



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΙΩΤΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA  
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

<b>Document :</b>	<b>AEMH 07-028</b>
<b>Title:</b>	<b>National Report Italy</b>
<b>Author :</b>	<b>Dr Pier Maria Morresi</b>
<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations, Participants in the 60<sup>th</sup> AEMH Plenary Meeting</b>
<b>Date :</b>	<b>10 April 2007</b>

## REPORT FROM ITALY

The observation period begins with a satisfactory event. After a very energy-consuming dealing period, the trade union representatives of the medical profession have been able to undersign the agreement for the two-year period 2004-2005 during the first trimester of 2006, thus putting an end to a contract renewal which had been going on for more than four years. However, we cannot help but point out that this contract, which was just signed, is effectively a contract which expired already.

The second semester of 2006 began with the issuing by the Government of a Decree (known as “Bersani Decree” from the name of the Minister) which regulated intellectual professions with regard to publicity, societies, and fees.

All the professional Orders denounced this attempt to entrepreneurialise professions by falling back on presumed rigid guidelines by the European Union.

This harsh clash had its most evident public moment in a joint demonstration by all professions in Rome in October. Serious concerns were raised by the legislative proposals concerning the re-shaping of professional Orders, and many worked hard to formulate alternative suggestions.

A close cooperation between FNOMCeO and the Ministry of Health began, with the aim of giving an organizing order to the management of Clinical Risks, of building an information system regarding contrary events (concern-raising events) and incident reporting, of issuing recommendations, of carrying out training activities.

A nationwide list of concern-raising events and a procedure for the analysis of their causes was drafted, and recommendations were issued concerning:

1. Surgery on the wrong patient
2. Surgery in the wrong area of the body (side, organ, part)
3. Suicide in hospitalised patients
4. Instruments or other materials left inside the surgical intervention area, thus requiring further surgery or further procedures
5. Reaction to a transfusion due to ABO incompatibility.

A very important element is the long-distance (IT-based) training regarding Risk Management, aimed at 360,000 physicians and 360,000 nurses, in which the Ministry of Health, FNOMCeO and the National College of Registered Nurses operate as equal partners. This same element is being presented as we write at the Convention on Risk Management at Cagliari (I)

### **The Ethical Code of the Medical Profession was updated by the Federazione Nazionale dei Medici Chirurghi ed Odontoiatri - National Federation of Physician-Surgeons and Dentists FNOMCeO (December 2006):**

The new and innovative elements are given by all those norms concerning the modern concept of clinical governance. For example, we strengthened from an ethical point of view the duties regarding ongoing training of professionals, we also strongly highlighted the meaning, on an ethical level as well, of technical and professional adequacy, in order to optimise the use of resources which are, by definition, limited. This ties in with the general principle of justice, since, if resources are limited, an inappropriate use of those same resources leads to instances of definite injustice. The third major aspect concerns a new attention to the theme of mistakes, where we created a moral obligation, or more precisely an ethical obligation, for a professional to take part to all the mistake- and risk-prevention and –management activities in health-related professions.

Taken together, such ethical guidelines shape a very strong orientation toward modern governance of health structures. Moreover, we must not forget that we traced a path of meaning regarding the great bioethical questions, most specifically regarding the ethics of the final period of a person's life: beginning by denying the ethical permissibility of euthanasia, we were able to state a rejection of therapeutic excesses, but at the same time we also rejected the notion of "therapeutic forsaking". This was done in order to give certainties and references to the overarching principles of benefiting and respecting a patient's autonomy, which are the principles that characterize the modern medical ethics.

Also concerning clinical governance, in spite of the promises formulated by Health Minister Turco before and after November 2006, the ministerial project regarding clinical governance has not yet been launched in Spring 2007.

Bianco's chairing of FNOMCeO is characterized by great activity, which brought to the drafting (shared by all the medical trade unions) of three important documents:

- A) concerning the reform of the Professional Orders,
- B) concerning CME
- C) concerning the relationship between physicians and the pharmaceutical and technological industries.

The impact of documents A) and B) on Minister Turco was strong, since it was the first time that all the medical trade unions (both covering hospital structures and the territory) share a common suggestion on such important topics. Aside from the final choices, a certainty remains: on such vital topics, the physicians claim the uniqueness of their role and remind the political word that it cannot decide on our profession without our consent.

As for document C) (The relationship between physicians and industry) there was a "strong proposal by FNOMCeO" aimed at stressing:

- the ethical aspect of the health market
- the ethical aspect of the physician/industry relationship
- the need for new rules and contact points between the different ethical codes (the industry's and the physicians') for obtaining real transparency,
- the creation of a multilateral observation organ called INFORMA (an acronym from the words for information, training, research and management) which shall be able to select training events, to draft behaviour codes and to give a "quality label by FNOMCeO" which indicates the ethical coherency of a sponsoring.

This proposal was welcomed by the pharmaceutical industry

### **State of Unrest and Strike on 4<sup>th</sup> May 2007**

The lack of response (28<sup>th</sup> January and 27<sup>th</sup> February 2007) by the Government, Regions and Minister Turco (23<sup>rd</sup> March 2007) to the criticisms from the managing segment of the health professionals has forced the Inter-trade-union organism of the said segment (for the medical veterinarian, health and administrative sectors) to declare first a state unrest and then a strike on 4<sup>th</sup> May 2007.

The main highlighted criticisms that are the reason for this protest actions are:

- a) the renewal of the national work contract, which expired 16 months ago,
- b) the end of the possibility of practicing in private studies, that is, the so called enhanced *intramoenia*, (that is, the possibility of being treated as a self-paying patient by a doctor

of the patient's choice within a hospital, *translator's note*), on 31<sup>st</sup> July 2007, without a certain and written commitment of its prorogation (be it clear or implied),

- c) Temporary jobs in the medical field (11% of the physicians has temporary job contracts and is underpaid);
- d) Social security integrations (They forgot the public management segment in the law provisions regarding pensions!)