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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
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ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE

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In Belgium, the last winter wave of the pandemic in Covid-19 was well dampened by the high vaccination rate of the Belgian population and by the resilience of hospital staff. The number of infections was high, but the number of severe cases requiring hospitalization, especially in intensive care units, was much lower, which reduced the impact on the hospital system.

However, for 6 to 8 weeks, it led to a further reduction in scheduled medical activity, particularly in the surgical field. This further aggravated the consequences of the pandemic on certain hospital sectors both in economic terms and in terms of public health (screening, postponement of consultations and non-urgent interventions, etc.). This last wave has also exhausted the hospital staff and in particular the nursing staff whose current absenteeism rate reaches 15 to 20%.

The training specialists who have been widely solicited, often on the front line, during the pandemic have undertaken several strike actions during the year 2021. They drew the attention of the Ministry of Health to their status and their training and working conditions. As a result, they obtained a clarification and an improvement of this status as well as guarantees of respect for the agreements signed. In this process, they were supported by the entire medical sector, with the exception of hospital officials and part of the university academic structures. The latter have tried to oppose some of these reforms because doctors in training in Belgium constitute a cheap workforce, which can be "cut and chopped at will" and whose activity largely contributes to ensuring substantial income for hospitals and in particular university hospitals.

Today, the situation in Ukraine is making headlines in the media and obscures a whole series of problems that the pandemic has revealed and aggravated in our health system. The situation in hospitals remains very fragile, mainly due to the chronic lack of staff, especially nurses. The system is at the end of its rope. All the tricks and recipes have been used in recent years. The current absenteeism resulting from a chronic overload aggravated by the pandemic is jeopardizing a system that is on the verge of collapse.

Finally, just out of the COVID-19 emergency, the current Minister of Health has launched major reforms:
1. hospital financing reform
2. reform of the nomenclature of medical acts.

The stakes of these reforms are high, both in terms of ensuring the sustainability of the Belgian hospital system, which is chronically underfunded, and from the point of view of the future of medicine, and in particular of the private sector, which provides a significant proportion of health care in our country.

However, it turns out that what was supposed to be an in-depth overhaul of the hospital system is currently limited to discussions on the deduction of medical fees. In the current system, these levies represent up to 40-50% of the financing of both public and private hospitals. They are often carried out and used without real transparency and their legal framework is now insufficient. At the same time, hospital managers refuse to question the rest of hospital

financing and operation. If the situation does not evolve, we are heading for a conflict between doctors and hospitals and probably for a strike. The latter has been brewing for several years now, so much so that doctors are fed up and disillusioned.

However, while the aging of the population and medical-pharmaceutical innovations continue to increase the cost of health care, the envelope allowing the financing of medical acts remains fixed, with some sectors not even being indexed. The savings that could be made in terms of scale and rationalization have long since been made. In this situation, the political choice of "budgetary standstill" becomes untenable. However, to envisage a real (re)financing of the hospital system, it is necessary to be able to discuss all aspects of the system's expenditure and revenue without taboos.

From a medical point of view, it is obvious that we need to reinvest financially in health care, but also in the quality of life of those involved in this health care. If it is important to revalue the technical and intellectual acts of doctors, it is also necessary to take into account the workload and the quality requirements that are constantly increasing and weighing more and more on the quality of life. The arduousness, length of study and experience of the practitioner should also be valued.

Frustration and disillusionment have been building up among our colleagues for many years and we are beginning to witness the exodus of certain Belgian doctors to other countries. At the same time, certain thankless, underpaid positions or positions with questionable working conditions are increasingly being filled by colleagues from Eastern Europe and Africa who are fleeing from even worse working conditions in their own countries. This is a disturbing development that requires a strong response if we are to preserve the quality of care and health of our patients.

Ultimately, we are living in a decisive period in terms of the evolution of the Belgian health system and in particular its hospital system. Our goal as an organization is to preserve the central role of the physician in this system. Only time will tell if we will be able to achieve this.