

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