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On May 19, a joint FEMS and AEMH delegation met EU Commissioner for Health, Mr Tonio Borg.

Within this context, we illustrated the content of the Action Day of European Doctors and raised the issues of the cut of resources in the national health systems as well as the bad working conditions of doctors that consequently impact on patients' safety. We outlined the risk of migration of doctors, looking for better working conditions and salaries in other countries.

The issue of corruption of the National Health Systems and repression on doctors (we highlighted the Slovak situation) was also brought up as well as that of the professional development and its relationship with task shifting.

We strongly advocated the need for more EU involvement in the organisation of national health systems; we asked the Commissioner for more intervention on the side of the EU primarily as far as the implementation of EU Directives in the Member States (i.e. the EU Working Time Directive, which remains insufficiently enforced). There is need for common measures on safety of the health structures, on patient/staff ratio, on quality assurance and on fighting the imbalances between the Eastern and Western Member States with respect to doctors' working conditions. It is a huge loss for the financial system of one country, which invests in the training of its doctors, to see its graduates leaving to work in another country.

We also support the e-health initiatives but only in view of improving healthcare and not for task shifting purposes.

The issue of doctors not being included, in some Member States, in the collective bargaining agreement (due to the lack of the necessary percentage) was also brought to the attention of the Commissioner.



In point of Commission's actions to be taken, we highlighted two main things:

- According to the EU treaties, the Commission must identify the best means to insure the implementation of the EU directives;
- The launch of a European program on CPD may be useful in point of harmonization measures and practices, exchange of experience among doctors and healthcare cooperation.

The principle of subsidiarity as far as the healthcare is concerned should not prevent the Commission for taking the appropriate measures. Let us not forget that healthcare systems across Europe make up the biggest employer, hence the importance of the healthcare issues to be adequately tackled at both national but also European level.

Regarding the particular situation of the Italian doctors, FEMS will raise the issue of the conflict between the Italian rules and the free circulation of doctors across Europe, because to be admitted to work in an Italian hospital a doctor must be already a specialist. We strongly affirm that doctors should be able to apply to any Italian hospitals, in order to do their specialist training, like in the rest of Europe.

The issue of cross-border healthcare was also raised, by the delegates to the EU Commissioner. We consider it a sign of solidarity for people that cannot receive adequate treatment in their home Country, therefore we support the idea that the patient benefiting from cross-border care should be charged only of marginal costs and not the full tariff of the host country.

Last but not least, we encouraged the Commission to convince the ministers of finances in all Member States to invest in healthcare, as it is a good and long-term investment. Nevertheless, one must be careful with such investments as, for instance, the ones in prevention, which, despite their being favoured by politicians, are not necessarily sustainable; social costs are also an important factor to be taken into account with respect to investments in healthcare.

The Commissioner agreed that there is need for more EU involvement, but he also referred to Commission's limitations, due to the subsidiarity principle. What the Commission may nevertheless do is to put political pressure on the Member States as



far as health care issues are concerned. The publication of health related statistics may also be considered a sample of political pressure.

The Commissioner agreed that the economic crisis should not impact on health. He will raise the issue of the implementation of the EU directives with the health ministers. He is equally worried about the immigration of doctors across Europe looking for better working conditions and he acknowledged their right to strike.

The need to invest in the healthcare systems was commonly acknowledged, the same as a balance should be kept between investments on one side and keeping the doctors in a particular Country on the other side, as many instances have been noted where doctors benefit of significant professional development in their Country and subsequently they leave to work in another Country