



SECOND TOLEDO DECLARATION

11TH MEETING OF THE IBERO-AMERICAN FORUM OF MEDICAL ENTITIES

Having gathered in Toledo, Spain, representatives from the medical organisations of Latin America, the Caribbean, the Iberian Peninsula and Vatican City, grouped in the Ibero–American Forum of Medical Entities (FIEM), analysed issues relevant to medical practice and public health from a perspective of medical professionalism, with the central issues being the state of health systems and the risks to which they are subject, the challenge of access to health care and the excessive prices of innovation in medicines and new technologies in the world, the ethical and deontological aspects regarding social networks and artificial intelligence in health care, machismo and new forms of gender violence, the challenges for Ibero–America with regard to continuing medical training and the factors that determine the dehumanisation of care in medicine today.

Accordingly, and as a way of encouraging quality medicine, suitable care for citizens and a legitimate defence of the medical profession, the 11th meeting of the FIEM, hosted in Toledo from 9–12 May 2018, declares and recommends the following to its organisations:

HEALTH POLICY: STATE AND RISKS OF PUBLIC HEALTH SYSTEMS

The health system, the related policies adopted by governments with regard to the care model, its objectives, manner of organisation, funding and management of resources available (structural, human and economic resources), in addition to results in terms of health, are, among other diverse factors, a few of the determining health factors for populations. These “determinants of health” are understood as the set of personal, social, political, economic and environmental factors that determine the state of health of individuals and populations (WHO, 1998).



The eminently public nature of the health system must be safeguarded. It is necessary to guarantee the health system maintains its universal nature and, at the same time, increase efficiency in the spending and quality of its features, as well as incorporate the services derived from new population needs.

As it is essential to increase system funding, under sufficiency criteria that addresses the new social and health needs of the population, it is imperative that investment be made in public health, that capital proportional to the gross domestic product that is at least the recommended average be allocated, and, in relation to countries with similar socio-demographic characteristics, that technological development, research and good management allowing for the optimisation of the system's human and material resources be supported, therefore promoting a culture of transparency, accountability and anti-corruption.

Furthermore, it is necessary to provide training and update the knowledge of health workers at different care levels, generating training and learning environments that lead the way in reducing the technology gap and, consequently, reinventing the educational training system for human resources in health by using validated health models as a reference point, and generating societies of knowledge that enable the health policies that the health system requires to be applied.

THE CHALLENGE OF ACCESS AND THE EXCESSIVE PRICES OF MEDICINES IN THE WORLD

The World Health Organization considers equal access to safe, accessible medicines to be of vital importance for the population to enjoy the maximum level of health that may be achieved. Access to medicines may be a question of life or death but it is also fundamental in terms of quality of life and personal dignity.

Fair access to medicines in all countries is increasingly conditioned by other aspects that are the responsibility of the public powers and policies of states, such as situations of poverty, failure to have a public health system in place and social services with universal coverage, and abuse of intellectual property laws and medicine patents.

Universal access to medicines in suitable conditions, and specifically to essential medicines, is not merely a political decision, rather it must be treated as a good of public interest, within the scope of human rights and personal dignity.

The progressive increase in the price of medicines is an issue that concerns many authorities, physicians, patients and researchers. Measures must be implemented to alleviate the cost for medicines. These could include, for example, regulation of co-payments or the centralised purchase of medicines on a national or even supra-national level, particularly for high-cost medicines.



Patents, which constitute a monopoly that is granted to a company for a set period of time for commercialisation, are designed to protect innovation but they must not permit speculation or abuse of patents over the need to preserve the population's health. The patent system must be urgently reviewed and reformed.

The ethical dilemmas that may arise before the mutual relationship between the physician and the pharmaceutical industry in research, in providing assistance to continuing training, or in the scope of new technologies and medicines – in terms of transparency and declaring conflicts of interests, if applicable – must strictly comply with the standards outlined for this purpose in our national medical codes of ethics and deontology, medical ethics guides, and the Latin Ibero–American letter of identity and principles of the medical profession.

Specifically, a work group will be created to tackle this issue within the CONFEMEL area in order to continue work and be assessed at the next Assembly meeting, which is scheduled for November 2018.

SOCIAL NETWORKS AND ARTIFICIAL INTELLIGENCE IN HEALTH CARE. ETHICAL AND DEONTOLOGICAL ASPECTS

Development in health technology, in addition to advances in the ways we communicate, obtain and share information, are evolving at an increasingly rapid pace.

These health technologies, applied to public health, may lead to very clear benefits for administrations, the population and patients, for example, via telemedicine centres with the chance to receive medical intervention and service from other health professionals remotely.

Artificial intelligence (AI), as a key element in health technology, will serve to standardise patient analysis via prior experience and the data available (Big Data). Robotics has also allowed for developments in terms of reduced morbidity related to surgical and diagnostic techniques and it is also experiencing logarithmic progression. Although with many of these aspects we are still some way off being able to use them to their full potential, the opportunities that lie ahead clearly indicate an imminent change in paradigm.

The standards contained in national medical codes of ethics and deontology and in the Latin Ibero–American letter of identity and principles of the medical profession regarding good medical practice, confidentiality, safety, medical data processing, respect for privacy and medical secrecy will apply to medical communication through social networks, telemedicine and other AI applications.

All medical entities represented at this 11th FIEM Meeting wish to declare, beyond technological developments and AI applications in the scope of health, their commitment to the humanistic side of the medical profession and defence of a quality medical act where the doctor–patient relationship is preserved over any other consideration.



MACHISMO AND NEW FORMS OF GENDER VIOLENCE: MORE VICTIMS, MORE LIVES

Gender violence is a major public health problem that affects women at all stages of their lives. It must be considered and integrated within all countries as a state issue in defence of individual and collective rights, gender equality and personal dignity.

Women continue to be the more vulnerable group, and the likelihood of this increases if they are from a rural area, particularly deprived zones, or regions of limited economic status and predominantly macho cultures. Violence suffered at the hands of their partners is the most common form of violence against women. Less than 40% of women who suffer violence seek assistance or help.

Within medicine and health, there is a growing female presence with an increasing percentage of women in the workforce. However, this is not reflected in roles of responsibility and representation of the profession in all areas.

The medical entities at this forum shall study and launch specific options and measures that enable this issue to be tackled.

It is within the close, trusted space of the doctor–patient relationship that is continued over time where victims of violence and/or abuse dare to share their situation. As the closest and continuous point of entry to the health system and care service for the population, primary health care is the most favourable care level for women who dare to share their experience of gender violence and/or abuse.

The national Latin Ibero–American medical entities declare their firm commitment to favouring and facilitating the coordination of measures against gender violence among the components of the medical care system, criminal justice system, police authorities, family and juvenile courts, and victim service organisations. They shall also encourage and support programmes aimed at increasing public awareness and educating the community.



Promoting the exchange of experience and best practices learned between Latin Ibero-American countries in the fight against gender violence is also a commitment of the medical entities that comprise the FEM and this must materialise via the effective creation of an FEM gender violence observatory.

CONTINUING MEDICAL TRAINING. CHALLENGES FOR IBERO-AMERICA

The practice of medicine is dynamic and in a state of constant evolution; new developments in technology continuously emerge and new discoveries are regularly made in the fields of diagnosis and treatment. For these reasons, professional practice and medical teaching are a continuous learning experience that begins with admission to medical faculties and ends with the professional's definitive retirement from the practice of his or her professional activities.

Expansion of medical knowledge, free of conflicts of interest, is among medical entities' essential tasks.

The European Union of Medical Specialists (UEMS) created the European Accreditation Council for Continuing Medical Education (EACCME) with the aim of helping European medical specialists to accumulate CME credits by attending international meetings and training activities approved/accredited by national accreditation organisations to avoid process overlaps.

Via a new digital platform, the new Consejo General de Colegios Médicos de España (CGCOM)-UEMS agreement enables UEMS accreditation of online and in-person courses in the language of the CONFEMEL environment.

Creation of a UEMS-Spain/Portugal/CONFEMEL work group is proposed to study the most suitable mechanism that would allow for the expansion and accreditation of Ibero-American medical knowledge through this new platform with the guarantee of the UEMS.

FACTORS THAT DETERMINE THE DEHUMANISATION OF CURRENT MEDICAL CARE

In medicine, humanism is a fundamental aspect in the relationship of trust between the physician and the patient, which must be preserved, and it is an excellent, essential complement to the purely technological and scientific focus of the medical act and actions.

The medical profession is threatened by relativization of its traditional values, dazzled by science and technology.

Technological and scientific progress, as spectacular as it may be, must be subservient to man and his values and principles, not the other way round. As such, the role of the physician in interpreting and applying this suitably to the patient, nurse and human being takes on new relevance.



Medicine must play an integrating role, for which reason the physician must not settle for making a diagnosis: he or she must also take an interest in the suffering the illness causes the patient and in the personal, family and social consequences of the illness. This must be the case for each and every illness. It is about always viewing the patient as a person.

In this context, it is notable how the appearance and progress of evidence-based medicine (EBM) is often perceived as separate from patient-centred medicine when in fact they have always been complementary and when they must be focused on and exercised collectively in a biomedical context and a context of clinical practice.

The medical entities included within the FIEM declare their commitment to the humanistic side of the medical profession and defence of a quality medical act where the doctor-patient relationship is preserved over any other consideration. In addition, this commitment extends to applying science in a manner that is respectful of the patient as an individual and that fully considers his or her values, preferences, cultural history, context, fears, concerns and hopes.

Toledo, 12 May 2018