

*The European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.*

## CPME feedback on the Commission proposal for a Council recommendation on AMR

In preparation of the Commission proposal for a Council recommendation on AMR, please find below the European doctors' feedback:

In November 2020, CPME published the [summary report](#) about European doctors knowledge about antibiotics and AMR. The report is based on an [ECDC survey](#), to which more than seven thousands doctors responded. In the context of the proposal for Council recommendation, we would like to emphasise the following findings:

- doctors have a basic knowledge about prudent use of antibiotics and the risk of resistance
- doctors are aware of their important role in providing advice on prudent antibiotic use to patients, but a lack of resources and insufficient time are barriers for doing so in practice
- the uptake of antibiotic stewardship teams in hospitals needs to be increased so that knowledge about antibiotics is passed on to healthcare professionals and patients in a more systematic way
- It needs to be ensured that doctors' knowledge about resistance and prudent use remains up to date
- the most reliable and popular source of information about prudent use of antibiotics for doctors are published guidelines.

Based on these findings, CPME would like to stress the importance of providing doctors with precise and updated guidelines for antibiotic treatment.

Guidelines provide doctors with a basis for giving the correct antibiotic in the necessary quantity. At the same time the guidelines must indicate in which infections/cases of illness the patient may/must await natural recovery – and perhaps state how many days the patient must wait before consulting the doctor again.

The guidelines can also be used as a tool to inform the general public when antibiotics should be used and when it should not be used. Thus, the guidelines could be used to decrease the public demand for antibiotics.

The national guidelines on antibiotics – particularly those aimed towards primary care – should be followed to enshrine the following main principles:

doctors should

- diagnose the patient in person before prescribing antibiotics. Only in exceptional cases should antibiotics be prescribed by teleconsultation.
- ensure that a relevant clinical and diagnostic examination is performed before initiating therapy
- ensure that the patient most probably has a bacterial infection, and a real effect can be expected by treatment with antibiotics
- choose a narrow-spectrum antibiotics as specific as possible as first choice.

A decisive factor is that doctors have access to better and faster diagnostics. If the doctor has early confirmation of the patient's diagnosis, it can be avoided that antibiotics are prescribed "to be on the safe side".

In addition, education and audit are important tools to reduce consumption. Regular antibiotic audits ought to be carried out both in the primary sector and in hospitals, and teaching must be implemented systematically and be integrated in tested and effective courses of education.

**Based on the above, CPME recommendations include:**

- member states should produce precise national clinical guidelines for antibiotic treatment or encourage the competent authority to do so
- member states should strengthen doctors' access to better and faster diagnostic and hereby develop a better guarantee of prompt and correct diagnosis
- member states should prioritise education on and audit of the use of antibiotics
- national medical associations should call on their governments to educate patients that antibiotics when prescribed must be taken long enough as prescribed and thus improve the compliance of the antibiotics treatment
- doctors should follow the guidelines on the prudent use of antibiotics which means only prescribing antibiotics when necessary, and ensuring use in correct dose intervals and for the correct duration.