Assuring a sustained and respected corporate identity of the UEMS

Start with what is right, Not what is acceptable...
Franz Kafka

We would strive to assure continuous participation to development of the highest possible quality of health care services and at the same time also protected professional autonomy of medical specialists in Europe...

Dr. Zlatko Fras
President

Summary:

• Future Physical Agents Directive will limit exposure of operating staff to electromagnetic fields
• Guide on EU-funded research projects in biotechnology
• On decision of the UEMS Executive, the March Council meeting will be postponed until Saturday 18th March 2006

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I am very much sure that only UEMS can serve as the appropriate trans-national, pan-European, as well as the most comprehensive professional body (covering nearly all the existent medical specialties) to assure high enough quality common standards within this field. In my opinion, only reaching a consensus at the level of our Council (where all the professional Sections & Boards are also appropriately and regularly represented over the last few years), could provide a safe and trustworthy framework of standards for further promotion of the free movement of specialist doctors within the EU.

Having in mind an overview on the whole tree of the UEMS organizational structure, with all the National Medical Associations (members of the Board & Council), numerous professional Sections & Boards, as well as joint projects and/or formal bodies for cooperation with either other professional and/or scientific medical organizations in Europe as well as in United States (i.e. in EACCME) – it is sometimes close to ‘miraculous’ to have all this in appropriate and stable mode of continuous functioning. In this respect, we will certainly do our best to strengthen the cooperation and to enhance the efforts of those numerous European specialists, who besides their routine clinical practice, are spending in many associations, societies, federations - all devoted to science, better professional knowledge and training (trough CME/CPD), autonomous status of the profession, etc.

I hope that all the members of the ‘new team’ will fulfil the expectations of those members of the Council who voted for us in October 2005. By their majority votes, to my mind, they had expressed also their general belief that we could manage successfully the task of appropriate representation of the medical specialist profession in all the member states of the EEA and wider, to the EU institutions and any other authority and/or organization dealing with questions directly or indirectly concerning the medical profession in Europe, as well as to face and take any other action which might further help towards the achievement of our mutual objectives of the UEMS.

To celebrate appropriately in 2008 our 50th Anniversary of this organization should also be set among our priorities. Nevertheless, the proper remembrance to all the past crucial achievements that has and achieved such a highly respected position within the European medico-political reality, could also serve to open some new perspectives and/or horizons, both within the organization itself as well as facing to the outside environment.

Members of the new enlarged UEMS EC are preparing a General Strategy of activities for the new mandate, which will serve as a basis for the creation of some of the very concrete and more detailed Action Plans for different areas of interest for the organization. I hope it will be prepared so that it can be presented to the Council during the Budapest autumn meeting at the latest. Trying not to be too poetic, but realistic to the end - and with all due respect to the professional ethics of all of our individual medical specialist members - I am and will stay truly convinced that the single richest source of the real UEMS corporate power is simply related to devoted and considerate work of some of the highly responsible members of the ‘brotherhood’; in every Member State as well as every other single part of the organization... I personally, as well as the other members of my close team, will surely do our level best not to lose that dedication.

However beautiful the strategy, You should occasionally look at the results... 

Winston Churchill

Dr. Zlatko Fras
President of UEMS
Concerns of the medical profession towards EU Directive on physical agents

A EU Directive on the minimum health and safety requirements with respect to the exposure of workers to the risks arising from physical agents (electromagnetic fields) was passed in 2004. Once into application (by 2008), this Directive will put limits on exposure of operating staff to electromagnetic fields from 0 to 300 GHz. This limit to be imposed is 100 times lower than that considered to be minimally safe for patients undergoing magnetic resonance imaging (MRI) scans.

Medical experts already see this legislation as overly cautious. Concerns were notably raised that this new law would mean that pioneering advances will be banned and patients will not be given the best treatment. The incorporation of these limits into law is likely to make many MRI procedures illegal throughout Europe and would at the same time close off development in a field with tremendous clinical potential.

Even though experts have always been aware of the potential side effects and theoretical risks with the use of MRI scans, no obvious health risks among operators or patients have been noted since their introduction a few decades ago.

Despite this lack of evidence, research into interventional MRI would become illegal once the Directive is implemented. Moreover, Doctors would need to rely more on X-ray examinations universally accepted as having demonstrable unwanted side effects. MRI scans currently carried out on children with mild sedation would also need to be done under general anaesthetic as parents and nurses would not be allowed to accompany and comfort children during the procedure and it will make it more difficult to provide appropriate care for anaesthetised, monitored and anxious patients.

Some experts also stated that this piece of legislation could lead to a medical brain drain to the US where the rules are less strict. US safety limits as set by the Food and Drugs Administration are 1,000 times higher than the levels proposed by the EU. As this outcome is totally unsatisfactory, practical consideration should be given into how the Directive should be implemented at the national level in a proportionate and appropriate manner.

The Executive of UEMS requested the opinion of the Section of Radiology and is currently looking into the most appropriate approach to lobby decision-makers at the European and national levels.

EU support to new developments in biotechnology

The European Commission recently presented “100 Technology offers stemming from EU Biotechnology RTD results”, a catalogue of biotechnology developments arising from EU-funded research projects over the last 10 years.

This guide aims to put researchers and companies in contact, hopefully leading to new and innovative products and processes based on this research. Examples featured in the catalogue notably include applications for biopharmaceuticals and biomedical technologies to support medical diagnosis and therapy.

For further information, please consult the following website:
Decision by the Executive of UEMS to postpone the meeting of Council by one week

The Executive of UEMS, convened in Brussels on 20th and 21st January 2006, decided to postpone the March Council Meeting by one week, i.e. until Saturday 18th March 2006.

Although the dates of meetings were commonly agreed between the European Medical Organisations several years ago, the Standing Committee of European Doctors (CPME) settled its meetings for 2006 on the same days as UEMS. As several delegations would have problems in attending two meetings on the same day, the UEMS Executive took the difficult decision, as a sign of good will towards the national delegations concerned by this problem, to postpone the March Council Meeting to Saturday 18th March 2006.

The Executive would though like to apologise to any delegations for which this causes any inconvenience, but this decision was deemed to be needed in order to avoid deleterious choices for the medical profession. UEMS looks to the CPME to reciprocally help with their Autumn meeting.

If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.