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EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

<b>Document :</b>	<b>AEMH 06/036</b>
<b>Title:</b>	<b>National Report Sweden</b>
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<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations</b>
<b>Date :</b>	<b>12 April 2006</b>

## AEMH National Report From Sweden 2006

The agenda of the Swedish Association of Hospital Physicians this year has been dominated by two topics. Both are related to the empowerment of doctors.

One is the question of **who shall manage the medical work at the hospitals**, the doctors or other professionals.

The discussion started in December in our magazine Sjukhusläkaren. We wrote some articles that dealt with the subject of why doctors in Sweden avoid the position as managers of hospitals and clinics. There has been increasing difficulties the last years to find members of the medical profession who want to accept the work as managing doctors especially in the clinics of internal medicine or at general practices where today less than 40 % of the practices are managed by doctors.

Instead nurses and other health professionals get appointed as managers and thereby take over the leadership. This gives many adverse effects on the quality of medical care and on the working conditions for doctors. The disempowerment of doctors is negative for a lot of reasons which we discussed in the articles.

Our magazine was frequently quoted in the somewhat heated discussion that followed. Many colleagues supported our views but others, like the nurse association, called the discussion a “departmentalization of responsibilities” and accused us of being, conservative and unaware of what leadership really is about.

The second issue that has been on our agenda this year is the effect of the European working time directive and **the right of the doctors to decide their own way of working**. The directive is going to be implemented next year through a new Swedish law where the 48 hours/ week and the 11 hours rest/ day are regulated.

This law coming up has alerted the large regional health care providers/employers to start adjusting the working hours of hospital personnel, including doctors. Some of the employers have formulated directives of their own that maximizes the time of a work shift to 13 hours (24 hours-11=13). For many doctors this is OK as it will make no difference, or even to be something positive but for others it will have adverse effects. For on-call work it will be necessary to have two doctors to share one night instead of one, as it often is today. That will lead to a doubled number of evenings and nights on duty which is very negative for social life. Many young doctors for example have children to be picked up at day-care centres.

We are positive to the European working time directive but these Swedish “home-made” strengthened rules will endanger the working conditions of the Swedish doctors rather than protecting us. The protection of the workers is the aim of the directive which also states the importance of facilitating the combination of work and family life.

Both these issues are examples of the reduction of the empowerment of the Swedish doctors, which is a very important subject for the Swedish Association of Hospital Physicians as well for the Swedish Medical Association.

2006-04-12

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