

7. Hospital doctors

7.1 Charter of hospital doctors

(CP 85/100)

Subject: Charter of Hospitals Doctors*
of the Standing Committee of Doctors
of the E.C.

Adopted at Luxembourg, 1967;
revised, Paris, 1985 (CP 85/100)

The Standing Committee of Doctors of the E.C. considers that in the interest of safeguarding the free circulation of hospital doctors in the European Community a minimum of fixed rules governing the activities of hospital doctors must be respected in each of the Member States.

The principles set out below in the Charter of Hospital Doctors should be respected by the legislation and regulations peculiar to each country.

If, in one or more countries, fundamental differences exist, free circulation would be jeopardized.

Preamble

The hospital doctor, like every other doctor, is subject to the rules of medical ethics and general deontology established by the medical profession. The hospital doctor is legally responsible for his medical activities in accordance with existing regulations in the Member States. This essential quality would be destroyed if the hospital doctor lost his material, technical, and moral independence.

These considerations have led to the delineation of the following charter which applies to all doctors rendering care in hospital regardless of the status and nature of the connection between the doctor and the hospital.

Charter

Independence and Responsibility:

The status of the hospital doctor should primarily aim to guarantee his professional independence. This is not the doctor's privilege, but the patient's indisputable right. Consequently, the following points must be respected:

1. The independence of the hospital doctor to diagnose and treat the hospital patients to whom he is responsible and competent to provide effective care, according to his conscience and current scientific knowledge, must be recognised (1). This care must not be subject, on the medical professional level, to supervision by non-medical persons.
2. The organisation of medical services (the term would be adapted to the language in question) as well as the training of junior hospital doctors must take place under the responsibility of hospital doctors.

3. The quantity and quality of the equipment and assisting personnel which the employer must place at the disposal of the hospital doctor must be of a standard compatible with the nature of the care his responsibility obliges him to provide. In view of this responsibility, the doctor must have the right to intervene with regard to the choice and purchase of technical-medical material, the establishment and modification of the staff of a service or establishment of health, employment, transfer, or discharge of medical and non-medical staff, and he must have the right to give professional instruction to his collaborators.

If the patient requires techniques of care not available to the treating doctor, the doctor must have the possibility and the medical responsibility to have the patient transferred to a department or establishment capable of rendering the care needed.

4. Hospital doctors must have effective influence on the management of hospitals. Moreover, to ensure the best possible quality of care to the patient, all doctors conducting medical activity in the hospital have the right and duty to contribute to this management as appropriate depending upon the form of their appointment or connection to the hospital.

Medical Confidentiality

Medical confidentiality is an obligation to be upheld by the hospital doctor in the interests of the patient, and this must also be respected by the hospital administration. Medical files must only be maintained within the sphere of responsibility of the doctor. The doctor must ensure that access to a medical file is reserved for persons whose activity is directly connected to his sphere of responsibility and who, by nature of their collegial association or professional assistance, are equally bound to respect the professional confidentiality. This also holds true even where the medical files are the property of the administration of a health establishment.

No medical file may be delivered and no information furnished to third parties without the consent of the responsible doctor.

Doctor-Patient Relations

It is desirable that hospital structures allow, so far as possible, that patients have free choice of doctor.

Continuing Medical Education and Research

Because it is in the interest of the patient, every doctor has the right to continuing medical education and should be encouraged and assisted to exercise that right. Every doctor has the right and responsibility to maintain his medical and scientific skills on a level with the current state of knowledge as well as to contribute to the furtherance of medical knowledge via his own activities; therefore, adequate provision must be made for the hospital doctor to engage in research, particularly clinical research, to maintain and, if pos-

sible, improve his medical training. Medical ethics requires this. As further assurance of the hospital doctor's possibility for this continuing training, it is indispensable:

- (1) To give the doctor the possibility to participate in educational seminars of his choice without this resulting in any reduction of his annual income or salary;
- (2) To give to the doctor the possibility of access to reference literature concerning his professional activity;
- (3) To permit a regular exchange of information among the doctors of a health establishment.

Doctors' Appointment and Working Conditions

An essential guarantee of the independence of the hospital doctor is in the conditions of appointment. The conditions of appointment must be open to negotiation either individually or collectively. Furthermore, the appointment procedure must include the publication of vacant posts. The choice of applicant must be based on competence, free of all prejudice of any sort. The applicant's medical qualifications must be judged by doctors of an appropriate level of professional competence, and selection must be by a committee, the majority of whose members are doctors.

The medical, scientific, and educational credentials, qualifications, and competence must be commensurate with the post to be filled.

The conditions of employment must guarantee the stability of the doctor's function as well as his economic independence and social protection.

Hospital doctors have a right to recompense corresponding to the services they render to the patients of the hospital concerned.

Conclusion

While it still has not been possible to harmonise the laws or conditions of all Member States of the European Communities, the Standing Committee of Doctors of the EC considers that the laws and conditions peculiar to each Member State must respect the minimum guarantees defined in this charter concerning the activities of hospital doctors.

7.2 CP Statement on organization of working time

(CP 93/112, 94/51, 94/147)

Professor M. Machado Macedo
Vice-President
Standing Committee of Doctors of the EC
(CP 93/112)

Dear Professor Macedo,

The CP will be aware that, in June 1993, the Council

of Ministers reached a common position on the proposed directive on the organisation of working time. The new text contains a clause exempting "doctors in training" from all provisions of the directive.

The PWG deplors this discrimination against a vulnerable group of employees. It believes that doctors in training should be treated in the same way as other health care workers, for whom special provision is made in a derogation.

Concern for the quality of junior doctors' training is sometimes put forward as an argument for long working hours. However, if doctors in training are to be asked to work 60-80 hours per week, there needs to be evidence that this assures the quality of their training. No such evidence has ever been provided. In fact, during the most vulnerable periods of extreme working hours, the junior doctor is most likely to be working in an unsupervised situation.

The work of a junior doctor must also always be carried out with extreme caution with regard to the safety of patients. This safety could be compromised by exhaustion caused by excessively long working hours.

Permanent working group of European junior hospital doctors
Groupe de travail permanent des jeunes médecins hospitaliers européens

The arguments above demonstrate that junior doctors in Europe are one of the groups most in need of the protection afforded by this directive. The social Affairs Committee of the European Parliament has already supported amending the draft directive in this manner.

The CP has already adopted the PWG motion on working hours (CP 90/82I-Annex IV) and the PWG is grateful for this support. We now urge the CP to demonstrate its continuing support by endorsing the view of the PWG regretting the decision by the Council of Ministers to exclude doctors in training from its common position on the proposed directive concerning the organisation of working time and the PWG efforts to have doctors in training treated in the same way as other health care employees and to forward this endorsement to the appropriate sectors of the Commission, Council, and European Parliament.

This matter was discussed and agreed by the PWG at its meeting in Estoril on 16 October 1993.

Yours sincerely

Hans Ueli Wursten, MD
Coordinating Secretary, PWG

The Heads of Delegation of the
CP meeting in Curia, Portugal
on the 16th April 1994
(CP 94/51)

Welcome the initiative of the European Commission in setting up the Working Group, headed by Mr. Allman, into the working hours of doctors in training;