CPME/AD/Brd/300803/11/EN/fr

At its Board meeting, Brussels, August 30th, 2003, the CPME adopted the following policy : **Integrated programme for European doctors with mental problems and/or addictive behaviour** (CPME 2002/093 Final EN/fr)

An Integrated Programme for European Doctors with mental problems and/or addictive behaviour

Throughout the 20th century, the right to health has become a reality in almost all European countries and there has been a considerable rise in the way addictions have been considered illnesses, gradually losing the social stigma burden they had. Thanks to these changes, psychiatric health care services have progressively become integrated in the general public health systems, and universality of the right to health, and also accessibility to the public health care services has been extended throughout European countries.

Even in these circumstances, in the specific case of doctors and health professionals in general there are a number of factors that paradoxically determine that these sectors of the population receive the least care, health wise.

In recent years, it has been shown that in most cases, health professionals in general, and especially doctors, do not act properly as patients when they are sick. In addition, mental and/or addictive illnesses still have a strong social stigma, even within the same health group, because there is a culture of not asking for help in case "their colleagues consider the illness to be a weakness".

This is why many people who are on sick leave, who have disabilities or who are unfit for work are a consequence of disorders for which there is an effective treatment.

In the case of health professionals, and particularly doctors who suffer these problems, their fear that their illness will be discovered by their colleagues or patients plays a very important dissuasive role when it comes to asking for help, and consequently to accessing the public health system.

In these cases, there is an important trend to live these disorders with a feeling of guilt, clearly trying to hide them from view, putting off asking for help and worsening the prognosis. This is not just an individual matter, but also a question of public health, because it in turn entails a risk to the health of the population in general whom these doctors attend to.

Rue de la Science 41 – 3rd floor – B-1040 – Brussels - Belgium
Tel. : +32 (0)2 732 72 02 - Fax : +32 (0)2 732 73 44 - E-mail : cp@euronet.be - Web : http://www.cpme.be

OVERVIEW

When health professionals, and doctors in particular, fall sick, they do not recur to the public health system like the rest of the population. Different surveys have shown that in these cases, both the doctor-patient and the doctor-therapist do not work following the same guideline as for the rest of the population, and no correct doctor-patient relationship is established.

In addition to this phenomenon, if we also add the fact that the health problem is a mental and/or addictive problem, then these patients systematically hide their trouble, they do not ask for help and try to carry on working as if nothing was happening. This attitude is possibly because these illnesses are still socially marked as a stigma and those professionals who suffer them, are afraid of being discovered and of losing their professional prestige with their patients, the respect of their colleagues and even their jobs.

This fact has a dramatic effect on their family and professional milieu, producing negligence and bad praxis, and an evident risk to health of the population whom these professionals care for, with a rise in their number of complaints, denouncements and labour disputes. This is then a problem of public health, with a sharp social and labour repercussion that must be prevented and palliated as far as possible.

In this situation, these patients find it difficult to exercise their right to health, because they do not use the general health system to receive medical care and, paradoxically they form one of the groups of patients who are worse cared for from a health standpoint.

In view of this situation, we understand it is absolutely necessary, first of all, to establish professional control procedures that assure receiving the pertinent help in these cases, and which at the same time do not represent any risk to the health of the population whom they care for. Secondly, we should create special mechanisms of confidentiality that facilitate access to specialised health care.

Such confidentiality mechanisms and also mechanisms to control and regulate good professional praxis represent two core factors to achieve the two fundamental objectives of this project, namely: firstly, to care for those health professionals who have mental and/or addictive problems by means of specific and suitably specialised services to do so and secondly, to assure citizens that health professionals are qualified to exercise their profession under the right conditions.

The Medical Associations and/or other representative organisations that regulate the correct exercise of the medical profession, in accordance with the respective Ethics or Professional Codes, are the bodies that are best qualified to guarantee access to the programme, via whatever line, for sick doctors under strict confidential measures, and of in turn assuring their rehabilitation so they can return to their jobs under the proper conditions of a quality health care treatment.

The public health administrations are responsible for the health of the entire population in general, and for the health care of medical professionals who work for the public sector in particular, and they should consequently finance the vast majority of these programmes

in co-ordination with the professional organisations and associations that represent doctors.

Fully aware of this Public Health problem, and mindful of continuing improvement in the quality of health, in the interests of achieving an improvement in the health of its citizens, the Standing Committee of European Doctors, CPME, has considered it necessary to co-ordinate and develop joint actions and programmes in all countries in the European Community, as well as in the associated countries. The CPME recommends that one way of implementing this would be according to the following principles:

1.- The Health Systems should guarantee health professionals the same possibility of having access to the health system as the general population.

2.- The right to confidentiality when having access to treatment is important for all patients, but calls for special measures to guarantee this confidentiality for health professionals who have access to treatment, particularly in cases of psychic and/or addictive disorders, because these are still stigmatic.

3.- A sufficient number of specific out-patient and hospitalisation health care services and programmes should be created to allow those professionals who are affected by these illnesses to receive a suitable treatment and in the right conditions, under a principle of absolute confidentiality, specialised psychological and medical care, family welfare support, occupational and legal advisory services, to try and get them to perform their professional activity by means of a monitoring and evaluation scheme.

4.- The Professional Associations and/or other representative organisations should play a core role in the organisation, management and control of the quality of the welfare programmes that are formed.

5.- It is then essential not only to develop these programmes with the objective of improving the health care of doctors and other health professionals, but also of improving the quality of the health services and in particular of protecting the health of their citizens.

6.- Because the objectives of these programmes are to improve the quality of the health services, and also to protect the health of citizens, these should be financed, as a priority issue, by the Public Institutions.

7.- These programmes should have a clear preventive vocation, and should try and provide all health professionals, whether sick or not, the most ideal conditions to tackle the problems that are detected as early and as effectively as possible.

8.- Research must be developed, particularly as regards the mental health of medical professionals and their working conditions.

9.- The health of all medical professionals should be fostered in the individual scenario and as an organisation, with special emphasis on mental health.

10.- To fulfil the mentioned principles, a “Commission for Help to Sick Doctors” should be formed, that would operate at all times in accordance with the Current Rules of Ethics.

Rue de la Science 41 – 3rd floor – B-1040 – Brussels - Belgium
Tel. : +32 (0)2 732 72 02 - Fax : +32 (0)2 732 73 44 - E-mail : cp@euronet.be - Web : http://www.cpme.be