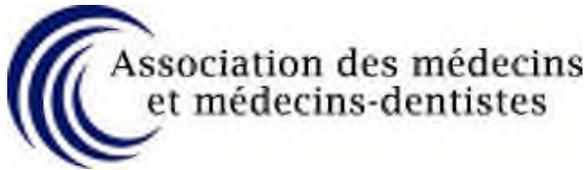




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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Association des médecins
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29, rue de Vianden
L-2680 LUXEMBOURG
Tél.: (352) 44 40 33-1 - Fax: (352) 45 83 49

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National Report 2013

Since our last plenary-meeting, the highlights in the Luxembourgish Healthcare Sector focused especially on the discussion of the reorganization of the Hospital Sector where the Minister of Health charged a Swiss consulting team to make an evaluation of the sector in order to concentrate some activities in Competence Centers.

His slogan introduced each presentation or discussion about the new “plan hospitalier” which must be presented at least at the end of this year:

- “Concentration of activities in Competence Centers
- Merge as much as possible”

Each Minister of Health in the last 20 years tried to reduce the number of hospitals in Luxembourg and each one succeeded in the creation of national centers such as the Institute of Cardiac Surgery and Interventional Cardiology or the Rehabilitation Center.

It is quite clear and obvious to say that a country as Luxembourg does not need a “Burning Center” while we have only a few cases to treat a year, but in a mostly liberal medical system it needs a lot of diplomatic expertise to concentrate specialities like orthopaedic surgery or bowel surgery.

Finally monopolies - in an open liberal system where exists for the patient the liberty of choice and for the doctor the liberty of migration (EU!) – are an obstacle for progress in healthcare.

This doesn't want to say that as well hospitals, as well doctors are against specialization and excellence centers: we approve so far as patients' safety and interest are respected.

The actual tendency in the discussions show that maximum 4 or 5 Competence Centers will be created (stroke-unit, neurosurgery, breast cancer, bowel cancer...), you will know the result next year.

Another evergreen in the discussion is the project of a new law about patients' rights and obligations. Those of you interested in this topic can find the proposal of the law in Internet (projet de loi n° 6469 du 20/09/2012),

The main point in this project is the introduction of a mediator between the patient and the hospital or / and the doctor in charge.

A main discussion point is the lack of legislation in the case of “no fault”. The AMMD hopes that the legislator would consider this important problematic concerning especially the patients’ interest as it is the case in France and Belgium.

In the context of nosocomial infections, the luxembourgish Court of Justice (Court of Cassation from 31/01/2013) issued a judgment assigning the responsibility to the hospital where the infection was detected.

This is a very heavy sentence in the concern of the hospitals because the origin or the source of an infection is often uncertain.

To finish my report, I would like to mention that the Kirchberg Hospital and the Zitha Clinic decided a merger before the end of 2013. As chairman of the Kirchberg Hospital, I made this proposal already 20 years ago. The partner did not accept at that time and tried to avoid the construction of the Kirchberg Center.

So you see, life is surprising; some try to climb up on a train when it is already high speed in progress.

Dr Raymond Lies