



# THE SHORTAGE OF HOSPITAL DOCTORS IN EUROPE AND TASK SHIFTING

- a CEOM vision

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According to World Health Organization, task shifting means:

“The rational redistribution of tasks among health workforce teams.

Specific tasks are moved, where appropriate, from highly qualified health workers to health workers who have fewer qualifications, in order to make more efficient use of available resources” (WHO 2008).

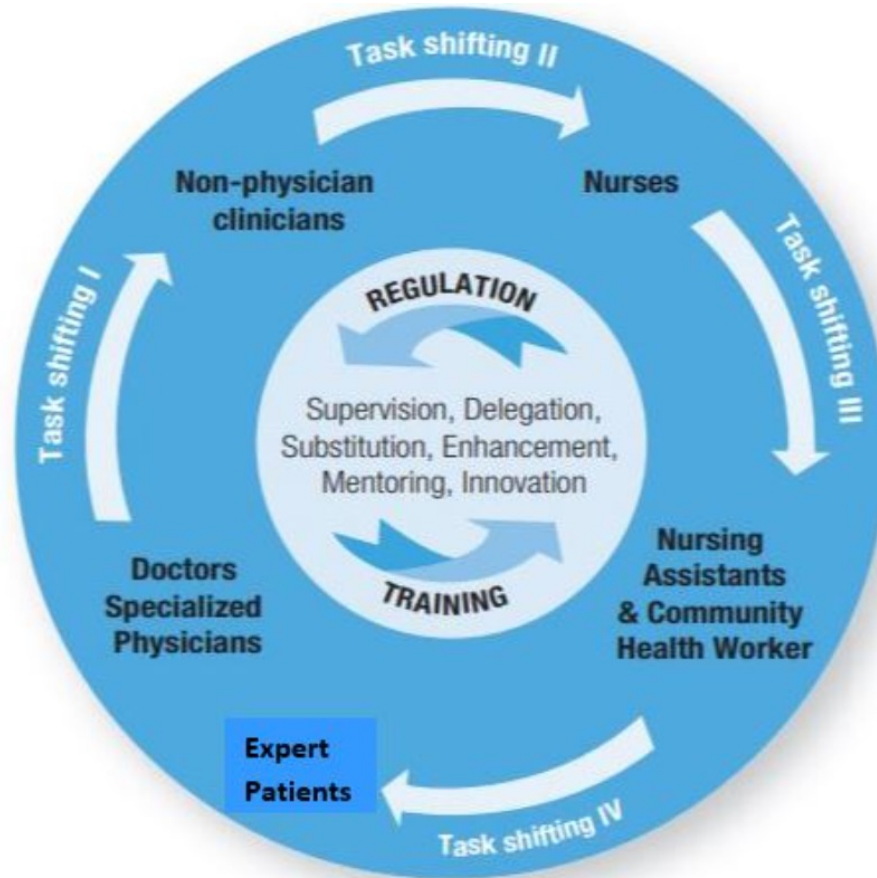
Task shifting involves the rational redistribution of task among work force teams.

## Initial Movement

- Africa
- Asia
- South America
  
- Europe (?)



Less human and financial resources



[https://www.publichealthnotes.com/task-shifting-what-is-task-shifting-and-why-is-it-needed/#What\\_is\\_Task\\_Shifting](https://www.publichealthnotes.com/task-shifting-what-is-task-shifting-and-why-is-it-needed/#What_is_Task_Shifting)

## ADVANTAGES OF TASK SHIFTING

- Solution to health workers crisis ?
- Shortage of physicians, nurses, pharmacists and other clinicians and health personnel. Makes people rely on traditional models of healthcare delivery or prevents them from seeking health.
- Is needed in some countries/continents and can be useful because:
  - Address low human resources for health
  - Increase coverage of health services with limited human resources
  - Can increase the efficiency of health service delivery

## LIMITATIONS/ DISADVANTAGES OF TASK SHIFTING

- Shifting of responsibilities from higher level professional to lower level, creating conflicts between professionals
- Clash of ego (is quite common)
- Doubts/lack of satisfaction regarding treatment among the general public (may be also seen)
- Its application in Europe is highly debatable, due to multiple factors, some of which we will discuss next through a CEOM vision.

Task shifting in hospitals refers to the process of distributing healthcare tasks among healthcare workers, allowing individuals with lower levels of training and education to take on tasks typically performed by those with higher level of training, such as doctors.

While task shifting can be an effective strategy for increasing access to healthcare services, it is important to recognize that is not a substitute for addressing underlying workforce shortages and ensuring that all patients receive high quality care.

VERY IMPORTANT TO CONSIDER ETHICAL IMPLICATIONS AND POTENTIAL RISKS WHEN

REDISTRIBUTING TASKS AMONG HEALTHCARE WORKERS

In 2010, CEOM decided to update the “Principles of European Medical Ethics of 1987” by distinguishing what is of ethics, the moral thought which subtends action of what constitutes the deontology, which is a codified concrete action inspired by moral thought.

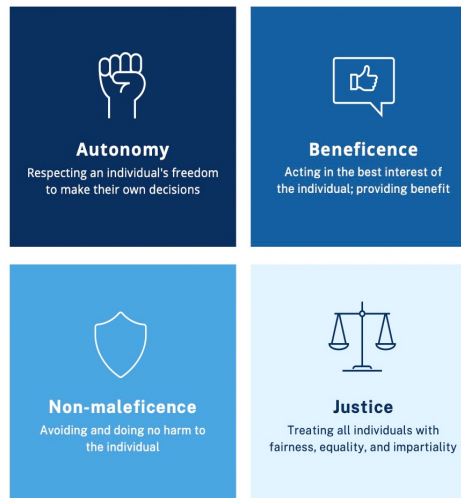
In June 2011, the “European Charter of Medical Ethics” was adopted. Since then, the CEOM participants draft Deontological Guidelines.

In June 2013, the CEOM adopted its first Deontological Guidelines. These guidelines have been updated during CEOM plenary meeting, in Madrid (November 2018).



The CEOM has not published specific guidelines on task shifting in healthcare from a deontological perspectives.

However, based on their general principles of Medical Ethics, CEOM would like to recommend that any task shifting in healthcare must be done in a way that upholds the principles:



According to the CEOM Ethical Principles (2 and 7):

2 - The physician agrees to give priority to the interest of patient's health

7 - The physician calls on all resources of medical science to apply them appropriately to his patient.

In this regard, CEOM would like emphasize the importance of ensuring that healthcare workers who are given additional responsibilities though task shifting are adequately trained and supervised to ensure that patient safety is not compromised.

It may be also recommended that healthcare professionals adhere to their scope of practice and only perform tasks that they are qualified to perform.

Those principles are consistent with CEOM's deontological guidelines on professional updating.

Professional updating and continuing medical education a duty for all physicians during their professional life.

What about the application of this obligation to other health professionals, in case of task shifting?



<https://sdahe.org/2020/07/08/continuing-education-opportunities>

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According to CEOM's ethical principle 8 (while respecting personal autonomy), the physician will act in accordance with the principle of treatment efficacy, taking in consideration the equitable use of resources.

We would also like to underline the importance of informed consent and respect for patient autonomy, when it comes to task shifting – Patient should be fully informed about who will be providing their care, what tasks they will be performing and the potential risks and benefits of task shifting.

Healthcare professionals must respect patient's choices and preferences when it comes to their healthcare.

In addition, CEOM may recommend that task shifting must be implemented in a way that promotes equity and access to healthcare services for all patients. This could involve carefully evaluation and ensuring that task shifting does not perpetuate inequalities in healthcare systems.



<https://patientengagementthit.com/news/patient-access-to-affordable-care-crucial-to-future-health-equity>

Following CEOM's ethical principle 5: "The physician is the patient's essential confident". He betrays this confidence on revealing what he has learned from the patient confidentiality.

Professional secrecy (confidentiality) is an ethical principle in health care that requires healthcare professionals to maintain the privacy of patient information.

Task shifting in healthcare can have implications for professional secrecy, as healthcare professionals, who are given additional responsibilities through task shifting, may have access to more patient information that they previously did.

It's important to ensure that healthcare professionals who are involved in task shifting are aware of their ethical and legal obligation to maintain patient confidentiality.

In addition, task shifting, if strictly necessary, must be implemented in a way that minimizes the risk of patient information being disclosed to unauthorized individuals.

This may involve that healthcare professionals who are involved in task shifting must only have access to patient information that is necessary to perform their duties.



<https://study.com/cimages/videopreview/i1rz8b6l77.jpg>

“Moreover – Patient consent is much more relevant to professional secrecy on task shifting”

Patients have the right to control the use and disclosure of their personal health data (information) and health professionals must obtain informed consent from patients before sharing their health professional information with other health professionals through task shifting.



In order to deal with this and other worrying challenges that doctors are facing today, regarding the healthcare services downgrade and emphasizing the importance the quality and security of patient care, I must highlight AEMH for the innovative Clinical Leadership Project and for the creation of the European Academy of Clinical Leadership.

It is a very important for doctors to achieve leadership skills, such as clinical management, strategic planning, team building, communication, human resources and marketing, associated with the knowledge of clinical practice, in order to become leaders capable of managing different health models and units, reducing the potential negative impact of task shifting across Europe.



**Thank you!**