

Strongly endorse the inclusion of Dr. J. Poulsen, President of PWG, as a member of the group; and

Look forward to a speedy conclusion to the study so that firm data will be available to the Commission during its further discussions of this issue.

Motion relating to the working hours of European doctors in training

Adopted at the CP Plenary Assembly,
25-26 November 1994
(CP 94/147 – EN)

The Standing Committee of European Doctors (CP) finds the exclusion of doctors in training from the EU Directive on Certain Aspects of the Organisation of Working Time unacceptable.

The Standing Committee of European Doctors (CP) gives its full support to the Permanent Working Group of European Junior Hospital Doctors (PWG) in its work for inclusion of “doctors in training” in a new regulation concerning working time in order to safeguard the treatment of patients and improve the working conditions of doctors.

The Standing Committee of European Doctors (CP) urges the Council of Ministers to adopt an initiative which is binding for the member states and which will ensure that all doctors are covered by either the 1993 Directive or a new initiative which offers equivalent protection.

7.3 Declaration of Hamburg, 1972

Joint Declaration of the Standing Committee of Doctors of the EEC and the Hospital Committee of the EEC

Adopted at Hamburg, 1972

The Standing Committee of Doctors of the EEC and the Hospital Committee of the EEC think that the free movement of doctors should be encouraged and requires the establishment of a set of minimum regulations valid in each country.

Taking into consideration the differences in legislation and legal structures in the various countries, this document sets out certain minimum requirements on which both organizations have agreed. The document does not claim to deal with all the problems regarding the status of hospital doctors, and organizations are at liberty to extend these regulations.

1. In all hospitals there should be regular meetings between representatives of the management and administration and elected representatives of the medical staff of the institution to discuss all subjects which may have a direct or indirect impact on the running of the medical departments and on medical activity within the establishment. Either side may place on the agenda any subject relevant to these spheres.

2. The following points should be the object of information and discussion between the administration and medical staff, since not all procedures are formally regulated by any legal or statutory provisions (the ones which are, obviously not being subject to discussion).
 - 2.1 The creation or suspension of a medical department and any substantial modification to the distribution of the medical duties within the hospital.
 - 2.2 An increase or reduction in the size of the medical staff or in the number of and nature of branches of medicine which exist in the hospital.
 - 2.3 Nomination or appointment of members of the medical staff.
 - 2.4 Suspension or dismissal of a member of the medical staff or a change in the duties of any member.
 - 2.5 Nomination of a doctor to the management board.
 - 2.6 In so far as they affect the medical activities within the hospital: annual economic and financial reports, the annual accounts, the budget and the priorities to be given to different tasks to be undertaken.
 - 2.7 Agreements between the hospital and other hospitals or third party when these affect collaboration in or distribution of medical tasks and therefore have repercussions on medical activity.
 - 2.8 Any building plans which have serious implications for medical activities.
 - 2.9 Differences of opinion between the administration and the doctors concerning staff and equipment.
3. The medical staff should submit a regular report on medical activity within the hospital. They should inform the administration or its representatives of the methods used and the results obtained in the report, providing this does not violate the principle of professional medical confidence. The administration may request such a report if it considers it useful. This report, which is designed to guarantee a high standard of medical treatment may – at the request of either party – be the subject of discussion.

The administration, or its representatives, may not interfere in the treatment of a individual patient, in order that the doctor’s diagnostic, therapeutic, moral and ethical independence may be assured.
4. In cases where the administration or its representatives suspect a serious mistake or case of malpractice on the part of anyone working in the hospital, a procedure for dealing with it should be established without prejudice to existing legal provisions.
5. Medical confidence is guaranteed. The administration or its representatives shall not have access to medical reports without the consent of the doctor or doctors concerned, according to the legal, statu-

tory and ethical provisions existent in each country. Within the same limitations, doctors shall furnish the administration with all the information which is not considered confidential necessary for the preparation of the patient's administrative file.

7.4 Free circulation of hospital doctors in training grades

Statement regarding free circulation of hospital doctors in training grades unanimously

Adopted by the CP Plenary Assembly, Copenhagen, 1/2 December 1978 (CP 79/6)

Standing Committee of Doctors of the EEC urges that the obstacles to free movement of doctors in training grades in the hospitals should be removed with the minimum possible delay, thus fulfilling the request of the Council to the Commission (OJ: C 146/2 of 1 July 1975).

7.5 CP resolution on the HCEEC Charter of the Hospital Patient (1980)

Resolution of the Standing Committee of Doctors of the EEC concerning the Charter of the Hospital Patient of the Hospital Committee of the EEC

Adopted unanimously by the Heads of Delegations, Dublin, 23/24 May, 1980

In relation to the Charter of the Hospital Patient established by the coordinating Committee of the Hospital Organisations of the EEC, the Standing Committee of Doctors of the EEC issues the following statement.

“The rights of the hospital patient do not differ in conception from the principles of the rights of the non-hospital patient as they are set out in the CP Declaration of Nuremburg of 1967. These rights refer to the essential guarantees of the freedom of choice of doctor for the patient, of access to the most appropriate care for the situation in accordance to the established scientific knowledge, of respect for human dignity and in particular of medical confidence and of information.

1. The patient should have the freedom of choice without discrimination, irrespective of the legal status of the hospital.
2. The availability of facilities to be used and in particular facilities for medical treatment should be guaranteed where necessary, taking into consideration the tasks and functions of the hospital and

should not be hindered by restrictive planning of these facilities which would prevent access to care.

3. In relation to the respect of the dignity of the patient, his refusal of proposed treatment should necessarily involve the right to change hospital. Very specific guarantees should be provided to protect patients in an especially vulnerable situation (old patients, psychiatric patients, drug addicts, etc.).
4. Information given to the patient should be objective, competent and as complete as his condition permits. Medical information should be provided by the doctor or doctors attending, with the reservation of the right of the patient to obtain a second medical opinion. As far as the risks are concerned, this information can only concern the risks that can normally be expected”.

8. Salaried doctors

8.1 Definition and Charter of Salaried Doctors

Adopted by the Plenary Assembly of the Standing Committee on the 7th June 1968 in Brussels and completed at the General Assembly of the Standing Committee on the 29/30 November 1968 (CP 200/69)

1. Definition of the term “Salaried Doctor”.
The Salaried Doctor is the doctor attached to an establishment or a public or private institution by a contractual or statutory arrangement with a view to providing under defined condition medical or medical administrative services.
His contract or his agreement determines in particular his terms of appointment, dismissal and remuneration.
This contractual or statutory agreement assures the doctor in all cases, full independence in exercising his skill and must therefore provide practical guarantees to this effect and the right to permit him to carry out his duty in obedience to the dictates of his conscience, scientific and technical rules of his profession, as well as ethical rules.
2. Charter of Salaried Doctors.
Preamble
In order that a Salaried Doctor can practise in accordance with the principles stated in the above definition, a certain number of clauses must be retained by the contract, agreement, collective agreement.
These contracts or agreements should respect the medical deontology taking into account the rules