decided to follow 2 aims:

- Creating a professional checking procedure which guarantees the necessary help to those patients;
- Special confidential mechanisms, which facilitate the access to specialized help. Moreover, it's necessary we reassure people as much as possible on the ability of health professionals to practise in the best conditions.

This programme will be transmitted to all European Medical Associations and we'll try to create this programme in all the EC. Actually, only Spain and Portugal started with this programme.

Dr. Sikovec (SLO) has presented an interesting research and a survey which had been requested by FIDES, Medical Chamber, Medical Association. In fact, after the latest strikes, the public opinion seems to have revolted against doctors, supported by interventions through the media by the Health Minister.

From the interviews which have been carried out emerges the surprising datum according to which the majority of citizens believe that corruption is the greatest problem in Health system (61%) and only 15% think that the system itself has improved in the last 5 years.

We must reflect about the fact that the great majority of citizens cannot state the actual pay-level of a doctor within the Health system. In spite of this they consider it's too high, even if they believe (77%) in the doctor's professionalism and they have never had any problems in their relationships with the doctor himself (76%).

The survey results to be very interesting and it could be proposed again in some other countries. (The slides which have been presented are available.) A further reflection can be done about the working method which, as I've tried to exemplify, often carries to overcome the limit of the short intervention to get concrete in a complete report (which is always kept in limited times).



ORDRE DU JOUR DE LA REUNION DE PRAGUE (16 & 17 mai 2003)

- 1) **Approbation du PV** de la réunion des 11 et 12 octobre 2002 à Madrid.(F 03/01)
- 2) **Approbation de l'Ordre du Jour.** (F 03/02)
- 3) **Rapports d'activité.**(F03/04; F03/05 ; F 03/14 ; F03/15 ; F03/16)
- 4) **Situation médicale dans les divers pays.** (F 03/03: F 03/06 ; F03/07 ; F03/09 ; F03/10; F03/11; F03/13; F03/18)
- 5) **Situation de la Croatie** (F 03/12)
- 6) **L'organisation des urgences médicales** (F 00/06final) Ultimes modifications. Envoi au CPME pour la réunion de fin août 2003.
- 7) **Information du patient** (F 01/28 Final)Adoption du document de synthèse. Motion ?
- 8) **Expérimentation, essais médicaux et recherche clinique** (F 01/27 Final). Adoption du document de synthèse. Motion ?
- 9) **Relations avec le CPME.** Point de la situation. Participation aux travaux des commissions.
- 10) **Transplantations d'organes.** (F 00/01Final). Document final. Inscription à l'agenda de la commission « Ethique etc... » du CPME.
- 11) **Salaires comparés** (F 02/06). Première synthèse
- 12) **Temps de travail et gardes.** Doc. CPME 2002/105En –Codification de la directive sur le temps de travail.
- 13) **Sécurité du patient et gestion du risque.**
- 14) **Responsabilité médicale.**
- 15) **Accréditation, SOR et dérives du système.**
- 16) **Responsabilité éthique dans les procédures médicales.** (Spagnoli, Dal Maso)
- 17) **PAIMM.**
- 18) **Syndrôme de « burnout »**
- 19) **Questionnaire « aptitude à exercer »** (F 03/08)
- 20) **Salaires, conditions de travail et postes de travail médicaux** (gr. de travail : Sikovec, Pasini, Amaya et Caixeiro ?) Questionnaire à faire ou à discuter.
- 21) **Révision des directives relatives aux dispositifs médicaux..**
- 22) **Financement des hôpitaux..**
- 23) **Service de santé et opinion publique. Une enquête slovène** (Dr Sikovec)
- 24) **Economies dans le médicament** (F 02/15). Première synthèse.
- 25) **Féminisation de la profession médicale** (F03/17) Incidences sur la pratique
Questionnaire modifié.
- 26) **Listes d'attente.** Prise de position en fonction du doc. CPME /Aarima Approbation de la motion F 02/22.
- 27) **Prescription et prix des médicaments** (F 01/09Final).Suivi du document au niveau du Conseil de l'Europe. (Pr. Waneck).
- 28) **Brochure, rapport du comité de rédaction.** (Wetzel, Amaya ; Dal Maso)
- 29) **Rapport du trésorier.**
- 30) **Divers**
- 31) **Prochaines réunions et Ordre du Jour.**

AGENDA
OF THE GENERAL ASSEMBLY OF THE FEMS
(Prague, 16th & 17th May. 2003)

1. **Approval of the minutes** of the previous general assembly (Madrid, 11th & 12th 2002) (F 03/01)
2. **Approval of the agenda** (F 03/02)
3. **Activity reports** (F 03/04; F 03/05; F03/14; F03/15; F03/16)
4. **Survey of the medical situation in the various countries.**(F 03/03; F03/06; F03/07; F03/09; F03/10; F03/11; F03/13; F03/18)
5. **Situation in Croatia** (F03/12)
6. **Organisation of medical emergencies.** (F 00/06final). Ultimate modifications. To be send to the CPME for the meeting from next August.
7. **Information of the patient.** (F 01/28final). Synopsis. Approval. Statement?
8. **Experimentation, medical t& clinical trials.** (F 01/27final). Synopsis. Approval. Statement?
9. **Relations with the CPME.** Update. Participation in the works of the subcommittees? (doc. CPME 2002/130)
10. **Organ transplantations.** (F 00/01. Final) .Introduction in the agenda of the CPME's subcommittee "ethics and ..."
11. **Compared salaries** F 02/06) Draft synopsis
12. **Working time and on-call duties .**
13. **Patient safety/ Clinical risk management.** (CPME 2002/087rev1)
14. **Medical liability.**
15. **Accreditation, SOR and drifting of the system.**
16. **Ethical responsibility in the medical procedures** (Spagnoli & Dal Maso)
17. **PAIMM**
18. **Burnout syndrome.**
19. **Questionnaire on ability to practise (F03/08)**
20. **Salaries and working posts.** (WG.: Sikovec, Amaya, Pasini & Caixero??) Questionnaire to be elaborate and/or discuss
21. **Revision of the medical devices directives.**
22. **Funding of the hospitals.**
23. **Health service and public opinion. A Slovenian survey** (Dr Sikovec)
24. **Drugs prescription and economy.** F 02/15. First synopsis.
25. **Feminisation of the medical profession.** Effects on the exercise. (F 03/17) Revised questionnaire.
26. **Waiting lists.**
27. **Prescription and price of drugs** F 01/09. Follow-up at the level of the E.U. (Pr Waneck)
28. **Brochure. Report of the editorial committee.** (Wetzl, Amaya, Dal Maso)
29. **Report of the treasurer**
30. **Any other business**
31. **Next meetings and agenda**



General Assembly of the FEMS

(MADRID, THE 11 ET 12TH OCTOBER 2002)

1/ Approval of the minutes of the previous assembly of 17 & 18th may in Portoroz

2/ Approval of the agenda.

3/ Activity report

A discussion began on working time because in France, we speak about 35 hours, the European directive didn't plan this, and she speaks about a maximum of 48 hours. Confusion exists between the governmental project of 35 hours and the directive.

Dr Bertrand(President) thinks we must have to play the role of safeguard (who's paying overtime, the duty,). Dr Bento explains in Portugal they work 42 hours with 12 hours to be on night duty. Dr Wetzel (F)draws our attention on the fact we aren't allowed to denounce a social progress but we have to obtain from the politics the realisation of the financing of these measure

4/ Survey of the medical situation in the various countries

Each delegation presents his medical situation.

Bulgaria: the situation is rather bad: underestimation of the budget for 2003, adoption of laws without any coordination, monopolization of the drugs policy & setting up of a list for drugs reimbursed by the state.

Croatia: a strike organised by HLS last June obtained a great success. New strikes are foreseen until obtaining results.

The requirements are: collective professional negotiations, subscription of a collective professional contract for the doctors; respect of the vested interests in the old collective professional contract for the doctors, increasing of salaries: 2 times more of a medium salary for general practitioner & 2,5 times more for a specialist.

Slovenia: the situation is always pessimistic: scarcity of doctors, extra work for night calls, loss of profits for financing the system, bad management of hospitals.

5/ Organisation of medical emergencies

The enquiry on medical emergencies has been adopted in his definitive version during the meeting in Vienna and lightly modified during the meeting in Portoroz. Some more modifications are brought:

- In Austria, there is no exclusive competence in emergency medicine;
- In Portugal, a competence in emergency medicine exists, the monthly length limit to the number of shifts is 12 hours in a week;
- In Slovenia, length is 18 hours during the week & 24 hours during the weekend;
- In Belgium, the European emergency phone number is used.

Dr Wetzel(F)will conclude, translate & correct the questionnaire, which will be send to all delegations. Reactions are expected before end of November. Dr Bertrand proposes to transmit the final result of the enquiry to the other organisations.

6/ Information of the patient

Dr Chauvot(F) presents us the synopsis. For Bulgaria & Slovenia, we don't know if a text exists. Slovenia tells us a text exists. In Bulgaria, nothing exists.

In Croatia, there is confusion between telling all to the patient and telling only according to the psychology of the patient. In Belgium, a law on patient rights exists. The content of the chapter about "information of the patient" has to be verified.

Dr Chauvot will introduce the last notions in his synopsis, will transmit it to all delegations for approval & finally send it to the other organisations.

7/ Experimentation, medical & clinical trials

Dr Chauvot(F) asks the assembly if in all countries, the law foresees that a laboratory finances clinical trials. Actually, the trend is to leave to the states because of a daily problem to find the drug. Dr Bertrand proposes to speak about this during the next meeting.

8/ Relations with the CPME

9/ Organ transplantations

Dr Wetzel(F) reviews the questionnaire.

When he received the answers, Dr Wetzel will establish the definitive synopsis & it will be transmitted to the ad hoc organisations.

The assembly wonders about the definition of cerebral death.

Dr Wetzel proposes to bring together a group of experts belonging to the CP to look into this problem.

Dr Bertrand proposes the CP Ethic Committee.

10/ Compared salaries

Dr Kubek(CZ) presents us the results he obtained until now.

He hopes to give us a synopsis during the spring meeting.

11/ Funding of CME/CPD

It's a working group created by the CP. During this working group, Dr Bertrand reminds the position the FEMS always has defended: a non obligatory CME, a moral & intellectual obligation, a right and a funding for the employer concerning the salaried doctors, financial incentives for non salaried.

A proposition was made during this meeting (« Holm proposition »), which doesn't bring great changes. It appears that funding CME is a problem & we can hardly extricate from this without the pharmaceutical industry's aid.

Moreover, CME is more and more proposed on non-medical staff, during working time and is generally not financed, which increases the hospitals deficit with the consequences on doctors by introducing financing by pathology.

In the future, this will be taken in account when we establish the budget.

The President is going to write in this way to the President of the working group.

12/ Working time and on-call duties

The problem comes from the Valence arrest.

The AEMH, FEMS & PWG have a common position. Funding will be heavy in the budget.

The PWG insists on a very strict application of this directive

Dr Bertrand proposes each delegation to look into our country how it happens.

13/ Patient safety / Clinical risk management

This point will be discussed on the next meeting

14/ Revision of the directive 93/16/CE on professional recognition

This point is given only for information

15/ PAIMM

Dr Wetzel exposes us the PAIMM program following the conference organised in Barcelona in June.

This programme will be transmitted to all European Medical Associations and we'll try to create this programme in all the EC. Actually, only Spain and Portugal started with this programme.

16/ Salaries and working posts

Working group composed by Dr Caxeiro(P), Sikovec and Delherme. A questionnaire will be elaborated .

17/ Revision of the medical devices directives

Two proposals exists:

- 1° promotion of single use disposals for the patient security;
- 2° reinforcement of the forbidding for the reuse.

The President insists on the cost and the financing of this directive. One use disposal is very expensive, we don't have any control on pharmaceutical firms.

It's very quite usual hospitals sterilize and reuse one use disposal.

We must avoid that the medical profession will support the costs due to the application of this directive.

Dr Bertrand told this during the CP meeting, however the CP motion has been voted but it will be possible to discuss it again.

Each delegate wonders...

Finally, each delegate will observe what happen in his own country and the subject will be discussed again during the next meeting.

18/ Drugs prescription and economy

Mrs Kletter(A) proposes to make a summary for the next meeting.

19/ Feminisation of the medical profession

20/ Waiting lists

Dr Bertrand presented a motion during the meeting of the associated organisations. It has been considered unrealistic. The FEMS is ready to participate at an eventually working group.

21/ Contribution of hospitalised or ambulatory patients to their treatment

The Portugal delegation brings some modifications. The document is adopted and will be diffused.

22/ Obligatory health insurance

The Slovene delegation brings some modifications on the questionnaire. The document is adopted and will be diffused.

23/ Prescription and price of drug

24/ Report of the treasurer

Dr Nuñez(P) proposes to write a brochure similar to this one of the UEMS, UEMO where each country explains his position.

We decide to create a writing committee.

Drs Amaya(E), Dal Maso(I) and Wetzel (F) are candidate.

A treasure's report of the costs of such a brochure must be presented during the next meeting.

25/ Contributions to the CESI ?

26/ Elections

Dr Bertrand is unanimous re-elected President.

Dr Wurche(D) is re-elected deputy President for one year. The link officer for 2003-2005 is still Dr Bertrand but another member might be nominate punctually according to the place of the meetings.

27/ Any other business

Dr Sikovec(SLO) established a motion on working time because Government imposes over-time work without agreement of the medical profession and without proper remuneration.

This is unanimous adopted and will be transmitted to the Slovene authorities.

28/ Next meetings and agenda

Prague: 16 & 17 may 2003

Madera: 10 & 11 October 2003

Proposed agenda:

- Hospital financing,
 - Ethic responsibility in medical procedures,
 - Patient safety and risk management,
 - Revision of the directive on professional recognition,
 - Salaries, medical working conditions and posts.
-