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EUROPESE VERENIGING VAN STAFARTSEN
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE

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With regard to the pandemic in Covid-19, we can say that we are currently in a post-crisis situation in Belgium. Table one in the appendix summarises the current situation in terms of numbers. It can be noted that there is still a significant rate of patients hospitalised in care units and intensive care units. One to two deaths per day are still attributable to covid-19. The last restrictions (compulsory wearing of masks in hospitals and during medical consultations) were lifted in March. At the level of the population, it is striking that a phenomenon of forgetfulness and gaps in memory has already set in. At the political level, we can also observe that the will to refinance the health system and in particular the hospital system, and to strengthen health care has not been concretised, except in the nursing sector where the "white coat fund" has made it possible to revalorise this profession, not without perverse effects.

At the level of the population, the period of austerity that accompanied this pandemic is now leading to a desire to catch up in terms of social and family contacts, but also in terms of leisure and holidays. The desire to enjoy the joys of life in the short term is present in most people's minds. However, this situation is strongly tempered in the economically weak sections of the population by the current economic crisis. In the face of this desire to forget and escape, it is very difficult to implement the reforms and take the political decisions that are necessary for a comprehensive refinancing of the health care system and hospitals.

In hospitals, the problem of absenteeism and burnout, already mentioned a year ago, has become even more acute, leading to a severe shortage of nursing and paramedical staff, with the consequences that can be imagined in terms of the organisation and quality of care. We will come back to this problem later.

The two major reforms initiated by the Ministry of Health, namely the reform of hospital financing and the overhaul of the nomenclature of medical acts, which we mentioned a year ago, are still in progress.

The general economic situation, both national and international, in a context of high inflation, restricts the budgetary margin available, particularly for reinvestment in health care. In addition, the political atmosphere in this sector is still one of saving rather than refinancing. Among the announced objectives, the extension of the lump-sum system and the enlargement of the budget envelopes seem to constitute a new, indirect and more devious mode of budgetary restrictions in a sector where savings have been made for a long time and where under-financing is glaring.

On the other hand, the Belgian hospital financing system needs to be simplified to enable all the players to understand how it works and to adhere to it in a positive way. However, it seems that the current reform only adds complexity to an already Kafkaesque system. ABSYM's position in this area is first and foremost to think deeply and make decisions that put the patient and carers back at the centre of the hospital and care. "Ministers come and go, patients and doctors stay".

The second objective is to preserve independence and therapeutic freedom in the interests of quality of care and respect for the patient.

The aim is also to preserve or restore the place of carers in decision-making within the management and administrative structures of the hospital, always with a view to quality of care and priority for the patient rather than economic objectives.

Finally, we want to revalue medical services, in particular intellectual but also technical, in order to ensure a decent income in relation to the arduousness, the intellectual and temporal investment as well as the responsibility assumed in our field. The length and arduousness of studies, continuing education and professional experience acquired must be taken into account in terms of income and pension. This requires a reduction in the deductions made by hospitals on the fees of hospital doctors, which currently reach 40-50% in some hospitals. In addition, we demand transparency and justification of these levies and their use. This also implies putting an end to the numerous situations of "false self-employment" imposed by a whole series of hospitals, which have the effect of reducing or depriving a whole series of health care providers of the social protection to which every worker is entitled.

The reform of the nomenclature is also still underway. Behind the declared objectives of modernisation, simplification and multidisciplinarity, there are clearly budgetary objectives. The sector that is mainly targeted is fee-for-service medicine. The means and practices proposed to achieve these objectives without affecting the quality of care and services to patients remain very vague. The current trend to favour group medical practices such as medical centres and intra-hospital consultation activities is, in this respect, very worrying in terms of the future of general practitioners practising independently and specialised out-of-hospital practices. Faced with this situation, ASYM has reaffirmed its commitment to preserving the autonomy of doctors, whatever their mode of practice, and to equitable financing of these practices, both in general and specialist medicine.

The shortage of paramedical and especially nursing staff has become even more acute over the past year. Nurses have been exhausted, both physically and psychologically, by the latest episode of the covid-19 pandemic. The resumption of hospital activity, both in terms of technical and surgical procedures and in terms of hospitalisation, did not give these staff any respite or rest. The immediate consequence was an increase in absenteeism, burnout and abandonment of the profession. Today, in almost all hospitals, there are services that have not been able to reopen or that have had to be closed due to a lack of staff. All hospitals are experiencing a restriction of technical and especially surgical acts due to a lack of nursing staff, especially in operating theatres. The situation is so critical that the press is beginning to talk about a drop in the quality of care, complications and incidents that are linked to the shortage of staff and its repercussions on the quality of care, the length of time it takes to receive care and the postponement of certain interventions or technical procedures. This development is absolutely catastrophic in a country that has never before experienced waiting lists or staggered treatment of patients.

Furthermore, the recruitment of extra-national nursing staff, particularly in Eastern European countries and around the Mediterranean basin, which has been practised for many years by hospital managers with the more or less tacit support of the political world, is now at a complete standstill. All the drawers have been cleared and there are no more nurses available. Apart from the fact that, ethically speaking, recourse to this type of practice is absolutely scandalous and leads to unacceptable dramatic situations in these countries, in the medium and long term it does not provide any solution to a problem that affects almost all of Europe.

This serious shortage of staff has led many hospitals to resort to temporary employment, which in a liberal market economy system has only aggravated the situation by increasing the cost of staff to hospitals. Moreover, there is a new flight of nursing staff to temporary employment agencies that promise better working conditions and income, which in the end are financed by the hospital budget. This creates a perverse vicious circle that adds to the cost of the health system but without any real benefit or solution in the medium and long term.

Finally, the current economic crisis and above all the galloping inflation of the last 18 months have had the effect of further increasing the financial burden on healthcare staff. Indeed, the automatic indexation system that exists in Belgium, while protecting workers, has the disadvantage of increasing the burden of expenditure on employers in a system where revenues cannot increase at the same rate. This other perverse effect also has a runaway effect and a severe increase in hospital costs in a sector where salaried staff often represent the largest part of the budget. Here too, political intervention is essential in order to find a regulation that preserves the social benefits and income of workers while restoring the budgetary balance of the hospital sector, whose fundamental role is to treat patients as well as possible according to the rules of the art while ensuring a quality of life for the carers.