

## 12.7 Statement on draft directive on basic measures for radiation protection (1981)

### Statements on

Draft Directive on basic measures for the radiation protection of persons undergoing medical examination or treatment.

This draft directive was fully discussed by the Subcommittee on Medical Auxiliaries. The Committee expressed grave concern about a number of aspects of the Directive whilst agreeing that it was important that exposures to ionising radiation for medical reasons should be kept to a minimum and that the general aims of the Directive were appropriate and felt that the following points raised by Dr. Rowe should be brought to the attention of the Heads of Delegations. Following a discussion of the Directive in this forum, it hoped that urgent representations should be made to the appropriate authority.

1. We would prefer that the implementation of this Directive should be by professional advice, but recognising that this is likely to be unacceptable, we accept that the Code of Practice procedure is the only alternative.
2. Without clarification of what is meant by “recognised competence in radiation protection”, Article 1 would be unacceptable in its present form. The implications are so vast that it needs to be redrafted in such a manner that it would not interfere with the practice of medicine and dentistry to such a degree as virtually to inhibit practice in the best interests of the patient.
3. Article 5 would require considerable consultation since the implications both for cost and administration of such complicated record-keeping storage are vast.
4. We do not consider that the provisions of this Directive can be achieved within the timescale envisaged.
5. Bearing in mind the likelihood of technological developments, we are anxious for an assurance that as the safety factors are increased (by the use of safer equipment and radiation sparing techniques) there will be a relaxation of controls and criteria, so avoiding needless inhibition.

The Professional Training Subcommittee having considered the Directive on basic measures for the radiation protection of persons undergoing medical examinations or treatment.

1. The Committee is concerned with the educational implications of Article 1.
2. It considers that in accordance with the comments of the ACMT on basic training (as defined in III/D/31/1/78, para 1.2) the undergraduate curriculum should include at least knowledge of the risks of the operator and the patient of exposure to ionising radiation and the basic principles of physics involved.

3. It expresses its concern that Article 1 may be interpreted in such a manner as to require all doctors carrying out radiological procedures to undergo training of a standardised form, at a level appropriate to the most sophisticated activity, bearing in mind the considerable differences in activity as exemplified by dentists (only X-raying the jaws), certain doctors in remote areas or small hospitals X-raying limbs for fractures and those doctors both specialist radiologists and others carrying out contract X-ray procedures of considerable complexity and far greater risks.

*It therefore, recommends* that the educational modules implicit in Article 1 in relation to safety procedures should be related to the types of radiological procedure to be carried out by the doctor.

## 12.8 European health card (1982)

Having considered the experience of those countries where health cards have been available in the past, the Standing Committee of Doctors is forced to the conclusion that this type of card would not be of great value to the citizens of the EEC.

However, normal good medical practice engages the doctor to advise his patient of the risks of certain treatments and the use of a card for high risk, drugs to record this information together with the name of the doctor and, if relevant, the hospital and the date of issuance should be encouraged.

## 12.9 CP Declaration on GATT

(CP 89/200, 90/193 Final)

### The Standing Committee of Doctors of the EC

*Noting* that the Uruguay Round of GATT is currently discussing “trade in services” and that in this connection is considering the problems associated with the liberalisation of conditions regulating the practice of professions including medicine.

*Mindful* of the need to ensure the highest standard of knowledge and skills in order to provide appropriate medical care for the citizens of the EC.

*Recalling* that member states of the European Communities recognised the need to safeguard these standards, in accordance with the aims of the EC to remove barriers to movement of services within the Community, by adopting the Directives 75/362 and 363/EC and subsequent amendments.

*Calls upon* the High Authorities of the EC and of the twelve member states to ensure that, in the context of the Uruguay Round consideration of trade in professional services, any agreement should not dilute the