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EUROPEAN FEDERATION OF SALARIED DOCTORS**

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Since autumn 2008 and FEMS General Assembly held in Warsaw (PL), the topics of the European medical community has been very rich, with major political events, which will permanently affect the daily lives of patients and health professionals. Health has taken a new place in the social and political landscape of Europe.

The FEMS has obviously taken its part in these events and has often been a major player.

The ED 2003/88 on the organization of working time

With the discussion of the revision the ED 2003/88 on the organization of working time, the European Medical Organizations (EMOs) have focused media and political spotlight on the medical profession in Europe.

FEMS organized the event on the forecourt of the European Parliament in Strasbourg, December 15, 2008. More than 400 doctors from all EU countries have joined at this occasion, under the common banner of "European Medical Organizations". Several interviews with political leaders took place. A delegation of FEMS took part in the great demonstration in Strasbourg December 16, 2008 of the European Trade Union Confederation. The President of FEMS has been invited to attend the final vote and the press conference on Wednesday, December 17, 2008 in Parliament in Strasbourg.

The European Parliament has rejected in the vote on May 4, 2009 the revision process undertaken since 2004. The possibility to derogate (opt out) on a voluntary basis from the limit of 48 hours weekly working, is maintained (extra time), but we escaped the creation of inactive on-call and the report of the compensatory "security" rest period.

The legislative wrestling shows the usefulness of the European Parliament and the EMOs, *in fine* democracy. Otherwise there would have been a risk that the intergovernmental Europe abolishes social progress. The European medical organizations (EMOs) representing 2 million doctors from Europe, including the European Federation of Salaried Doctors (FEMS), had adopted a joint motion June 20, 2008 in Brussels (**F08-081**) which was sent to 785 MEPs to block this sinister initiative.

It now belongs to the European Commission to ensure the application of the ED in the 27 EU countries (**F08-100 F09-013**). Commissioner Spidla has clearly indicated that 15 countries using the opt-out unlawfully, in disrespect of employee volunteering, making the maximum of 70h a rule and not the exception, would be quickly brought before the European Court of Justice in Luxembourg. They will thus strengthen the already established jurisprudence (SIMAP, Jaeger, Pfeiffer, Dellas) which will become even more essential in a future revision initiated by the Commission, which will focus on maintaining or finally removing the possibility of derogation from the weekly working hours (opt-out).

Pervenche Berès (French socialist) was elected to head the Committee on Employment and Social Affairs (EMPL) which will support a possible revision of working time (**F09-093**). She has already said it would place social policy at the heart of the economic recovery of the EU. Future work of FEMS on this issue will be in close conjunction with her.

ED 2005/36 on the recognition of professional qualifications

The European Directive on mutual recognition of professional qualifications is organizing the free movement of professionals, including health professionals.

Currently, European legislation has negative effects on health across the continent, especially on the demography of health professionals. The free movement of professionals is mainly from East to West for the benefit of Western Europe, the United Kingdom, Ireland, North America and Australia, creating genuine medical desert on the eastern borders of the Union.

A working group FEMS will elaborate recommendations on the recruitment of doctors with non-EU diplomas (**F08-044, F08-093, F09-021, F09-062**).

The proposed ED on patients' rights in cross border healthcare

The organization of health care is, in the founding treaties of the European Union, subject to the principle of subsidiarity. The Commission, Council and Parliament have no authority in this area. But since the Maastricht Treaty and in particular the Charter of Fundamental Rights of EU citizens (art. 35), access for the European population to health care quality and the fight against social inequalities and health are recognized responsibilities of European institutions (**F08-103 F08-104**). The new ED on the patients' rights to crossborder healthcare will organize the free movement of patients (**F09-010, F09-016**). The Commission proposal (**F08-072, F08-073**) is passed to the European Parliament in first reading (**F09-017**) to enable patients to use healthcare abroad and be reimbursed more easily (**F09-085**). The President met John Bowis MEP, Parliament's rapporteur in charge of the dossier at the first reading in Strasbourg, November 18, 2008 (**F09-036**).

The German socialist Jo Leinen has been elected President and the French Corinne Lepage (Green / ALE) Vice-President of Environment, Health and Food Protection of the new European Parliament (**F09-092**).

The proposal was blocked by national governments, which fear that a large number of patients seeking treatment abroad disturb the organization and financing of the hospital. But Leinen, former president of the Union of European Federalists, has no such hesitation. His vision of the European health system is much more ambitious than the draft directive: he wants people to cross the border to see a doctor and not only, as proposed by the project, for faster hospital treatment. "We must organize a health system across Europe ... and if you work or study abroad you will have no legal or bureaucratic problems"

EuropeanVoice 10/09/2009.

Contacts have been made by FEMS with the new parliamentary leaders to work on project development, in the interests of patients rather than governments or markets (**F08-098**).

The privatization of health systems in Europe

Didier REA, member of the French delegation to the FEMS, presented the results of a European survey of FEMS on the subject at the last Conference of the AEMH in Brussels (May 7, 2009). It seems there is no strong general trend towards privatization of health care in Europe but FEMS will be vigilant on these developments, especially initiatives of Public-Private Partnership (PPP). The President of FEMS visited several private hospital groups (France, Bulgaria, Czech Republic, Germany, Japan) to become familiar with their management techniques.

EHealth

The tele-medicine and transmission of physiological data and imaging are important for the progress in the care of patients. A working group of FEMS studies the consequences of the online publishing of personal and medical data, especially on the confidentiality of such data (**F08-036, F08-049**).

The Green Paper on the health workforce in the EU

After the decisive political victory for the revision of the DETT, which extent salaried doctors in Europe probably do not measure, the European Federation of Salaried Doctors (FEMS) has postponed its action to other prevailing issues, foremost demographics of health professionals in the EU. The aging and the feminization (part-time work), poor working conditions and new social aspirations of the youth (reconciliation work / life family) would threaten the quality of care in the short term. The Commission launched a Green Paper consultation December 10, 2008 (**F08-109**). FEMS, like other EMOs gave end of March 2009 an opinion on the subject. We shall see if governments, particularly from Central and Eastern Europe, will allow the Commission to act in the areas of international cooperation between health insurance systems, initial training and continuing education. Also in Western Europe, some are already denouncing intolerable interference by Brussels in the internal affairs of member states. FEMS supports the Commission's initiative, which aims to establish a minimum of regulation and cooperation in a health domain open to the free movement of patients and health professionals.

The working conditions of European Doctors

The working conditions of physicians are an important factor for the necessary safety of patients they care for (F09-012).

C. Amaya (FEMS) and Sanchez-Garcia (AEMH) circulated a questionnaire sent to AEMH and FEMS delegations (**F08-079**). The findings are being developed. The PWG being also concerned by this topic, has expressed willingness to participate.

The working conditions of physicians also have an ethical and moral dimension. The General Assembly in Brussels (June 2009) mandated the President of FEMS to send a letter of complaint to the Italian government on a law lifting the ban for doctors to report on illegal patients (**F09-024 , F09-071**).

The election of the European Parliament and the new European Commission

Although the EPP's center-right remains the most important political group, particularly in the five major countries - Germany, United Kingdom, France, Italy and Spain – it could not obtain stable majority for the Legislature to come, by establishing alliances with other groups. The distribution of forces gave the EPP the possibility to make an alliance with the extreme right or the Democratic Left. Luckily an agreement with the Progressive Alliance of Socialists and Democrats (PASD), was accepted. The European Parliament has demonstrated for many years its willingness and its ability to counter the sinister efforts of a majority of neo-liberal European governments.

An ultra-liberal drift under the influence of the Council, in which the Italian and English are very active in this sense may threaten the protection of social Europe, to which a majority of the European population is very attached. The economic crisis that we undergo has yet shown the severe limitations of liberal theories. The economic situation in the UK, first financial center of Europe, is a good example.

The next term of the European Parliament, half composed of new members, will likely be characterized by a rejection of the economic US-British model. The Chairman of the EPP Joseph Daul, of the same political party as JM Barroso, said he expected that the latter agrees on

priorities in the context of a legislative pact with Parliament: getting out of the crisis will be achieved thanks to a policy based on a regulated social market economy. The French and German leaders will give the impulse of this policy at the European Council.

Questioning the European social law will remain unacceptable to the majority of the European Parliament and the trade union movement as a whole: the European Trade Union Confederation (ETUC) (**F08-071**) and the European Federation of Salaried Doctors (FEMS) have very clear positions on this subject (**F09-072**, **F09-077**).

The FEMS has participated in political conferences and launches of positive initiatives by the European Commission's that we support:

- Governance of health systems in Europe, Brussels December 11, 2008
- Launching the Green Paper on the health workforce in Europe, Brussels December 10, 2008
- Meeting of the Political Kangaroo Group, European Parliament Strasbourg, March 25, 2009
- Patients' Rights Day, European Parliament Strasbourg, April 22, 2009

The evolution of European Medical Organizations (EMOs)

We are all aware of the difficulties that CPME is facing and regret this situation. Other organizations also face significant internal problems. FEMS and AEMH are anxious to preserve their autonomy and specificities, which are our reason for being and, therefore, fully respect those of other sister organizations. We defend these rights and denounce all forms of interference in the affairs of others.

FEMS and AEMH are fervent supporters of the collaboration of all medical organizations that share their values, ideals and interests, they must speak with one voice, without a hierarchy of organizations to which we are strongly opposed (**F09-049**).

We have worked in the past and will continue in future to achieve consensus, but we are convinced that the time has come to address comprehensively the problems of cooperation between EMOs and draw conclusions. The image of European doctors is affected by internal power struggles, when we should be united if we want to count on the political scene.

The 1st Joint Meeting of Boards and Executive Committees of EMOs in Brussels June 11, 2009 was an important first step to a future closer collaboration (**F09-081**). This first step has been formalized in a Joint Declaration of Intent (**F09-097**).

The President and officers of the FEMS try to attend meetings of other EMOs:

- Fall Meeting of the PWG, Tallin (Estonia) 7-8 November 2008
- European Health Institutions & Professional Organizations, Brussels January 16, 2009
- Meeting of EFMA, Bratislava (SK) 1-3 April 2009
- Council of UEMS, Brussels April 25, 2009
- Conference and 62nd plenary meeting of the AEMH, Brussels 7-9 May 2009
- Committee of Presidents of EMOs in London October 23, 2008 and Prague March 12, 2009
- Meetings of Sub-Committees, Councils and General Assemblies of CPME in London 24-25 October 2008 and Prague 13-14 March 2009.

The internal life of the organization FEMS

Faithful to its principles, the President responded to the invitation to formal meetings of member organizations:

- OZZL in Spala (Poland), October 24, 2008
- Ordem dos Medicos in Lisbon (Portugal), February 19, 2009
- SIM in Lisbon (Portugal), 6 & 7 March 2009
- Turkish MA Istanbul (Turkey), March 15, 2009
- CIMO-ASMD in Rome (Italy), April 23, 2009

In its efforts to enlarge the FEMS, the President received a delegation from the Hungarian

Medical Association MOSZ / LIGA in Strasbourg, on 1 & November 2, 2008.

Similarly, he accomplished an information mission to Lithuanian Medical Associations in Vilnius (Junior Doctors) & Kaunas (Lithuanian Medical Association), 20-22 February 2009.

New professional organizations have come to join the FEMS: the OZZL (PL) and SMARNU (F) as contributing members, the Turkish Medical Association as an observer.

The next FEMS General Assembly will take place at:

- Lyon (F), 14-15 May 2010
- Istanbul (TU), 1st-October 2, 2010.

Conclusions

Health care in the EU must be provided in accordance with the fundamental principles of general interest, such as equality, accessibility and quality of care. The European Council had indicated in June 2006, a number of common values that must prevail in the evolution of health systems in Europe: compassion, fairness, solidarity and fraternity. We add to this social justice necessary to social cohesion in Europe. We hope that health will finally be treated as a pillar of the European social model following the idea of public interest and not a purely commercial logic.

FEMS and all European Medical Organizations (EMOs) will continue their lobbying, as is customary in Europe. Indeed, in Brussels, lobbyists are openly engaged in the development of standards. It is a way to restore democracy in a system that many people consider reserved for senior officials and professional politicians: the so-called "European technocrats". This participatory democracy is often misunderstood in most European countries where everything is still based on a representative democracy. The union tradition emphasizes the balance of power and collective action. The European participatory action presupposes a much more arduous action (symposia, seminars, industry studies, contributions to Green Papers) well in advance of the decision, when developing proposals for legislation by the Commission and in legislative work Council and Parliament.

The Commission, Council and Parliament have realized that health had taken a decisive role in the concerns of European citizens. The *lobbying* work of the EMOs and in particular FEMS is no exception. FEMS has developed expertise and an international influence on the important issues of working conditions for hospital doctors, hospital governance and organization of health systems.

This concern for pragmatism justifies a Permanent Secretariat of EMOs, or the pooling of strengths in a Confederation / Alliance of EMOs in a "*Domus Medica*" in Brussels (**F08-107 F08-108**). Several EMOs just changed their governing bodies (CPME, AEMH, FEMS, PWG). The future will tell whether the new leaders will be more courageous than their predecessors ...

The expression with a single European medical voice, developed jointly, is the only way to be efficient. The success of December 17, 2008, when Parliament voted on the revised ED on working time is the proof of the validity of this strategy. FEMS and its member organizations will continue to work in this sense.

"We are not bringing together states, we are uniting people" Jean Monnet