



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
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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  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΙΧΝΙ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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This year in France was characterized by mixed feelings. Following the election of François Hollande as President of the Republic, a new government announced its will to amend the previous law on hospitals that yielded a pre-eminence to hospital managers, reducing the power of physicians. Many reports, meetings, announcements and working groups have been established in 2014 but with so far little or no active decisions in practice, thus disappointing physicians.

The general feeling of all hospital professionals is now that the “diagnostic” part of the process is over and that we need active and direct “therapeutic interventions” for the sake of an appropriate hospital management. The ministry of health, Ms Touraine, has announced that a comprehensive Health Law will be presented next month and should be discussed in the Parliament in early 2015. Its main points will be to focus on the value of the determinants of the public health care system with a special attention for accessibility of health care, a proper understanding of the benefits of prevention (compared to a pure therapeutic approach of medicine), the relevance of establishing health care networks between/within hospitals (both public and private) and general practitioners. The ultimate goal is also to reduce costs and a total of a reduction of 10 billion euros in health care spending are expected. Considering the actual level of reduction in investments, innovations and hospital debts, such a goal seems difficult or impossible to reach for many specialists.

Still, other hands-on subjects need a special scrutiny for the coming year:

- the establishment of a proper equilibrium in the balance of power of decision between hospital managers and physicians is still lacking, with the risk of a prolongation of an authentic institutional crisis within hospitals;
- an attention to the severe upcoming demographic crisis for the years 2015-2020, i.e. between the retirement of the post WWII “baby-boom” generations while an increase in the number of graduates will only begin to rise again in 5 to 7 years;
- a preservation of the local working conditions of hospital physicians, with a special attention to maximum working hours within a week, according to the social advances gained through the European process of the Directive on Health care;
- the link that needs to be established between proper working conditions at work and specific factors for painfulness linked to working conditions, reducing the drudgery of

work. These are present, but not limited to on-call specialists and might fruitfully benefit from an integrated European approach, potentially lead by AEMH.