

## 9.7 Resolution on Occupational Medicine

Adopted in Athens, April 1995  
(CP 95/050 Rev. 1)

**Occupational Medicine: Specialist Section of UEMS**  
The Heads of Delegations meeting on 29 April 1995  
in Athens:

- support the establishment of occupational medicine as a Specialist Section in UEMS and they would encourage member countries of UEMS to apply for its creation;
- encourage the National Medical Associations represented on UEMS to nominate two doctors in occupational medicine (one academic and one service practitioner) to serve on the Specialist Section of Occupational Medicine once recognised by UEMS;
- ask the National Medical Associations represented on UEMS to inform the Faculty of Occupational Medicine of the Royal College of Physicians of London of their interest in establishing this Specialist Section.

## 10. Social policy

### 10.1 Recommendations on health care for the ageing population

Barcelona, 1990 (CP 90/190 Final)

#### Preamble

The medical profession has a duty to comment upon the implications for Health Care of the aging population in Europe.

Elderly persons place a bigger and bigger demand on Health Care. It is the responsibility of the European medical profession to suggest appropriate preventive measures to reduce this demand.

The following recommendations derive not only from the body of this report but also from the studies on aging and the pathologies associated with it.

The result of this study clearly will have economic consequences on which the political decisions will lie with individual Member States.

The object of the recommendations is to keep elderly persons in good health for as long as possible, to offer them a quality of life similar to other citizens and give them an active role in society.

It is clear that the recommendations are politically sensitive and necessitate decisions by the society to meet the needs of the elderly.

Whilst it is not the role of the medical profession to take political decisions, it does have a responsibility to comment on the effects of these decisions.

These recommendations have been drawn up by the European doctors who face the realities of caring

for the elderly every day, in order to advise governments and other European Health Institutions.

### Recommendations of the Standing Committee of Doctors of the European Community

Following the Report presented by the Ambulatory Care Committee, the Standing Committee of Doctors of the European Community at its General Assembly on 6th October 1990, recognising the importance of the problems associated with the aging population, has decided to make the following recommendations:

#### I. General considerations

- Aging of the population is one of the major challenges to European society as it moves into the third millennium.
- Doctors and all health professionals have a pivotal role to play in dealing with the aging process and the pathological conditions associated with elderly persons.
- Physical and psychological dependency constitute major problems in the care of the elderly, both now and in the future.
- It is essential to consider the economic consequences of the demographic trends in elderly persons in their role as consumers of health care, of services and of leisure activities.
- The rights of elderly persons are identical with those of all other citizens. Elderly persons have the same access to health care as all citizens without any restriction.

#### II. Sociological aspects

- The increasing life expectancy, attributable to scientific advances, improved medical techniques and socio-economic factors, call for a new approach to life at the age of retirement.
- Physiological age is no longer the same as that of the official age of retirement.
- Preparation for retirement should lead to a new activity or modification of previous career activity appropriate to the physical and mental capacity of the person concerned in order to avoid inactivity which is an important factor in the deterioration of the health of the elderly.
- Retirement does not imply an incapacity to engage in physically and economically productive activity.
- A rigid classification by age groups is artificial and will only lead to useless conflicts between generations.
- Family links between the generations should be encouraged.
- Allowances and/or financial incentives, must be made available to families who accept the responsibility for the care of their elderly dependant relatives living at home.