



**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 ΙΑΤΡΩΝ 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 BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 11-074
Title:	National Report Italy
Author :	FNOMCEO
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	27 May 2011

AEMH PLENARY SESSION, MONTREUX, 28 MAY 2011**ITALY****FNOMCEO REPORT****(FEDERAZIONE NAZIONALE DEGLI ORDINI DEI MEDICI CHIRURGICI E DEGLI ODONTOIATRI)**

The Italian delegation will focus its report on the following issues:

- 1) Data on public and private hospitals and medical hospital personnel;
- 2) *Compliance with the guidelines does not relieve the physician of its responsibility towards the patient* (sentence of the Supreme Court of Cassation, 8254/2011);
- 3) Conciliation in the Health Service sector;
- 4) Decree Law on clinical governance: amendment proposed by FNOMCeO;
- 5) Human resources issues raised by the National Health plan for the period 2011-2013

1) DATA ON PUBLIC AND PRIVATE HOSPITALS AND MEDICAL HOSPITAL PERSONNEL**Tab. 1: Public and private hospitals 2008 (Source: Ermeneia on Ministry of Health's data)**

Public Hospitals	Private Hospital	Total
645	541	1.186

Tab.2: Hospital bed capacity (2008)

Public Hospitals		Private Hospital	
Hospital bed	% on total	Hospital bed	% on total
171,823	78.5	47,179	21.5

Tab.3: Medical Hospital Personnel

Doctors and Dentists	Public Hospitals		Private Hospital	
	2004	2008	2004	2008
	87,298	93,802	11,717	11,254

Medical Hospital Personnel

Official figures published in the latest annual report of the Ministry of Health (2008, latest figures available), confirmed a sharp increase of the medical personnel in the public hospitals (from 87,298 in 2004 to 93,802 in 2008) due largely to the creation of new hospitals, but also to the decrease in medical staff recorded in 2004 (baseline year).

Instead, with regard to the private hospitals there has been a slight decrease during the same period (from 11,717 in 2004 to 11,254 in 2008).

2) COMPLIANCE WITH THE GUIDELINES DOES NOT RELIEVE THE PHYSICIAN OF ITS RESPONSIBILITY TOWARDS THE PATIENT (SENTENCE OF THE SUPREME COURT OF CASSATION, 8254/2011)

The Court of Cassation Sentence n.8254, March 2, 2011, annulled the acquittal of a doctor from the charge of manslaughter of a patient discharged nine days after an open heart surgery. The doctor, according to the criteria of the guidelines adopted by the hospital, resigned the patient because he was "stable and asymptomatic." That same night, however, the man died of cardiac arrest.

The doctor had previously been acquitted because he followed the hospital guidelines on patients' discharge.

The Court of Cassation Sentence stressed the principles of medical practice and the autonomy of the physician in order to ensure the fundamental right of patients to be treated.

"Compliance with the guidelines, therefore, (...) nothing can add or take away from the patient's right to obtain appropriate medical care and does not relieve the physician of its responsibility towards the patient".

Faced with the possibility that these guidelines could be in some cases "an instrument to ensure the cost-effectiveness of the hospital management," and a safe conduct to cover the responsibilities of the physician, the Court of Cassation Sentence is a strong reminder to consider the right to health as a priority: "No one is allowed to put the economic logic before the health protection, or to push into the background the needs of the patient. (...) The doctor (...) has the duty of putting the health of the patient before any other requirement (...) he is not required to comply with these guidelines if they are in conflict with the demands of patient care."

This sentence underlines the fact that the guidelines can be a tool to guide decisions in the organizational field, but can not direct a clinical choice.

3) CONCILIATION IN THE HEALTH SERVICE SECTOR

On March 21, 2011 came into force the legislative decree 28/2010 and the implementing decree 180/2010 on the conciliation of civil and commercial disputes". The objective of this law is to limit the recourse to civil judicial proceedings, in order to reduce the times and costs for the resolution of controversies.

Article 5 of this law indicates that anyone wishing "to engage in legal proceedings for a controversy connected with compensation for damages deriving from a medical responsibility must initially take part in a mediation process (...). The mediation process is a condition for the acceptance of the request for judicial proceedings"

Article 19 of the law prescribes that "The Councils of the Professional Associations can establish, for the matters of their competence, (...) special bodies ", which means bodies in charge of helping the parties to reach an agreement.

For this reason, the FNOMCEO is working together with law experts to produce a set of regulations for the conciliation body, to be evenly implemented across the branches of the Associations. FNMOCEO is also working to create a training school for mediators on medical responsibility.

4) DECREE LAW ON CLINICAL GOVERNANCE: AMENDMENT PROPOSED BY FNOMCEO

At the Chamber of Deputies it is currently under discussion a proposal for a unified text on clinical governance. The proposal aims to redesign the clinical governance and to improve the NHS' efficiency and functionality by enhancing the role of doctors in the managerial choices and by a greater transparency and fairness in the system of evaluation and selection of human resources.

The FNOMCeO proposed to amend the text by inserting the following article as a logical and essential premise to the text:

Art. 1, 1:

"Medical and health activities are aimed to protect the health of citizens and of the community.

These activities are performed according to the principles of autonomy and direct responsibility of doctors and health professionals within their specific **competences**.

The rules related to organizational and managerial requirements of healthcare services entrusted to the health professionals can not limit in any way the principles of autonomy and responsibility.

In particular, these requirements can not, under any circumstances, affect the diagnostic and therapeutic choices of the physician, who must always act to the best of his knowledge and beliefs.”

5) HUMAN RESOURCES ISSUES RAISED BY THE NATIONAL HEALTH PLAN FOR THE PERIOD 2011-2013

The scheme of National Health Plan for the period 2011-2013, approved in January 2010 by the Council of Ministers in its preliminary form, highlights some critical issues in the human resources field. It is estimated that 17,000 doctors will reach the retirement age in 2015. Only part of them will be replaced, due to staff cuts for the economic crisis and to the lack of reinforcements.

The gap between retirements and new recruitment will tend to widen for the shortage of new professionals trained by the Specialties Schools, considering the prolonged duration of the courses as a result of European Directive 2005/36, which came into force in Italy in 2007. The 5,000 contracts financed by the State are insufficient and it is necessary to increase the financial resources for the training of specialists .

The imbalance between real needs and workforce planning is a phenomenon that is getting worse because the number of places in Specialties Schools is not adapted to market needs. Some specialties suffer from a chronic shortage of students, such as surgery and anesthesia, for the risk inherent in the professions that encourages students to opt for other specialties.