



CPME/AD/Brd/130609/003 final/EN

At the CPME Board Meeting in Brussels on 13 June 2009, CPME adopted the following document: **“CPME resolution on Professional Autonomy and Clinical Independence of the Medical Profession in Europe”** (CPME 2007/003 final EN/Fr)” (referring to CPME 2007/003 EN/Fr)

CPME resolution on Professional Autonomy and Clinical Independence of the Medical Profession in Europe

THE CPME, the Standing Committee of European Doctors, brings to the attention of its member associations (NMA's) the growing trend in some member countries to downgrade the importance of the role of the doctor in providing good quality health care and especially in bolstering the rights of patients.

Many European countries have passed laws to safeguard the rights of patients and the medical profession has wholeheartedly supported this trend. In many cases, however, politicians have not realised how these rights are supported by the clinical independence and autonomy of doctors, whose primary ethical responsibility is to benefit the health of the patients whom they serve.

Health care systems in Europe are undergoing constant and rapid changes. Patients are more empowered and better informed than ever before. Politicians, administrators and third party payers demand and expect high quality health care, but at the same time need to contain cost. This conflict between expectations and cost creates tensions that can seriously undermine the doctor-patient relationship

The patient has a right to have a qualified and responsible doctor in charge of his or her medical care and the doctor has the right (and duty) to be well trained and to be clinically independent when providing such care.

In caring for patients the medical profession identifies risk factors and early signs of disease, diagnoses illness, prescribes medications, investigations and other interventions, proposes suitable treatments, admissions and discharges from hospital and, where appropriate, maintains an ongoing relationship with the patient.



Weakening of the concept of a doctor's preeminent clinical responsibility for patient care, is against the interests of the patient, society and third party payers. If clinical decision making is undermined by administrative interference with this role of the doctor, the rights of patients to have doctors responsible for their high quality health care could be seriously threatened. Unfortunately this could also include reduced trust in treatment, decreased compliance and loss of social trust in health care. Lack of focus on the importance of a trustful doctor-patient relationship can lead to increased demands for unnecessary second opinions and diagnostic procedures thus causing further increases in health expenditure.

Acknowledgment of patients' rights to have a qualified doctor in charge of their clinical care and of the doctor's right and duty to be well trained and professionally independent, requires recognition of the medical profession's clearly defined role in the national laws of EU member states and in the present and future planning of health care organisations.

References:

CP 1999/020 final EN

The World Medical Association MEC 179/Professional Autonomy COM-REV/May 2008