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,