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 responsability 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 responsability 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 Committe 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 desided 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 assosiated 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.

III. Assessment – research – training

- The institution of techniques of evaluation of dependency is of fundamental importance.
- Member states must promote research in chronic diseases and the causes of disability in elderly persons, in particular in the senile dementias.
- The care of an elderly person at home or in an institution, calls for a specific training in geriatics, both basic and continuing, for general practitioners, as well as for specialists.

IV. Organisation of medical care

- In all member states, the policy trends are towards maintaining elderly people at home where the family doctor in his role, as the personal confidential advisor of his patients, is the co-ordinator of medical care.
- With a view to an improved response to the needs of elderly persons, co-ordination of social and health care is an absolute necessity.
- To this end, there must be co-ordination between the doctor and:
  - The family and neighbours (as a priority).
  - The nursing and other health professions.
  - Social workers.
- Other organisations and services for the elderly.
- Maintaining the elderly person at home appears to be the most economic approach for society and the most humane for the individual. It calls for an adequate training of the general practitioner in evaluation techniques, palliative care of elderly persons, and terminal care. It requires involvement in and development of new techniques for care of the elderly at home by specialists.
- When there is a need for special accommodation of the elderly person due to psychological, physical, family or social factors, this calls for a type of accommodation which is a real substitute for the home, geared to human needs, with a stimulating style of life, leisure and occupational activities.
- Day hospitals and hospitalisation for the night or the week-end must avoid the psychological trauma of hospitalisation in an elderly person.
- Temporary accommodation is a valuable alternative to hospitalisation and gives a chance for families to have a rest.
- The hospitalisation of an elderly person should only be used as a last resort.

Aware of the importance of the demographic trends in aging and its effects on the future of Europe, the Standing Committee of Doctors of the EEC, on the basis of these recommendations, proposes to the European institutions and to competent authorities in every member state that they should willingly engage in a policy of support for the elderly population.

10.2 Declaration on the Green Paper on the structure of social policy in Europe

Curia, 1994 (CP 94/54)

The Standing Committee of Doctors in Europe (CP) meeting in Curia, Portugal, on 16 April 1994,

- carefully examined the Green Paper on European Social Policy,
- reasserts its interest in the different Project Actions concerning Public Health envisaged by European bodies and is surprised that the Green Paper on Social Policy is being set aside from the content of existing actions;
- requests to be an ex-officio member of the committees which shall prepare and develop this policy;
- shall contribute, on the basis of previous policy statements, in particular the "Hennigan report", as a partner of the Commission and as the representative of Doctors in Europe which shall be in the frontline of implementing these projects;

Concerning the Social Policy as it is outlined in the Green Paper, as a preliminary stage to the White Paper, the doctors of the European Union wish to reassert the need to respect the diversity of national health systems as well as the way in which they are funded, whether based on taxation or on social contributions.

The European Union does not have a mandate to pursue general harmonisation. The present diversity is actually based on historic, cultural and social traditions, to which the people of Europe as well as doctors are attached. Furthermore, the various systems also include provisions enabling doctors to take part in their management. This must be respected.

10.3 Resolution on "Hazardous Waste"

(CP 94/52)

According to the directive 91/689/EEC the Commission of the European Communities is preparing a catalogue on "hazardous waste".

The above mentioned directive and the draft catalogue state that all waste from health care institutions will be classifed as "hazardous waste".

The Standing Committee of Doctors in Europe (CP) met in Curia, Portugal, on April 16, 1994.

The Heads of delegations are strongly opposed to this classification for the following reasons:

1. Scientific studies have proven that only a very small fraction of waste from health care institutions (e.g. hospitals) is "infectious" or otherwise dangerous.
2. The current concept of disposing of health care waste as "hazardous waste" risks preventing any recycling initiatives.
3. The classification of all waste from health care institutions as "hazardous waste" will impose an excessive financial burden for many hospitals,