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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Introduction

The situation of Spanish Hospitals, and Healthcare in general, has been affected by a political electoral situation, which seems to have become chronic.

In May 2015, elections were held in most of the regions/comunities of our country, with healthcare transferred, in most of them, the results meant a change of the political party in power.

This situation has resulted in a period of stalemate in all of these communities, regardless of political parties.

Likewise, the general elections held in December last , which will have to be repeated next June, have paralyzed the temporary Ministry of Health where no decisions on the great issues of the Spanish Health System have been taken for a long time.

The situation of extreme austerity, has had a negative impact on the functioning of hospitals, with negative results on hospital waiting lists, technology becoming obsolete, reduced medical staff and important wage cuts.

These facts, must be taken into account, because politicization of healthcare continues to be one of our main problems. Fortunately the responsible attitude of the doctors working in the National Health System, has kept up work, with high levels of quality.

Depending on the different communities, doctors have different working conditions, different wages, conditions of retirement, economic supplements for those working exclusively for the public system, different conditions of training plans, and even different working hours, All this in addition to different infrastructure and human resources, depending on the community a doctor works for. These important differences in our National Health System are difficult to solve.

Although financial analysts speak of the end of the crisis, the fact is, that in our Healthcare System, there has been a significant decrease in spending, meaning this, lower investment and the need to determine priorities, leaving little scope to approach new problems or for innovation.

Furthermore we have not found the solution, nor the financing for the needs that have already been part of our healthcare for some time now, such as the population ageing, high levels of chronicity, the medicalization of everyday life and a more demanding population.

1.- Legislation

The Decree, published last December, that regulates the dispensing of drugs by nurses, was not well received by this collective, because the intention was for them to dispense medicines that needed medical prescription. From the very beginning the Organization of Medical Colleges was totally opposed, and finally this decree has not succeeded.

The access to treatment with the new retroviral drugs for patients affected by hepatitis C, has cost 1090 million euros. More than 48,000 patients have already been treated. It is possibly one of the greatest achievements of the Spanish Health System during this last year.

2.- The Hospital Healthcare Model

Currently most of the hospitals are engaged in a complicated process to digitalise medical records to be shared by other hospitals in the same or different community. The Spanish Health System is managed by seventeen separate administrations. On the whole this means more problems than benefits.

The main concern, remains to achieve formulas to solve the short-term debt and reduce the budget and that these measures have the lowest political cost possible.

The current system of Hospital Care continues centered in direct hospital care. Gradually home assistance, outpatient surgery, pain treatment and palliative care are increasing.

Clinical Management continues without adequate development among physicians of Health Care in our hospitals, Being this step essential to modify and adapt the current situation, to a new model for hospitals.

3.- The Medical College Organization

Our Organization has embarked on a process of validation of periodic licensing and re-certification, counting with the help of Scientific Societies, which reminds the commitment of ethics in our profession and the commitment to comply with European regulations.

It has also demonstrated a firm commitment with patients affected by the drug Thalidomide, having elaborated a document and other actions, in order to help this group of patients to gain the recognition and consideration deserved.

Likewise, the situation of Spanish doctors, has been studied being emigration and job insecurity of our youngest professionals one of the major worries.