



**Fédération Européenne  
des Médecins Salariés**  
European Federation  
of Salaried Doctors

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<b>Author:</b>	<b>CESM</b>		

**Spain, 23 September 2020.**

Coordination is crucial in any country, but especially in one like Spain in which responsibility for health is devolved to 17 very diverse regions.

After our government used a royal decree (463/2020) to declare a national emergency, starting on March 15 and finishing on June 21, the sole command in health matters passed from the Ministry of Health to the Autonomous Communities, which had been claiming autonomy to make their own decisions to control the pandemic within their territories.

The economic recovery- by that time of the year- was to reopen the closed sectors and lifting the mobility restrictions, mainly to save the summer season and to allow the tourist sector to catch up despite the risk that this entailed.

The population's vacations and the relaxation of basic protection measures against COVID19 have meant that the first wave never really ended, but the cases of contagion have not stopped increasing since last July.

The measures that were considered necessary in June in order to allow more freedom in the decision making of the autonomies (increase in primary care staff, hiring of trackers, etc.) have not been carried out in all regions, which has led to uncontrolled outbreaks all around of the national territory, which have forced new restrictions of selective confinements in some areas.

**Spain, in figures**

During August the largest outbreak was in the region of Aragon and Catalonia (north east of Spain). By the end of the summer the return to the usual residence and the reopening of the schools moved the largest outbreak down to the region of Madrid.

In this region the restrictions on freedom of movement came into force on Monday (21 September) in the affected areas but those areas represent 13 percent of Madrid's population only allowed to leave their neighbourhoods for basic necessities such as going to work, going to the doctor or taking their children to school.

The latest data from the Ministry of Health indicate that the highest number of infections and deaths in this so-called second wave of the pandemic has just been reached with 241 deaths in the last 24 hours and more than 31,400 infections.

The occupation of the beds in the ICUs is 9,6% for coronavirus patients and in the critical care units it represents 16,8%.

Among the community data, the figures vary from 56,7% in the region of La Rioja or 36,3% in Madrid down to 4,48% in Galicia or 4,53% in Asturias.

The incidence of cases also ranges from 746 cases per 100,000 inhabitants in Madrid in the last 14 days to 98 cases in the region of Asturias. The Spanish average is 287,7; figures far away from those in other European countries around such as Germany that shows an incidence of 24,9 or for example Italy with an incidence of 32,1 or the United Kingdom with 69,1.

### **Demands of the professionals**

With regard to health care, both professionals and the various organizations have criticized the management made by the administrations. At a national level all measurements requested have been ignored: technical experts, collaboration in the adoption of joint measures and more resources to alleviate the situation of professionals. At a regional level: young doctors (resident doctors) have been on strike on some regions with unequal luck. While in Madrid and in Castile and Leon they have managed to reach agreements with the Regional Ministries, in the region of Valencia they have still not met their demands and, in the immediate future, resident doctors from the Canary Islands and Catalonia are going to start a strike.

During these months, the lack of coordination between the central and regional administrations has become evident, as well as the absence of willingness to dialogue of the political leaders. It has even been announced that one of the measures that could be adopted in the upcoming months could be a decrease in the salaries of public employees which would also affect health personnel. This is not a "reward" for their effort and that's why it is very difficult to understand within the healthcare professionals.

The situation is especially critical in Primary Care. The problems that were waiting to be solved have been aggravated by the burden of managing the detection and tracking of coronaviruses, performing PCR, following up contacts, processing sick leaves due to quarantines or infections, etc. Added to the delayed healthcare work, telephone consultations and in many cases reduced staff. This means an overload with more than 60 patients per day and per doctor and a lack of foresight difficult to assume. This situation generates discontent in the population and difficulty on the access to healthcare which sometimes leads to violent attacks against health-care workers.

It is this lack of response that make patients "skip" this step of Primary Health-Care and access directly to the Emergency Services which also begin to notice the increase in the number of patients attended. Hospitals are noticing how the number of COVID patients is increasing every day so hospitals are forced to provide wider spaces and higher number of beds as well as the cancellation of non-urgent surgeries.

Doctors are expressing their daily discontent and discomfort. They are facing a pandemic for which they have not been given the means of protection and for which political management seems far from professional criteria. The demands for healthcare are not being met, staff are not being reinforced, the necessary trackers are not being hired, healthcare funding is not being increased, and there is no support in the population. We feel we are fighting completely by ourselves against an unsustainable work situation while managers make decisions far from our needs.