Fédération Européenne des Médecins Salariés
European Federation of Salaried Doctors

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For the first time since April 1964, doctors went on strike on July 7.

This strike movement came from the base and was supported by two of the three main medical unions. It was triggered by the draft framework law presented by the Minister of Health. This law, intended to update a series of rules, also contained reforms deemed unacceptable by a large majority of the medical profession. Among these reforms were:

1. Limiting doctors' scope for initiative in health matters and completely removing their control over budgets. The healthcare budget could be imposed by the Council of Ministers without going through the consultation bodies of the INAMI (the National Institute for Health and Disability Insurance, which coordinates and controls healthcare in Belgium).
2. The undermining or abolition of the agreement system (free choice to adhere or not to the rates for medical procedures set by the INAMI) by setting maximum fees and abolishing partial agreements. For many doctors working in the public system and universities partial settlements are an essential source of fees for their financial survival. The principle of free choice is also undermined by the threat of losing indexation if no agreement is concluded or approved.
3. Linking union subsidies to the rate of agreement.
4. Limiting fee supplements by introducing a maximum percentage. This measure can only be considered within a broader framework that includes reform of the nomenclature and hospital financing. These two projects were launched by the same minister more than five years ago and have still not been completed. In addition, doctors have already made a significant financial effort following the law prohibiting supplements for BIM (beneficiaries of increased intervention) patients, which was introduced in 2025 and is expected to be extended in 2026.
5. Stricter individual controls based on standards and guidelines issued by the ministry, which may be accompanied by sanctions ranging up to the withdrawal of the INAMI number, which corresponds

to the loss of the right to practice.
It was this attempt to once again force through a law that had not been subject to any consultation that triggered the strike movement, in a context of mistrust and general discontent.

Since September 1, e-billing has become mandatory in Belgium. This obligation extends to all medical procedures. It allows mutual insurance companies to access a flow of information about patients and medical providers that infringes on patients' privacy and medical confidentiality. The initial intention was to bring greater transparency and open up the debate on the underfunding of certain sectors, but this has turned into a broader form of control over doctors and their practices. This surveillance logic also has the perverse effect of transferring loss-making procedures and care to hospitals, thus leading to increased costs and overburdening both staff and infrastructure.

One of the current federal government's objectives is to reduce the number of people on long-term disability (>1 year), which in Belgium represents 500,000 people out of a “working” population of 4.97 million (employment rate of 73.3% in 2025). This represents an annual cost of €15 billion. The Minister of Health, who considers this to be primarily a public health issue, has therefore introduced a series of measures aimed at getting part of this population back to work through:
- Stricter controls involving occupational physicians and healthcare personnel
- Empowering patients
- Requiring companies to accept part-time work, promoting retraining and workplace adaptations, and demanding a greater financial contribution from companies.

These measures have already helped around 100,000 people return to work.