ASSOCIATION EUROPÉENNNE DES MÉDECINS DES HÔPITAUX
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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΏΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΌΓΌΣ ΔΙΕΥΌΥΝΤΏΝ ΝΟΣΟΚΟΜΕΙΏΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
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Document :	**AEMH 03/043**
Title:	**National Report Belgium**
Author :	**Dr. Godts**
Purpose :	**Information**
Distribution :	**AEMH National Delegations, Participants in the 56th AEMH Plenary Meeting**
Date :	**August 2003**

NATIONAL REPORT OF 2002 ON MEDICAL SERVICES IN BELGIUM

approved by the general meeting on 15 March 2003

ANNIVERSARY AND HISTORICAL ISSUE.

Exactly 40 years ago this year the trade unions entered into the social and medical professional field.

As a result of a historical issue they are now confronted with a crisis of the same extent as those that caused their establishment.

In 1962 Mr. Leburton organised a social security system of which the physicians were to be the executors under the supervision of an almighty monitoring service. The Belgian Medical Federation (FMB) carried out negotiations that grouped the spheres for 100 years without managing to gain noteworthy changes. A wave of dissension came about from the grass roots and the spheres, at first locally to Liége and the Borinage, then in the whole country. The FMB was dissolved despite its considerable means. As a result of this outburst, charismatic leaders and negotiators of great stature came to the fore during a fierce action that united general practitioners and specialists into a powerful entity.

The resistance against professional trade unionism by marginal movements, supported by the government, such as the General Union, did not amount to anything. The result was the development of a new social landscape where the medical practitioners were partners in social security provided with an administrative, technical and judicial instrument, the Union of Doctors, organised on a regional basis taking account of the feel of the field and ease of communication. This concept still works.

Since then successive governments have left no stone unturned to unsettle or break this balance to give the health funds and the government absolute political and economic power over the extension of care. Not a single government initiative with respect to this enjoyed success, profiles, union elections, threats to divide social security and attempts to drive a wedge between medical practitioners from the north and south, the establishment and public support of a union, the Cartel that had taken the traditional collaborator, the General Union, under its wings. This movement only had a slight impact on general practitioners. As a result, one thing and the other resulted in division and weakening, resulting in a vicious circle of vulnerability and growing frustration in the first instance and a growing balkanisation of general practitioners: general practitioners parliament, SVH (Union of Flemish General practitioners), etc

A FESTIVAL OF AGRESSION TOWARDS THE MEDICAL PRACTITIONERS

2002 was a worse repetition of 1962.

The purple-green coalition government multiplied the aggression in various directions with the aim of forcing the medical practitioners to their knees:

1. Violation of the practitioner-health fund accord, i.e. of the consultative model, by changing the law to preventively recoup any overrun by eliminating the right to deconventionalise and the loss of the social statute: part of the accords were amended by law to the advantage of the government.

2. A bill of liability without fault to compensate for therapeutic uncertainty, a defensible choice of society but of which the government wants to put the joint liability fund (4 hundred million BEF) at the expense of the medical practitioners on top of the considerable insurance premiums (1.5 hundred million BEF) which have increased fivefold in certain disciplines in a few years.

3. A law on the rights of patients that is unacceptable because the practitioners have now for a long period made efforts to receive the informed acceptance of the patients, while access to the file has been guaranteed since the law on privacy and because all affairs related to this were progressively settled either by jurisprudence or by other laws. The bureaucratic obligations are in addition to those of the RIZIV (Belgian national institution for medical and disablement insurance), that are continually becoming more absurd and continually show less respect to professional secrecy and the private life of the patients (e.g.: MPG-Minimal Psychiatric Data). The demands and the aggression of the patients is being encouraged by the government who want to divert dissatisfaction due to rationing of care that they organise to the people carrying out the care. The aim of this law, which only covers obligations of the practitioners, is to make the patients the enemy of the practitioners by giving them the right to demand what the Minister, the RIZIV and the law have denied them with respect to healthcare (physio, drugs) from the treating practitioner.

4. The height of aggression was caused by the desire of the government to oblige the practitioners to limit care to the financial possibilities of a closed budget. In the area of hospitals it is the reference-cost price for all diagnostic files with regard to surgical or medical procedures.

   Any crossing of the national average results in a refund. This pressure will cause the average to drop in a vicious circle within a few years and block costly technical innovation. At the same time the rights, or rather the demands of the patients place the practitioners before an impossible task of quality medicine and civil liability. The Task Force tried to bring together the points of view that Minister Vandenbroucke asked for without being as good as his word (principally as concerns article 140 of the Hospital Act).

5. The bill on accountability was the straw that broke the camels' back following the coercion, the formalities, the dissemination of information that completely undermine professional secrecy, as all patient data is requested and disseminated through MKG (Minimal Clinical Data) and MPG in expertise-centres, tripartite structures, profile committees, colleges, etc...

   So far the BVAS could channel the evaluation of care in the sense of quality incentives through accreditation, the LOKS and a control by way of joint committees.

Minister Vandenbroucke is reforming this control of equals into a police control by practitioner-inspectors who have turned their back on the responsibility to provide medical assistance in favour of a status of an officer of the judicial police.

In accountability, the Inspectorate Service, who propose their recommendations with respect to care standards to the NRKP, in fact dominate the National Council for the Promotion of Quality. Medical practitioners who deviate from this – called "outliers" – are placed under monitoring for all of their practice and therefore for the diagnosis of all patients based on indicators of deviation established by the Inspectorate. If this practitioner perseveres in treating their patients with methods other than that dictated by this police – who make the rules as well as enforce and sanction them – the practitioner is sentenced to the payment of 5000 €. The Profile commission, seen by the Minister as too objective, will be dissolved. The procedures are shortened to prevent attorneys causing delays in the judgments. Already in 2002, the Inspectorate prevented a member of the BVAS, Dr. Martens, from taking a seat on the Committee due to partiality because he demanded the right to defend oneself!

THE OUTBURST OF THE GRASSROOTS

This year, as in 1963, the grassroots, whom the Minister had thought he had lulled to sleep, although he had solely sown frustration, revolted. These grassroots have shown their resolve over 40 years through actions and strikes organised by the BVAS and not infrequently curbed through the docility and the contra-information arranged by government agents against the BVAS. However, everyone had had enough and this changed things.

Since 1987, measures have also heaped up for hospital doctors to allow the under-financed administration to cream off the doctors' fees (art. 140 §5) and concurrently limit the supplements. But a long tradition of conflicts with the administrators, the statutory cooperation framework, a precise contractual framework and the growing necessity of technical support have untied the specialists around the Union of Doctors to ensure a growing voice in hospital decision making. The cooperation with the VBS, to which the unions supply considerable assistance, put up a united front that caused many government initiatives to give way or be terminated.

We take this year's conflict as an example. The BVAS demanded a reform of the act to limit the cost deductions of doctors' fees. The Minister tried to sow division by assigning professor Dillemans to drown a fish in a sea of platitudes. Should he not have published a Royal Decree (R.D.-K.B.) obliging the hospitals to submit all economic and financial data to the Medical Councils and then another R.D. setting up "financial commissions" that are jointly composed of doctors and administrators and that are charged with working out a budget and viewing hospital invoices? The Minister believed that by letting off a little steam he could save the essentials i.e. by letting the hospitals cream off the 17 billion of the doctors' fees due to under-financing that he had caused in the hospital sector. But he miscalculated the resolve of the BVAS in demanding a review of article 140, allowing the hospitals to make this deduction.

Quite the reverse for the general practitioners, the Minister hoped to find favourable ground for his rhetoric on the first line, without realising that they did not demand words, but deeds. 35 years ago, the Union of Doctors encouraged the organisation of on-call

services on the level of local circles that are grouped within the scope of the federation. This tempted the Minister to allot a role to these circles of representative discussion partner. But at the same time he wanted to use the circles to bureaucratise the front line. In doing so, to weaken the BVAS, he favoured and associated the cartel in deferring the demands of the general practitioners towards the government to the specialists, such as the echeloning and the unnecessary use of the on-call services of the hospitals but rather by enforcing a 7-day week general practitioner on-call service.

At the same time, the medical landscape changed unperceived. In the old division between specialists–GP, in a less favourable situation in the south than in the north, from now on there is the inevitable feminisation of an underpaid profession that is seen as an additional source of income. The transformation of the honourable position of the now plebeian doctor, in the eyes of the social partners a parasitic enemy of the people on the social budget, reviled in the case of insufficient results by the "associations of victims", judged as over-consumer in the case of costly care, assaulted during house calls, urged to be an automatic distributor of attests or drugs. This dismal situation for the specialist has become untenable for the GP who is additionally presented as incapable by the universities and the government: through the legal withdrawal of many tasks (tracing, industrial medicine), the obligatory permission for treatment (prescribing medicine, physio), and finally the accountability, and all of this for an income that is continually becoming further removed from that of European doctors and of the executives of the country.

THE ELECTIONS ARE INTERPRETED BY THE MINISTER AS A BLANK CHEQUE

The Minister tested the possibility of eliminating the profession in the 2002 elections.
45% of doctors did not participate in this election, which was interpreted by the Minister as total apathy. The loss of motivation that goes hand in hand with these aggressions, without affecting the professional conscience and the striving for quality, causes the young to refuse the status of the last slaves of the west, on call 24/7. They escape the on-call duty and ask for a normal life with respect for their independence. If 84% of the specialists have kept their trust in the BVAS to defend them, strengthened by the experiences of the past, 69% of the votes of the GPs went to the Cartel. From this, the Minister derived approval for his divide and conquer politics, while this vote was more of a distress call. The BVAS ran a modest voting campaign by avoiding attacks on the Cartel, even where its dangerous doctrine supports the Minister, assuming that their action would be deemed to be objective. The BVAS, jointly led by GPs and specialists, was presented by the media with the image of a specialist trade union, although in the course of time it has defended both General Medicine as also specialist medicine.
Between 1977 and 2002 the BVAS secured increases in fees for GP consultations of 245%.

Other demands were realised such as the financing of an availability fee for on-call duty but also in other areas such as the financing of GP practices the Minister brought in a hierarchy meant to favour medical houses. Doctors with a liberal practice can only expect financing from 750 **GMD**.

THE REVOLT

But reality demands its rights. The campaigns of the Minister were not concurrent with his deeds. The dissatisfaction at the grass root level exploded, firstly as in Liége in 1992

and in Hainault with the initial intention of appearing separate from the unions even if the organisers of it, as in Mons, were leaders of the Union of Doctors. The Flemish circles then joined the bandwagon. The FAG, which was initially reserved, joined in. The GBO took a position against the action and the Flemish parliament of General Practitioners was discrete. Conversely, the BVAS actively supported the action. As was fitting in this new landscape of a feminised and young medicine, young female doctors played the role of spontaneous leaders. We quote "Claude Dawance en mon nom propre".

The Minister was surprised by this new type of reaction on the streets and tried to sow division. He made an effort to divert the dissatisfaction onto the specialists, helped in this by the GBO, more than ever "His Masters' Voice", that tries to limit the demand to a question purely about fees: 20 and 30 € - that moreover was already demanded by the BVAS – without paying attention to the fundamental demand for dignity and freedom that lies at the basis of the question of revaluation.

Moreover, the Minister tried to suffocate the core of the original Wallonian revolt by depicting Wallonian medicine as so-called hospital-oriented and technical while the good Flemish, according to him, were to be the advocates of first line medicine in surgeries. It is true that Minister Dupuis, by dispensing with the numerus clausus by all French-speaking parties, acted irresponsibly in the field of quality that should always be coupled to sufficient activity during and after study.

Yet 2002 was historical because Vandenbroucke played the part of the magician's apprentice. The division of medicine is almost here on the level of disciplines and the communities, but it will turn out to be more dangerous to politicians than for the profession itself. Belgium risks destruction caused by the derailment of values which it refuses to recognise and where even mudslinging is used against those who put themselves at the service of others.

Of course the grassroots demands reasonable fees. The current ones are ludicrous, taking account of the studies, the responsibilities, the burdens and this is as much the case for GPs as also for specialists of which the administrators cream off 60% of the income and the insurance companies another considerable section. The GP in the field is waiting for a revaluation of but his true demand, which exclusively the BVAS wants to work towards, is to give them back the place that corresponds to their role and function as a GP with respect to the patients, the healthcare funds and the government who are goading against "the doctors" and not, as the VBO wants, by becoming the "care porters" who are just good enough to supply referrals to the specialist. This fundamental demand is just as much that of the specialists.

THE FUTURE HAS ALREADY STARTED

The spontaneous movement of the "independent" will have to find a foundation. Even if this movement fails it will return later but its durability will determine the success of the action. Its problem will be the same as that of the Union of Doctors in 1963, i.e. developing a judicial, economic and technical infrastructure with sufficient financial means to win this 100-year war and not just a battle. We are therefore far removed from a problem that some limit to a consultation for 20 €, for that matter compensated by a 5.000 € fine.

The action has received the support of the BVAS. Now the rebels are organising themselves and the normal route that will give them frameworks and means will consist of joining the ranks of the BVAS.

The Cartel, that is supported by the Minister, disappoints the doctors and discover its cooperative mentality when Dr. Vandermeeren declares on the paperwork and the control of the activities: "I keep saying that this is subordinate with respect to the revaluation objectives of 20 and 30 €" (La Libre Belgique of 14.12.02).

The GPs at the grass root level have become conscious that their malaise is not only located on the financing level of the doctors, of course insufficient, but of the place of the doctors who attempt to dishonour particular politicians.

It is this historic turning point that has brought back doctors from the grass root level, who appeared to have lulled, back to the BVAS in search of a policy of dignity and recognition. It is all the more essential because the competition of the "doctors with bare feet" from the East will weigh on the "doctors with the bare hands" of the first line, the ideal of Vandenbroucke. But also because the recession will put the government policy into question that promises everything for free, without money, and asks the doctors to guarantee this free medicine. The rationing will create medicine of rich and poor which will have to be organised in some way.

The challenge to the BVAS is huge because it is huge to medicine and to the patient. In this context, the doctor-hospital accord of 20 December 2002 was concluded. As with all accords it is a compromise. The index has been achieved. The GPs receive a progressive approximation of their objectives of 18 and 25 €.

The nomenclature will be improved. Freedom is guaranteed if the Minister should change the nomenclature unilaterally. Amendments are being submitted to ease and monitor the indicators of poor medicinal practice proposed by the Medical Inspectorate. The negotiations on article 140 have commenced.

The leaders of the grassroots are invited to participate in the discussions of the BVAS management board to decide on whether to accept this compromise or rebut it in an all or nothing in the field of the generalisation of on-call duty strikes.

It is the first confrontation of the enthusiasm and politics of progressing step by step. This time the accord was only accepted for one year.

The union reality depends on the action but one wins or loses a war in the negotiations where survival and a balanced compromise are determined by the capacity for damage that is feared by the opponent. One is never rewarded for cooperation, as the Cartel seems to think. The only thing that counts is the fear that the BVAS and the grassroots will inspire together.

The accepted compromise is only a phase. From now on the BVAS recommends taking or using the advantages and all possible liberties in the framework of the accord but to prepare for the following action: the partial undertaking.