



EUROPEAN FORUM of MEDICAL ASSOCIATIONS & WHO

NEWSLETTER

Dear Colleagues

Since the meeting in Tel Aviv we have had a number of letters and calls indicating how successful the meeting had been. This not only reflected the excellent organisation and hospitality of the Israel Medical Association for which we are most grateful, but also the quality of the presentations and the high quality of the discussions and debates. For the latter we have to thank all the participants. The following special message from the Regional Director who was unable to attend the meeting therefore opens this newsletter.

**Message from Dr J Asvall,
Regional Director, EURO, WHO**

“Those NMAs who were present in Tel Aviv will be aware that, due to circumstances completely outside my control, I was prevented from being present. This was the first meeting I have missed since we started in 1984 and I sent a special message to the Forum via videotape expressing my disappointment. I was naturally delighted to hear that the Forum had been a very great success and that the presentations

and debates were very positive and of a high standard. This clearly indicates the recognition by NMAs of the value of these exchanges not only as a means of exchange of information but also of co-operation. Much of the success of the meeting depends as always on the organisation and the stalwart work of the Host Organisation. I therefore wish to express on behalf of the European Regional Office my warmest thanks to the Israel Medical Association for all their work in organising and hosting this meeting.

I must congratulate the Forum on the two statements adopted and I hope that particularly in the field of Tuberculosis, this will lead to greater collaboration and partnership within countries in the form of actions to control this disease. I must also congratulate the Forum for the work done last year leading to the statement adopted on Autonomy and look forward to the further work to be done this year to set out the role of physicians in the 21st century. In this context I look forward to further collaboration on the HFA 21 targets which are so vital for the health of

the citizens of Europe. The Forum has set an excellent example of how such dialogue can benefit the participants, increase mutual understanding both of aspirations and of problems, and lead to realistic partnerships in health care.” JEA

In order to inform those NMAs who were unable to attend and to remind those who were in Tel Aviv, the outcomes of the meeting are set out in this newsletter in which I have incorporated the Abstract of the Report, and the texts of the Statements which were adopted. The debates were some of the most productive we have ever had and this placed some constraints on the number of presentations at the meeting by NMAs. In this newsletter we have included therefore a contribution from the Georgian Medical Association setting out some of the problems which they are facing.

There were also some recommendations from the Liaison Committee for actions which some NMAs could take to assist younger colleagues from NISs with obtaining postgraduate education, which are

set out below.

Following the Forum discussions it was agreed that NMAs would be asked to respond *rapidly* to a questionnaire concerning their experience with QCD which will be circulated shortly. The importance of the rapid response is to permit analysis of the replies before the next meeting of the Liaison committee at the beginning of June. The committee intends to devote a special session to consideration of possible actions which might be suitable for financial support for joint actions by NMAs at sub-regional level. It was recognised in Tel Aviv that many actions are taking place in individual Member States, and it is important that NMAs are seen to be active in encouraging QCD activities by their members. *We would therefore ask that you reply to this questionnaire when you receive it as soon as possible.*

HFA 21

Both of these documents have now been published. The first "Health 21- health for all in the 21st century - an introduction" was distributed to participants in Tel Aviv and copies have separately been sent to all NMAs. The attention of NMAs is particularly drawn to pages 6 & 7 where the main goal, the two main aims, three basic values and four main action strategies are set out. Of particular interest to NMAs is target 2 (equity), and targets 19, 20 & 21 in all of which are important messages for physicians, particularly in relation to their involvement in policy formation and implementation. The larger document is now also finalised and available; copies will be sent to all NMAs. It is a revision of the document on which the Liaison Committee commented on your behalf. Amongst their comments they recognised that this was a valuable reference work which would be of great value as a working reference tool to be used in implementing the HFA 21 targets.

Assistance with Post-graduate training (selected NIS young

Quality of Care Development

physicians)

At the Tel Aviv Forum it was reported that young physicians from Kazakhstan and other neighbouring NISs had an urgent need for assistance in obtaining post-graduate training on the current state of medical knowledge

Attention was drawn to the existence in some Member States of arrangements to receive such doctors for three months of certified postgraduate education. The host Member State provides support for accommodation etc. during the doctors' stay in their country, but the doctors have to fund their own travel to and from the Host country. We are aware that such arrangements exist in Israel and in Slovenia..

If any NMA is aware that such a scheme exists in their country will they please notify the Secretariat?

Kosovo

Members will recall that last year in Basel a statement was adopted concerning the threats to the health of the civilian population in Kosovo. They will also be aware of the devastating crisis in Kosovo and the appalling suffering of the refugees currently fleeing from Kosovo into Albania and the neighbouring territories. This is posing enormous problems not only of basic humanitarian aid in terms of food and shelter, but also in the provision of medical care, coupled with the very serious risk of major outbreaks of disease.

NMAs will be aware that their colleagues in all the areas affected by the present unrest, in particular those attempting to provide medical care to the vast numbers of displaced civilians, are working in very difficult conditions, often with inadequate medical supplies and sometimes at considerable risk to themselves. In accordance with the Forum statements of Utrecht, Budapest, London and Basel, NMAs will I am sure, wish to express their

support for their colleagues (both nationals and non-nationals of the affected areas), in carrying out their professional, humanitarian role to aid the sick without discrimination and in accordance with the professional code by which all physicians are governed.

Whilst individual NMAs may have already been able to provide some assistance to their colleagues, if we receive information concerning any specific actions NMAs can take, we will inform you immediately.

Alan J Rowe
20 April 1999

Abstract report of Tel Aviv meeting

The European Forum of Medical Associations and WHO held a highly successful fourteenth meeting in Tel Aviv, Israel, 7-9 March 1999, at which there were participants from thirty-seven national medical associations and participants from twenty-six countries, together with a number of observers from supra-national organisations.

Arising out of this meeting in Basel (1998) the Forum devoted a half day to presentations and discussions on *Health Care Resources*. It was recognised that there were huge differences between the East and the West on the size of the health resource base, but there were also common problems for all parts of the Region relating to the appropriate allocation and use of resources. These called for clear recognition of the roles of health professionals, politicians and society, with acceptance of relevant responsibility by each sector. Despite a lively debate, the Forum concluded that this subject needed further extensive consideration and has recommended that a full day be allocated to this topic at its next meeting.

The Forum heard and discussed presentations on the problem of *Tuberculosis control* in the face of the problem of rising morbidity,

(notably in the eastern part of the Region) and specifically in the Russian Federation.

“*Risk Management*” and “*Quality*”
The Liaison Committee reported on a successful visit to Kazakhstan, its first in an NIS. Members attended a meeting there at which a sub-regional “Eurasian mini-Forum - Medicine through Integration” has been formed. NMAs undertook to identify schemes which enable physicians from NISs in this area of the Region to undertake post-graduate education for short periods in other countries.

Reports were received on specific problems faced by NIS/CEEC NMAs on actions they had taken during the year.

The Tobacco Control Resource Centre reported a successful pilot study of physicians’ smoking in five NMAs. NMAs undertook to seriously attempt to carry out formal physicians’ smoking surveys as soon as these were practical. A book on tobacco control, specifically written for NMAs was nearly complete and NMAs were informed of the assistance available through visits of a small group of experts to advise on training in tobacco control measures and on smoking cessation.

The Forum adopted two statements, one on *Physicians’ Autonomy* and the other on *Tuberculosis control and D.O.T.S.*

After hearing a report by the Chairman of the Network of Experts in connection with physicians and victims of Torture, it was agreed that the Network would continue its work for a further year. The NMAs present in Tel Aviv also adopted a statement on Physicians responsibilities concerning inhuman and degrading treatment including torture, in relation to a specific situation.

An enlarged new edition of the Forum Handbook was distributed. (Copies can be obtained from Dr Vigen at the Norwegian Medical Association).

of Care” were also considered and a positive course of action to identify appropriate quality initiatives for sub-regional co-operative action were identified. The report of the The next meeting of the Forum will take place in **Warsaw**, Poland from **15-17 March 2000**.

Problems of Georgian Medical Association

“The GMA does its best to fulfil assumed tasks. It initiated the establishment of a hospital for refugees from Aphkhazia, where both the staff and patients are refugees. The GMA actively assisted the population to liquidate and overcome earthquake outcomes in Georgia, Armenia and Iran. It takes part in a lawmaking process and rigorously participates in the process of physicians’ licensure.

A Committee of Ethics and Doctors’ Protection has been created. It will review problematic aspects and protect the rights of any physician who will need it. It is very important as the economic crisis and reforms taking place in Health Care System of Georgia have influenced the medical personnel the most.

Regarding percentage rates of doctors, Georgia represents one of the leading countries of the world and their amount still keeps increasing resulting from non-systemic multiplication of medical universities and other educational institutions.

At present licensure process of physicians and accreditation of medical institutions is under way. Privatisation of health care capabilities has just begun. Need of proper control and coordination of above mentioned activities is obvious.

The GMA has created the Coordination Council in order to extend the scope of its activities. This council will function as a legislative e.g. representative unit. It will survey all operational programmes and scientific grants.

The first Congress of Georgian

Physicians’ Autonomy group led to a positive lively debate. Work on this topic will continue in the next year.

Physicians to be held in October 1999 is being planned. The most acute problems of the current health care system, tasks and operational programmes of the GMA at the beginning of the 21st century will be considered.

It is to be emphasised that the Georgian government cannot assist NGOs and therefore the GMA still does not have either representative office or technical equipment needed for routine working. Though the State Medical University and charity organisation ACTS-Georgia shares this necessities with us.

We have mentioned about our problems in few words, but the most important is the protection of medical personnel rights. The following are considered:-

1. ability to get medical examinations as well as outpatient and inpatient services that are not available for physicians. I am saying nothing about the other medical personnel.
2. real, actual ways to change the profession if necessary or to receive Continuing Medical Education (CME).
3. Social service for retired physicians and for those having been stayed without medical licence (I want to remind you that at present the average amount of pension equalises to \$4-5). In the ranges of the latter we want to establish an insurance company for doctors or to workout and implement 2-3 year long operational programme that will enable us to provide free medical examination and relevant treatment at first for doctors and later for other medical personnel too.

Speaking of pension funds, the GMA and the Georgian Ministry of

Health will work cooperatively.

I apply to you for your assistance or consultation concerning the fund raising process. The average monthly payment for doctors is \$10-
Statements adopted at the European Forum of National Medical Associations and WHO meeting in Tel-Aviv, Israel 7- 9 March 1999

Statement on Physicians' Autonomy

Reaffirming that the prime duty of physicians is the care of their patients.

Recognising that substantial appropriate professional autonomy is essential if physicians are to fulfil their professional responsibilities to their patients, and comply with the ethical code by which the medical profession is governed,

Accepting that this corresponding responsibility on the part of the profession requires the guarantee of an accountable transparent self-regulation by the medical profession,

Stressing that the individual physician and the profession as a whole, will take account of the structure and resources, culture of the society of which it is a part,

Reaffirming that as a profession, physicians as part of the self-regulatory process, accept responsibility for determining standards of quality of care provided by individual physicians to their patients,

Accepting that professional autonomy is granted to physicians by society; that society demands a corresponding responsibility on the part of the medical profession, and that this forms the basis of the confidence of society in physicians,

Noting the Statements of the World Medical Association on Professional Autonomy and Self-Regulation (Madrid, 1987) and on the Rights of the Patient (Lisbon, 1981 and Bali,

15.

Speaking of internal operational problems, we will try to share your experience and overcome them. gradually step by step.” 1995),

Considering that physicians' autonomy is at risk wherever professional freedom is restricted in the course of cost-containment or rationing for economic reasons,

Considers it essential that legislation relating to the practice of medicine by fully licensed physicians should take into account the following considerations and principles relevant to their role in society;

- a) physicians need to have professional autonomy to make clinical decisions on the diagnosis, care and treatment of patients,
- b) that the confidence which society has in physicians merits the granting of appropriate professional independence,
- c) in the best interests of the patient, physicians have a duty to safeguard the confidentiality of their patients when exercising their profession, and that their right to carry out this duty should be incorporated in legislation,
- d) all physicians should have the right to independent practise,*
- e) the physician should not be penalised, financially or otherwise, when acting to safeguard on behalf of sick and vulnerable patients,
 - equal access to effective treatment,
 - the availability of adequate resources to care for each patient,
- f) legislative provisions relating to the autonomy of physicians must not conflict with the provisions of the International Code of

Dr Gia Lobzhanidze

Medical Ethics.

* For constitutional reasons, WHO cannot take a position on this point

Statement on Tuberculosis Control

Conscious of the Global emerging problem of Tuberculosis,

Concerned, most particularly, at the alarming increase in tuberculosis in the European Region, and in the countries of Eastern Europe and the Newly Independent States specifically,

Recognising that

- socio-economic factors, notably poverty, overcrowding, HIV/Tb and the lack of drugs, inadequate treatment practices and population migration are all
- applying cohort analysis in order to allow close monitoring and evaluation of cure rates,
- intensifying resource mobilisation for countries most in need,

Urges NMAs to encourage their members to increasing vigilance and collaboration in tuberculosis control measures, and endorsing the use of D.O.T.S. strategy .

key factors contributing to this increasing morbidity,

- the high incidence in the prison populations notably of Eastern Europe and former USSR countries, coupled with the lack of control measures both within and outside prison, contribute to this increased morbidity,

Aware of the additional problems caused by the development of multi-drug- resistant tuberculosis in certain parts of the Region,

Calls on governments and administrations to reinforce and extend tuberculosis control measures
Statement by the National Medical Associations present at the meeting of the European Forum of Medical Associations in Tel-Aviv 7 - 9 March 1999

(*case of Dr. Cumhuri Akpınar*)

Whereas the World Medical Association in its Declarations of Tokyo and Hamburg, and the Standing Committee of European Doctors in its Statement of Madrid, have expressed the ethical obligation of physicians to refuse to participate in, directly or indirectly, or to condone the use of torture and other cruel and inhuman or degrading punishment,

Whereas the World Medical Association and the Standing Committee of Doctors have called upon national medical associations to support physicians in upholding these ethical obligations and resisting any involvement in such inhuman practices or violations of human rights and human integrity, the National Medical Associations of the countries meeting in the European Forum of Medical Associations at Tel-Aviv, Israel, 7 -9 March 1999,

Commend and express their support for the Turkish Medical Association in its efforts to defend the obligation of Dr. Cumhuri Akpınar to honour these ethical obligations , and further reiterate their adherence to

at national levels by

- facilitating early case detection through the use of sputum smear microscopy examination, by education of physicians and other health personnel and by increased education of the public,
- providing standardised short-course chemotherapy to at least all smear-positive cases of tuberculosis,
- assuring continuous anti-Tb drugs supply in Eastern European countries,

the ethical obligations of all physicians, and the profession as a whole through its national medical associations, to refuse to participate in, countenance or condone such inhuman and degrading practices and violations of human rights, and to support physicians under pressure to do so, and

Express their hope that the Turkish authorities take full account of these ethical obligations of physicians with regard to the legal proceedings currently under way against Dr. Akpınar.