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## WORKING GROUP «PATIENT SAFETY»

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Task shifting process is increasingly present due to the introduction of many new forms of education and the emergence of new medical professions. It occurs independently of us and cannot be stopped or prevented. Often it can be a welcome option, being no longer just about the doctor-nurse relationship.

In times of shortage of staff task shifting can help doctors to release more free time that could be given to patients. It can be a possible way to reduce the number of simple procedures that are performed in everyday routine work.

Causes of task shifting initiatives are the lack of staff, and private initiative of other health professionals to start their own business in a big market, often independently of doctors and sometimes aggressive.

Doctors and patients in particular, are not sufficiently informed and aware of the process of task shifting and it has to be done more on developing awareness of the responsibilities in the treatment process.

Although we have demanded the rules to be determined exactly and the responsibilities of individual members of the medical team well defined, but unfortunately in no member state a legal framework was created.

Declaration of a medical act that was adopted by the UEMS in 2005 is still current, despite the development of medicine, and we do not think that it should be changed in any aspect.

## We still insist on that:

- diagnosis is the sole responsibility of physicians;
- a medical doctor who is the only one able to coordinate all its aspects should supervise treatment:
- teamwork should be promoted, but under the leadership of a medical doctor:
- it cannot be a tool for saving money.