FÉDÉRATION EUROPÉENNE DES MÉDECINS SALARIÉS
EUROPEAN FEDERATION OF SALARIED DOCTORS

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Report on the situation of the salaried doctors in Italy

The situation of Health Service in Italy is characterized by the extreme difficulty of keeping alive a centralized health system in a historical moment of profound economical crisis. Therefore the political and scientific debate on the renovation of the health system is important. The analysis highlights a more and more "regionalized" N.H.S. (National Health System), where, however, great uncertainties remain on the legal and political autonomy of the regional administrative plan that inevitably affect the choices and addresses of health policies. The public shelter structures have been reduced in number and the remaining ones are collapsing economically. The strategic choice in the last years has been to move financial resources from the hospital care to the territorial one. So the health service supply given through territorial medical care has increased.

The N.H.S. employees have constantly and progressively been reduced, while we have to point out the per cent increase of the "health list" staff (nurses) compared to the medical staff.

The Italian health expenditure is 21% inferior to that of the whole European Union, in confirmation of the continuous cuts to the N.H.S. made from 2009 on, with the various measures of public finance.

At a regional level the growth rate of health expenditure presents remarkable differences among the regions, increasing, in this way, the gap between more developed areas in the north and the southern regions that pay for historical social and economical differences.

The manoeuvres for keeping a check on public expenditure have focused their attention on the health expenditure, but the demand of efficiency meets by now, the insuperable necessity of lowering the Essential Levels of Assistance (E.L.A.) and the demand for the "out of pocket" share to the citizen is increasing more and more.

Attempts for revising the asset management in the health structures are taking place and new organizing models that take the name of intensity of care, associationism, integration, taking in charge of the patient, protected discharges, are being introduced.

Well, they are innovations that put radically in discussion the existing arrangements and roles. It is no more enough to look for synergies between public and private, but it is necessary to identify and start innovating initiatives putting in discussion powers, behaviours and consolidated relationships.

This research inevitably dismantles the business model theorized in the last 20 years of health reforms; we are in the presence of a fluid magma dangerous to penetrate if we don't have the courage to risk for a new role.

In this scenery must be read the difficulties and the critical aspects of the medical- wage-earning work in Italy.

The process of business making, started by the reformations of the first 90s, has widened the contrasts between the administrative summits of the health businesses and the medical part, but it has also embittered the relationships inside the operating structures themselves. The development of Italian Public Health Service in a hospital trust manner, generally misunderstood, at least in many of its own theoretical groundings, has embittered the professional tension inside the medical structures putting the manager in front of the problem of running a highly professional and complex organization, difficult to be managed. The European regulations put us in front of a new challenge: not only savage "enterprising" but respect of human nature both of doctors and patients. As a logical consequence we will have to think over the working time for conforming it to the regulations but also to the exigencies of the patients and of the hospital structures.
To the uncertainty of the medical role, that in itself creates uneasiness and frustration, we must add the precariousness of the work conditions.
More and more precarious employer-employee relationships, different contracts and conditions between public and private hospital care, reduced medical staff because of the turn-over freeze, technologies that are often obsolete, inadequate spaces and organizations, risk the work safety.
So the opportunistic behaviours of those who are obliged to remain in the service because of the policies of revision of the pension criteria, but who, because of age and health conditions, are no more efficient for shifts and/or duty.
All that generates a diffused increase of unpaid overtime, the non-respect of the instructions regarding the working time, that has already produced announcements of putting Italy in delay by the European Commission.
The safety of treatments is at stake. It is also necessary to guarantee the equity of the adopted measures in the social security matter. Moreover, nothing is being done for boosting and enhancing the social security saving of young Doctors and sanitary Managers, facilitating the redemption of the degree and encouraging the reunion of the working periods. The declared promises of the Government regarding rigour, equity and increase, according to the declarations of the ANAAO ASSOMED national Secretary dr. Troise, "for the National Health Service, have stopped on the rigour, so putting in danger the protection system of the most precious good the citizens possess as well as the survival of a basic service for the present and the future of our Country".
The difficulty of the protection of the wage-earning doctors' rights by the trade-union is getting more and more serious.
An irrational and anachronistic split of the trade-union representativity, joins with a long list of problems that have undermined the capability of carrying on the trade-union role fully.
In this national scenery, the search of a supernational and European subject as the **F.E.M.S.** with the capability of coagulating experiences and cancelling the harmful diversities of the split trade-union representation in the national field, can probably appear visionary.
The A.N.A.A.O. ASSOMED trade-union believes this vision and participates firmly to the construction of a stronger, incisive and influential European trade-union subject that, through the protection of the work rights, protects and safeguards the autonomy of the medical profession.
I'd like to conclude with M. Yourcenar's words.
In "Mémoires d'Hadrien", the Emperor tells Marco of his last meeting with his personal doctor Hermogenes. His words illustrate very well the doctor's role and tell of the relationship described as Hippocratic, inevitably based on confidence, an asymmetric relationship between a weak side, needing cares and a strong side, professionally strong , that can't be but autonomous. "My dear Marco, in the morning I went to my doctor's, Hermogenes, who has recently come back to the Villa from a long journey to Asia. I needed to be visited [...] Let me just say I coughed, breathed and held my breath according to Hermogenes' directions. You can't stay emperor in the presence of a doctor".

Doctors' remuneration

- Salary of a doctor in training (absent in our system)
- Minimum salary of a trained doctor: € 50,000.00
- Salary of a full time senior doctor (about ten years seniority): € 75,000.00
- Maximum salary: €130,000.00

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