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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA  
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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## Report of the Spanish Delegation

Zagreb, 2-3 May 2008

After the General Elections were held in Spain on March 9th last, the Head of Government has confirmed the office of the present Minister for Health and Consumption, who had been exercising his mission for barely one year.

No major changes in the disastrous policy he has until now carried out are consequently foreseen.

There are four problems procumbent in this Ministry that it has not managed to resolve. The Organización Médica Colegial (OMC) (Spanish medical association) has been highly concerned and undertaken a number of actions aimed at guaranteeing the quality of health care provided to the population by Spanish physicians.

The first of the problems generated by this Ministry is the so-called “nurses prescription” when presenting a Draft Order by the Minister for Health and Consumption implementing the Twelfth Additional Provision of Law 29/2006, of July 26<sup>th</sup>, on Guarantees and Rational Use of Medicine and Health Products, envisaging the authorisation to nurses to prescribe certain drugs, including antibiotics and chemotherapics, for example.

The OMC adopted a belligerent attitude and presented a number of allegations against this Project, which in principle were not taken into consideration by the Ministry of Health and Consumption (MSyC), compelling us to initiate a series of actions: Press Releases, Round Tables of Experts in health care medicine, Clinical Pharmacology, Consumers' Associations, Deans of Medical Universities, Medical Students, etc. to inform citizens about the dangers of leaving prescriptions in the hands of unqualified personnel, reserved, as marked by the Law, exclusively to physicians. I am transcribing below one of these Press Releases:

### PRESS RELEASE

*Pharmacologists, scientific societies, teachers and patients' associations explain the consequences of such a measure for patients*

***and the risks for the patient of taking away the competence to prescribe medicinal products from the medical scope***

1 February 2008

*In view of the state of confusion created by the Draft Order of the Ministry of Health and Consumption implementing the Twelfth Additional Provision of Law 29/2006 of 26 July, on Guarantees and Rational Use of Medicinal and Health Products, that would give other professional groups (apart from those recognised by Law, namely physicians and dental surgeons) the authority to prescribe drugs, the Organización Médica Colegial (OMC) has organised a Discussion Meeting to analyse the consequences that such a measure could imply for the safety of patients.*

*Prescribing drugs forms an undivided part of the medical act, and is a reflexive act consequence of a complicated process called diagnosis. Training in this respect can only be acquired after studying medicine, during the post-graduate activity and tutored health care activity.*

*To prescribe a drug, however, not only implies its first administration, but the process of monitoring the entire length of the treatment and all the effects this might produce. In addition, a proper assessment of the patient's history requires a sound clinical training and activity.*

*Throughout this discussion meeting it has been explained that a drug, taken outside the context of the patient's clinical history, loses all its meaning and could be dangerous. The prescription cannot be trivialised or confused with other professional practices. If the Twelfth Additional Provision is interpreted on the lines that other professionals could prescribe (as no other sense could have expressions such as using or authorising), this would be an unconstitutional regulation, because it would not only alter the fundamental nature of the specific contents of the Law on Medicinal Products but also the laws regulating health professions (LOPS).*

*The use or prescription of medicinal products within the scope of a medical consultation requires a prior diagnosis that can only be made by professionals who are qualified by law to do so.*

### **Public Information Discussion Meeting**

*For Enrique de la Figuera, president of the Zaragoza medical association and moderator of the Discussion Meeting, "this is not a question of arousing social alarm, but of drawing attention to the consequences of such a measure" which, as has been mentioned, the Ministry of Health has taken without the necessary and calm debate among all agents involved".*

*José Antonio González Correa, pharmacologist from the Malaga medical school, has insisted on the risks related with drugs because "the only difference between drug and poison is the variation in its dosage", and he has offered data about the related problems in terms of adverse events and errors in medication. In Spain some 10,200 cases of adverse reactions are reported each year, basically through physicians, whilst the reporting rate by other agents is much lower. There is also a high degree of therapeutic non-compliance by patients that may reach 60% in chronic treatment and up to 40% in acute treatment, with 50% of patients who give up their treatment at the end of the first year. This is why "the good physician-patient relation is a key factor for improving this therapeutic target and any interference by other agents could break that bond of trust with the consequent consequences".*

*Jesús Honorato Pérez, director of the pharmacology service of the University Clinic of the medical school of Navarra observed that "clinical competence is derived from the daily clinical practice" and consequently "is something that must be learnt but also practised each day". He also referred to the adverse reactions with drugs and mentioned that "an adverse reaction is a clinical pattern" and consequently "one must know how to diagnose the adverse reaction" and this should also be done on an individual basis with each patient, a thing that only physicians are qualified to do through training and experience.*

*Pedro González Salinas, legal adviser to the Organización Médica Colegial (OMC), reviewed the legal codes for implementing this order; and María Dolores Navarro, deputy director of the Giuseppe Laporte Foundation, referred to the patient's point of view, who is looking for "care and trust", and with regard to this debate she remarked that "if it is decided to delegate responsibilities, the competencies and responsibilities must be clearly defined, with a concerted protocol".*

*Lastly, Pedro Hidalgo, president of the Badajoz medical association, presented the real situation of the pressure doctors are facing, and warned about how the implementation of this order would mean that each autonomous region could establish the drugs that professional nurses could prescribe, and he observed that "there is no drug more expensive than the one that is not properly administered".*

*The discussion meeting was attended by the Conference of Deans of the Medical University, Federation of Spanish Medical Scientific Associations (FACME), Citizens' Coalition of Chronic Illnesses (CEC), Organización Médica Colegial (OMC), Spanish Confederation of Organisations of Senior Citizens (CEOMA) and State Council of Medical Students (CEEM).*

### **CONCLUSIONS**

- 1. The decision to grant other health professions the capacity to prescribe, without a suitable clinical and pharmacological training,*
  - may lead to a deterioration in the quality of health care*
  - may increase the PRM (drug related problems, especially those of type 2, 3, 4, 6 and 7) and endanger the patients' health.*
  - have a negative and decisive interference on the patient's safety.*
- 2. Irrespective of the expense this provokes, any strategy that indiscriminately increases the consumption of drugs among the population represents a risk to public health.*
- 3. Trust in the doctor is seriously harmed, the basic pillar in physician-patient relations, since there is a duplicity in therapeutic criteria.*
- 4. The equity of the National Health System could be broken. Equal needs could be attended by professionals with insufficient quality and capacity.*
- 5. It would be acceptable that the Ministry of Health and Consumption structure the procedures that regulate and involve other non-medical professionals or dental surgeons in the administration, adjustments in dosage and pharmaco-therapeutic monitoring of drugs within the margins envisaged in the appropriate protocols or at the explicit indication of the responsible physician.*
- 6. It would, also, be necessary for the appropriate health administration to suitably modulate the indication and use of health products financed by the NHS, and which other health professionals may make under their strict professional responsibility, fostering a rational use of drugs and the access to it with a professional criterion.*
- 7. In no event should a non-medical professional or dental surgeons diagnose, prescribe or carry out similar practices with any drug that requires diagnosis discrimination and therapeutic monitoring without a doctor's supervision.*
- 8. Any administrative change that grants aptitudes to professionals, until now considered through training and competence not qualified to do so, will require the specific regulation and appropriate modification in the Law on Organisation of the Health Professions, after the proper*

*social and political debate, but also the definition of the suitable acts and responsibilities that may be derived and be demanded from acting over the patient simultaneously with the physician.*

In view of the firm attitude of the OMC that created a Crisis Committee of which I formed part, the Ministry thought things over and proposed a new drafting in which it followed the OMC's recommendations almost down to the last word. The deadlines marked by the Law have now ended and we are waiting for this Order to be published in the Official State Gazette. We will have to wait and see how this problem ends up.

The second of the major problems we are now faced with in Spain refers to Medical Demography: with more than 30,000 doctors estimated to be unemployed we have passed from having a shortage in physicians which in certain specialities is really distressing, as occurs in Family and Community Medicine, Paediatrics, Allergy, General Surgery, Orthopaedic Surgery, etc. And all this, in a record time of less than five years.

The truth is that doctors' wages in Spain are at the tail-end of the European Union, making the Medical Career unattractive and because the training system is good, particularly in the Training of Specialists, doctors emigrate to the United States, Germany, France, the United Kingdom and Portugal. At the OMC we calculate the number of medical specialists who have left our country in recent years could approach 10,000.

The truth is that neither the Government nor the autonomous regions (CCAA) in Spain, - I would like to remind you that the Health competencies have been transferred to the CCAA - have carried out any study about the needs of specialists, and consequently ***they do not know whether or not they need doctors.***

The truth is that the only serious study (and this is not complete because the MSyC and the Ministry of Education - that grants the titles - does not allow us to exchange our data with theirs), is the one made by the OMC and in which it shows that there is not a shortage of doctors but they are badly distributed.

The truth is that by next year the Government's plans envisage creating ELEVEN!!! new Medical Schools, making a total number of 40!!! of these schools in Spain. And this is not all. They want to suppress the "Numerus clausus"!!!

The truth is that according to the medical demographic survey conducted by the OMC, in 10 years' time there will be 30,000 unemployed doctors and they will continue to be poorly distributed.

The third problem that we have to face refers to Abortion. Spain has a Law that penalises Abortion in three classical cases: malformation of the foetus, danger for the mother's life or in cases of rape.

The truth is that recently a doctor has been arrested in Barcelona who had been performing abortions at up to 7 and a half months, and this has opened a public debate that has led to the decision by the Government and the Ministry to reform the present Law and convert it into a Law on Terms that extends abortion to limits we still ignore, against the opinion of the vast majority of medical professionals.

A fourth problem refers to Euthanasia. As consequence of a scandal that occurred at a public hospital in a “dormitory town” near Madrid where “sedation” practices, mainly on elderly persons, were performed and denounced by the families of some of the patients, a court process was opened against certain doctors involved in the matter. The judge asked the local medical association of Madrid to issue a report about the possibility of bad practice in those cases that had been reported. The medical local association formed a Commission of 14 experts of recognised prestige, specialists in Oncology, Palliative Care, Family Medicine, Anaesthetists, Internists, etc., who reached the conclusion that there had been 35 cases of “bad practice”. Since there were no autopsies, the judge acquitted the doctors involved for lack of evidence, although the judgement stated there were serious suspicions of bad medical practice based on the report by the experts of the medical association of Madrid.

The truth is that one of the doctors involved is attempting to assert his rights and heads a movement that is trying to get Euthanasia legalised in Spain. And it is quite significant that he has taken part at meetings and rallies in the electoral campaign of the Socialist Party candidate who in the end won the Elections and who is now going to govern Spain in the next 4 years.

The truth is that the recently confirmed Minister of Health is an ardent supporter of Euthanasia and many of us fear that during his mandate a Law on Euthanasia will be developed, although we do not yet know the exact terms.

The truth is that the OMC is firmly opposed to Euthanasia and in favour of promoting palliative care in our country.

And this being the state of things, I am sorry I cannot give you better news about what is happening in my country.

Manuel Sánchez García  
Spain