



**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 ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
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DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
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**Association Européenne des Médecins des Hôpitaux
European Association of Senior Hospital Physicians**

Report of the Liaison Officer to the European Forum of Medical
Associations and WHO (EFMA/WHO)

The meeting of the EFMA/WHO took place in Budapest/Hungary from April 21-22 2006. It was organized by the Association of Hungarian Medical Societies (MOTESZ), represented by Professor Péter Sótonyi, president.

The forum was attended by delegates from 28 countries (Albania, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, France, Georgia, Germany, Hungary, Israel, Kazakhstan, Luxembourg, Macedonia, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Switzerland, United Kingdom and Uzbekistan.

There were also representatives of the Standing Committee of European Doctors, CPME (Dr. Daniel Mart, president and MRS. Lisette Tiddens-Engwirda, Secretary General), the World Medical Association, WMA (Dr. Otmar Kloiber, Secretary General), the World Health Organization, WHO (Dr. Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe and Dr. Mila Garcia-Barbero), the European Medical Students Association, EMSA (MS Julia Knobloch) and the European Association of Senior Hospital Physicians, AEMH.

The topics of the 22th meeting of the EFMA/WHO included:

- Collaboration between the medical profession and the pharmaceutical industry
- Antitobacco activities
- Threats to health
- Patient safety
- Patients records
- Influence of the National Medical Associations on the health care systems

The Forum was opened by Prof. Péter Sótonyi, President of the Association of Hungarian Medical Societies (MOTESZ).

The first report was given by Dr. Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe. The WHO Regional Office represents 52 European member states, of which 28 were present at the Forum.

The WHO-Report 2006 defines health workers as “all people primarily engaged in actions whith the primary intent of enhancing health”. Health workers are divided into two groups:

- Health service providers (physicians, dentists, nurses, pharmacists etc.
- Health system workers (management personnel and support workers)

Health workers are the most valuable resource of the health systems and their motivation is of great importance. There are 18, 9 health workers per 1000 inhabitants in Europe (a total number of 16, 83 Mill.), compared with Africa of 2,3 and with the worlds average of 9,3.

The WHO Regional Office for Europe is mainly financed by the governments of its member states and has to provide them with relevant informations and support in order to promote public health and therefore to strengthen their health systems.

It is governed by the health authorities, the ministers of health of its member states. It fulfills its constitutional mandate by discussing health problems with professionals and finding effective ways to change or improve the situation in each member state.

Dr. Gábor Kopócs, Deputy Secretary of State for Health Policy, introduced the health care system for the decreasing population (10.076 Mill.) of Hungary. The life expectancy in Hungary is much lower, the newborn mortality higher and the occurrence of cancer diseases more often compared with the European standard. However, the rate of infectious diseases is lower.

The government takes great efforts to modernize the health sector with a program of 21 steps, e.g. strengthening the emergency medical system, installing a cancer program and reducing the inequalities in access to health care. By introducing the DGR system the financial system is also subject to reform.

Dr. Malke Borow from the Israel Medical Association reported about the collaboration between the medical profession and the pharmaceutical industry.

Based on the Joint Declaration of the CPME and the European Federation of Pharmaceutical Industries and Associations (EFPIA), published in June 2005, this relationship should not be forbidden in any country at all. However, there are principals which must be followed when the industry is sponsoring conferences, clinical investigations and research. These guidelines include disclosure of the support, avoidance of conflicts of interest, physicians or researchers autonomy and rejection of gifts.

Mr. Roland Lemye from the Belgian Medical Association gave report on the same subject and pointed out that the cooperation between the pharmaceutical industry and the medical profession needs absolute transparency to ensure their credibility, to disclose conflicts of interests and to secure safety of patients. The financial compensation of clinical research must be related to the work done and disclosed to the ethical committee of the institution.

Clinical trials must follow the principles of the World Medical Associations "Declaration of Helsinki" and the "Good Clinical Practice Guidelines "of the International Conference on Harmonization of regulatory Requirements (ICH).

Dr. Tomaz Caks, delegate of the Medical Chamber of Slovenia, gave report as head of the EFMA`s Tobacco Action Group (TAG). Although the work of the TAG is important it is without any logistic support. Therefore, all medical associations (NMA`s) of the European region should support the activities of the TAG. Dr. Caks asked: "Is tobacco still a health problem in Europe?" The answer is as follows: The world health report (WHR) 2002 has estimated that in Europe region- wide tobacco was the leading risk or premature mortality causing about 1.6 Mill. deaths.

In 2002 tobacco was the leading contributor to the burden of disease in 31 member states of the European region, the second in the 9 and the third in 6 member states.

Within the last 2 years standardized death rates of cancer of the trachea, bronchus and lung, all ages among the female population in the whole European region have increased.

Since medical doctors and their professional associations have enormous credibility when speaking of health they should all be active in informing the population about the risk of smoking, promoting antitobacco activities and helping patients to quit smoking.

Dr. Mihály Kőkény, Government Commissioner for public health coordination, gave an example of tobacco control policy in Hungary, which is among the priorities of the national public health strategy.

The parliament approved in 2003 a 10years public health strategy and ratified a framework convention on tobacco control in 2005. Comparing the antismoking policies among different states in Europe Hungary takes the 11th position out of 28 countries.

Laws were approved to make kindergartens and pediatric hospitals smoke free. Schools and work places may declare complete ban for smoking. In discussion are also further legislative restrictions on trade and advertising tobacco products.

“Threats to health” were a very important and informative topic of the conference.

Dr. Zsuzsanna Jakab, Director of the European Center for Prevention and Control of Communicable Diseases (ECDC) founded in May 2005 and located in Stockholm, reported extensively about European early warning and response systems on which her office is actively participating. This work is being done in global respect and also in a strategic partnership with the WHO. Risk monitoring and communication of communicable diseases already include influenza (human and avian), HIV, tuberculosis and zoonosis.

In May 2006 there will be a “European Conference on Pandemic” in Uppsala with the main topic of preparedness and interoperability in Europe.

The ECDC acts as an advisory to the European commission. All 25 member states of the EU will have comprehensive plans by October 2006 how to work in cooperation with NMA`s.

Dr. Guenad Rodier, Special Adviser for Communicable Diseases of the WHO Regional Office for Europe, Geneva, explained the WHO Global Alert and Response system. There is initial screening of reports from other sources, followed by a validation or risk assessment and response recommendations. His office gives global technical assistance to national authorities.

Dr. Otmar Kloiber, Secretary General of WMA, pointed out that the European Community is not at all enough prepared for pandemic events and much more efforts are needed for preparing those situations.

In Germany there is a commission including federal and state officials as well as representatives of the German Medical Association and other experts which is responsible for plans and recommendations in this matter.

The Luxembourg Declaration on Patients Safety recommends to the national European authorities many steps to avoid adverse events while undergoing medical procedures.

Dr. Beth Lilja Pedersen, Director of the Danish Society for Patient Safety, explained the Danish system, which started by establishing her society in 2001. Its board represents hospital owners, professions, industry, research, patient and consumer organizations. The goal is to ensure patient safety aspects as part of all decisions made in health care. A reporting system was installed and it was decided that it had to be a no blame system.

The frontline personnel are supposed to report adverse events. A special hospital team is responsible for the analysis: What happened? Why did it happen? How do we prevent it from happening again? Hospital owners act on the report.

§ 6 of the Act on Patient Safety prevents a frontline person who reports an adverse event from being subjected to investigation or disciplinary action by the employer, the Board of Health or the Court of Justice as a result of that report. The National Board of Health communicates the learning out of the reports on adverse events. Since this system was introduced the number of reports has remarkably increased.

Mrs. Lisette Tiddens-Engwirda, Secretary General of CPME, spoke also about patient safety which is part of the required highest quality of health care- a CPME priority. After CPME had decided to raise awareness on this matter the EU presidency Patient Safety Conference had taken place and resulted in the Luxembourg Patient Safety declaration in 2005. However, a new approach is needed: Patient safety has to be integrated in CPD. This will be a topic of the CPD conference in December 2006 which is being organized by the CPME. Other parts of the new approach are openness in reporting adverse events, a new attitude towards the reporting system, as a “no blame and no shame system” and finally a compulsory professional insurance.

An important topic introduced by Dr. Mila Garcia-Barbero, WHO Regional Office for Europe, was the electronic patients’ record. One electronic collection of all medical information of a patient generated in various treatment locations produces legal, official, logistical as well as technological aspects. Those questions have to be answered sufficiently before installing such a product. It must also be to the advantage of the patient, the doctor and the health system. It should not be neglected that electronic record might also be a threat to the patient because of being an invasion into his privacy and a loss of his autonomy.

Mrs. Leah Wapner, Advocate of the Israel Medical Association, pointed out that the information could also be abused by third partner like insurances, employers etc. It might also produce as well distrust of the patient to his doctor as increase of defensive medicine.

Therefore information put on the electronic record regard first of all patients consent. As a solution the database could be limited to specific situations: emergency care, allergic reactions etc. Finally a legal framework has to be installed before its introduction.

Health policy reforms in Europe should be more influenced by the medical profession represented by the national medical associations.

Mr. Bob Miglani, an invited speaker reported the results of a questionnaire given to 100 doctors in each of 12 European countries, who was asked about their job satisfaction. The answers at the present situation were 49% satisfaction, 47% neutral, 4% no satisfaction. Asked considering their future expectations the answer were 28% satisfaction, 39% neutral and the rest no satisfaction.

These results can be well understood when looking at this German situation for example. Dr. Frank Ulrich Montgomery president of the Germany's trade union of employed doctors, Marburger Bund, explained the reasons for the present demonstrations and strikes of German doctors. They are more than just money but working conditions, working time and working remuneration. The working time has to be changed according to the EWTD. 85% of the German population are in favor for the demands of the physicians. 80% consider their own doctors as good and 9 out of 10 patients selected the hospital because of the doctors, who are working there.

The situation in the hospitals is characterized by case increase of 21% and disclosure of beds of 20% at the same time. The length of stay has reduced by 36% and 10% of hospitals have been closed.

There are reasons, why 1 of 3 absolvents from medical school decides not to take up position in curative medicine and goes abroad. The UK has therefore for example an increase of 16% more doctors.

One of the goals of the Marburger Bund is a specific contract for hospital physicians besides a pay increase of 30% which can be explained by the loss of net income, the loss of Christmas pay and more work.

Some health policy reforms in the Europe were reported by several NMA delegates from Albania, Kazakhstan, Croatia, UK and Germany.

At the end European Forum of Medical Associations and WHO adopted the following statement concerning the use of electronic record systems in health care:

**The European Forum of Medical Associations and WHO Meeting
in Budapest, 20-22 April 2006**

Noting the continuing activity to promote the use of electronic record systems and data bases in the field of health care, notably in relation to patient record systems, and their application at national level and across borders;

Whilst aware of the potential advantages of such initiatives;

Expresses its concerns that these proposals can raise huge ethical, legal and other issues both for physicians and individual citizens (their patients), and that input into these initiatives are largely led by technological experts, enthusiasts and other interests, yet lacks consultation of the majority of those engaged in providing health care or receiving it;

Calls on all national medical associations of raise awareness of the importance of these proposals and make every effort to become engaged in the discussions on implementation of these new technologies to patient records and databases, and to protect the underlying principles inherent on the doctor-patient relationship.