

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE EUROPESE VERENIGING VAN STAFARTSEN DEN EUROPÆISKE OVERLÆGEFORENING EYPΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΎΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI DEN EUROPEISKE OVERLEGEFORENING ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES EUROPEISKA ÖVERLÄKARFÖRENINGEN EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA EBPOΠΕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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This past year was marked by the taken of polemic measures by the Ministry of Health. In an attempt to reduce the deficit of public finances, budget cut-offs reached every sectors and health was not an exception.

In particular, we highlight the so-called restructuring of the emergency services, which started with maternity hospitals and went ahead to general emergencies.

The shutting down of some maternity hospitals operating outside the minimum standards defined by the Portuguese Medical Association was based on a technical report drafted by experts whose competency was recognised by the Portuguese Medical Association. We therefore agreed with this restructuring which led to concentration of equipment and optimisation of resources, notwithstanding the regions that lost this competency rose against these measures.

At general emergency services level, the situation is far more complex.

Up to now, there has been a hospital emergency network complemented by another one set-up at primary health care level and assured by family physicians, which is named All-Night Services.

A technical commission was appointed to review the restructuring of the emergency services network, which was exclusively composed of doctors with recognised competency in this area – and because of this, was supported by the Portuguese Medical Association.

However, their technically correct report was used by the health minister to shut down the All-Night Services. This issue had been left aside on the commission's review, and such decision caused gaps in the emergency services in different regions of the Country.

A restructuring with such features and dimension, leading to the shutting down of several emergency services and the backing-up of some others, must forcedly be followed-up by a pre-hospital emergency network and its main objective cannot be to spend less funds by reducing payment of over-time work to doctors.

As a direct consequence of these measures, many residential settlements, leaded by their corresponding mayors, legitimately rose against the shutting down of their emergency services, and this resulted in a crisis at health level. The minister then tried to negotiate with municipalities on a case-by-case basis in order to set-up other ways to compensate them, instead of implementing the models suggested by the Portuguese Medical Association.

This model of economical restriction lead yet to laws being published that allow hospitals to set-up emergency services schedules, with teams below the minimum figures established by the Portuguese Medical Association and which are recognised as security standard for patients, and this with the sole objective of sparing some funds with medical work.

A law was also published which prevents doctors working for the National Health Service to accept head positions in the private sector. This law will inevitably lead to doctors leaving the public service and heading towards the private medicine, and this will be particularly obvious in several specialties.

Another measure on the same trend is the establishing of a new 20 weekly hours schedule option for doctors, but among the medical class this only raised suspicion that only those choosing such a schedule will be allowed to develop their private practice.