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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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National Report Luxembourg 2022

As usual since 1992, I try to stress out the main facts of the evolution in the Luxembourgish Hospital sector in 2022.

- The evolution under the pandemic of Covid-19

Since the beginning, the most important fact was the solidarity and the collaboration of all the actors in the Luxembourgish health care sector:

The new nominated Minister of Health, Mrs Paulette Lenert, took many initiatives to coordinate physical and virtual meetings between the hospitals, the physicians, the nurses and the administrators in order to assure the most possible security of a pandemic characterized by a virus profiting largely from the open borders of the Schengen sector.

From the beginning, the 4 main Hospital Centers shared the involvement in the battle against the virus and that had the consequence of stopping in the hospitals the treatment of chronic diseases and the surgical departments limited their activity only on emergencies. Especially the physicians and the nurses made a great job assuring many overtime working hours.

During the containment some hospitals, in order to avoid the travelling of the French, Belgian and German nurses, hired hotel facilities in the neighbourhood for their proxis. Since the beginning, elderly people and those active in the hospital sector were vaccinated.

The Luxembourgish data on Covid-19 figure in the report sent to the FEMS/AEMH secretariat. The pandemic is not finished, but in the last weeks patients hospitalized were rare, especially in intensive care.

- What about new hospital facilities?

In Esch/Alzette, the beginning of the construction of the new hospital has a big delay because the change of the architectural office and the “experts” expect the opening of the new hospital not before 2030.

In Luxembourg Town, the CHL announced this week a complementary new building with a lot of better facilities for the patients, especially more single rooms.

At Kirchberg, the new department of youth psychiatry opened a few months ago and the new constructions at the Zitha Clinic also opened last year.

To conclude my report, I would like to come back to an international evergreen:
“The Innovation in Health Care”

During the last decades, we have only to think about minimal invasive surgery, robotic surgery and all the new technologies in radiology such as scanners, MRI scanners, PET scans and so on.

E-health has grown up to a standard but finally it is only a tool in health care consuming much time for all!

In Luxembourg, since a few months, a big discussion started with the installation of an MRI in an extra-hospital structure with the argument, that patients have sometimes to wait during months for an appointment and they cross our borders in order to go to Germany, France or Belgium.

The officials – the Minister of Health and the National Health Insurance company - refuse to take the costs in charge as it is written in the European Directive about trans-border healthcare (*“for overwhelming reasons of national interest, those costs may be not taken in charge”*).

But yesterday, two colleagues of the MSH Luxembourg (médecins salariés hospitaliers) started a big argumentation in the newspapers (LW – 7/8 May) with the title *“Arrêtons d’opposer médecine hospitalière et médecine extrahospitalière”*.

This discussion surpasses the item of the installation of the MRI scanner in the extra-hospital sector. I agree totally with the conclusion of the two colleagues that all those involved in the deciding structures have to find a solution for saving the excellence of the 2 sectors, but I prevent to pay attention that this cannot be the opportunity to oppose (or to impose) the salaried sector to the liberal sector.

Both sectors have a right to exist especially in the interest of the patients and that’s why I have initiated the first contacts and assemblies between AEMH and FEMS some years ago.

Dr Raymond Lies