

**EANA MEETING IN BUDAPEST, HUNGARY, NOV 28-29, 2008**

**PRESENTATION OF ASPROMEL, SPAIN'S FIRST PROFESSIONAL  
ASSOCIATION OF DOCTORS IN FREE PRACTICE  
BY ANDRÉ BOLLIGER M.D. CHAIRMAN OF ASPROMEL**

Dear Chairman of EANA, dear colleagues, Ladies and Gentlemen,

It is a pleasure and a historical moment for us, members of the Board of ASPROMEL, Spain's first Professional Association of Doctors in Free Practice, to be present today at this European Meeting. We have been kindly invited by Dr. Pruckner to assist to this meeting as observers, while we are awaiting to be admitted as official members of EANA and I'd like to express you all our gratitude.

Let me present you our young Association ASPROMEL which means : Asociación Profesional de Médicos de Ejercicio Libre ) :

Towards the end of 2004 different voices arose from the section of free practice of the Official Medical College of Madrid, to constitute an independent professional organization of doctors in free practice, whose objectives should be, on the one hand, the restitution of the dignity of medical profession, very devaluated since the implantation in the 1980's of the model of NHS, nationalizing de facto the medical profession, absorbing and reducing the health professionals to mere civil servants, and on the other hand, to assume all those competences in matter of justice and law, which the general medical college can't assume.

During 2005 and part of 2006 continuous efforts were made to confront, evaluate and integrate different projects, which permitted eventually , in April 2006, to constitute the new Association.

During the period of 2006 and 2007 the main objective was to promote and consolidate the association and to develop its activity inside the borders of the Autonomous Community of Madrid. During these years colleagues from other Autonomous Communities applied for Membership of the association, which was not possible. We were getting growingly aware that we needed a wider range of action, that we needed to transform our association from an autonomic in a national one, and that we needed European contacts, integrating the association into a European platform or network. This last step was done this summer 2008. ASPROMEL is now the first nationwide professional association of doctors in free practice of Spain, and that opened us the best way to apply for membership in EANA.

We are still a new-born and therefore little Association, but although it is difficult to have precise datas, knowing that a big part of doctors are working in the public as well as in the private health sector, we estimate that our Association represents the interests of about 6 - 7'000 doctors only in Madrid's Autonomous Community and about 40'000 doctors nationwide, who work part- or full-time in private practice.

One of our main problems is the fear of many colleagues, who had accepted to work for Insurance Companies in highly unfair conditions, to join our Association, because they had been menaced to be definitely rejected by the companies. As an example of these highly unfair conditions I give you some rate of medical act : 8,20 € for a consultation in General Medicine, 6 € for the first and 3 € for the following consultations for pediatricians which are considered as non specialists, 17 € for the first, and 9 € respectively 7,50 € for the following consultations in Psychiatry resp. Internal Medicine, 130 € for an appendicectomy, 240 € for a gall-bladder surgery and so on.

On the other front, for those colleagues who work at the same time in the NHS the public health care provider inflicts heavy indirect penalties, for working in the private sector.

Another major problem is political indoctrination during the last decades, that the NHS is identical with the Spanish Health System, monopolizing and usurping the Spanish Health System and marginalizing the private health sector.

A third major difficulty is the poor interest and therefore poor available information about other European Health Systems. Nevertheless young doctors are increasingly willed to search better work conditions outside of Spain, and to this day about <sup>8</sup> 12000 doctors have left Spain, mainly for other European Countries, especially France, Sweden, Germany and the U.K.

And last but not least the well- known difficulties doctors have to build strong Associations to stand up solidarily for their common interests.

But beyond that, regardless of the health sector, the major challenge today and still more in the future will be for all of us, Health Professionals, to counterbalance the increasing economic pressure from health financing public or private third parties, with ~~of~~ a highly professionalized medical as well as economic know-how, which we will execute by means of our national and European Professional Associations.

To resume, ASPROMEL is a free and independent organization of graduates and Doctors of Medicine, members of Official Colleges of Medicine, strictly professional, and not syndicate, nonprofit, corporate and of cultural and scientific character. Its objectives are defending legal, academic and constitutional rights of the Professionals of Medicine as well as promoting and supporting free initiative and free exercise of medical practice, contributing thus to a more functional Spanish Health System.

Now we hope, dear colleagues, you do approve our application to full EANA Membership.

Thank you very much, Ladies and Gentlemen.

**EANA MEETING IN BUDAPEST, HUNGARY, NOV 28-29, 2008**

**PRESENTATION OF THE SPANISH HEALTH SYSTEM**

**BY ANDRÉ BOLLIGER M.D. CHAIRMAN OF ASPROMEL**

Dear Chairman, dear Colleagues, Ladies and Gentlemen,

On behalf of the Board of Aspromel, I thank you very much indeed to give us this precious opportunity to talk to you about our country, Spain, its Health System and the difficulties we meet actually in the different health sectors.

But before I shall present you a short overview of the Spanish Health System in general and of the private sector of medicine in particular, let me address some words to my friends and members of the Board in Spanish, knowing that some of you surely understand the language of Cervantes.

*Estimados miembros de la Junta Directiva de ASPROMEL, queridos amigos ,  
es un placer y un verdadero momento histórico para nosotros y para la medicina  
en ejercicio libre de España, estar hoy aquí reunidos con nuestros colegas europeos.  
Para mi personalmente es un honor, poder solicitar, <sup>als</sup> en función de presidente de  
ASPROMEL, la integración de nuestra Asociación a EANA. Además es un honor  
especial, porque siendo de origen suizo, me habéis elegido presidente y representante  
de la primera Asociación Profesional de Médicos en Ejercicio Libre de España.*

*Intentaré desde mis 30 años de experiencia profesional en Suiza, país co-fundador de EANA y país, donde la medicina es ejercida globalmente en ejercicio libre, aportar mis conocimientos en la materia, al contexto español, un contexto en cierto sentido opuesto al suizo. Pero de todos modos , ni en Suiza, ni en España, ni en otro país europeo podemos actualmente movernos solos. El ejercicio libre de la Medicina y la dignidad de nosotros, los médicos, precisan una ilusión y un esfuerzo común, y por eso estamos hoy aquí en Budapest. Gracias amigos.*

Now, first I'd like to present you our country: Spain is composed by the peninsula Territory, the Balear and Canary Islands and the two autonomous towns on African soil, Ceuta and Melilla. Its surface is the third largest in Western Europe and its population is about 46 million people. We have four main languages, castilian, catalán, galician and basque, being the castilian the predominant and for many years considered the only official one, so that everybody speaks it perfectly. What internationally is identified as Spanish is the Castilian language. Spanish and Castilian are used as synonymes.

Spain is since the 1970's a parliamentary monarchy. A general election in 1977 convened the Constituent Cortes, the Spanish Parliament, in its capacity as a Constitutional Assembly for the purpose of drafting and approving the Constitution of 1978. The Spanish State is made up of the Central State and 17 highly decentralized regions, the Autonomous Communities, with their respective governments and parliaments, and the two autonomous Cities, Ceuta y Melilla.

Spain is the eighth largest economy in the world and the fifth largest in Europe.

The country has one of the lowest fertility rate in Europe, life expectancy for women is about 83 years, for men about 76 years.

The basis for the current organizational structure of the Spanish Health System was formed during the transition to democracy. The Central Government has the responsibility for promoting coordination and cooperation in the health sector. In 1986 the former insurance-oriented system was transformed by the General Health Care Act into a National Health System, which meant on the one hand general access to medical care, on the other hand, marginalization of private medicine, and as a matter of fact, nationalization of the medical profession, absorbing doctors from the former system and treating them as civil servants. The NHS is financed by taxes, and is of almost universal coverage.

In 2002 the decentralization reform was completed, and actually all the Autonomous Communities organize their own Autonomic Health System. The Spanish State itself, by means of the Governments of the Autonomous Communities, is provider of Health Care Services as well as Insurance Company to finance these services. The health care expenditure is about 7.4 % of gross domestic product.

The Central Government, by the Spanish Ministry of Health and Consumer Affairs is responsible for certain strategic areas, for the general coordination, basic health legislation, definition of a benefits package guaranteed by the NHS, international health, pharmaceutical policy, undergraduate and postgraduate education, whereas the Autonomous Communities hold their own health planning powers and their capacities to organize their own health services in their regions.

The Interterritorial Council of the NHS ( CISNS ) composed of representatives of the Autonomous Communities and the State promotes the cohesion of the system.

As told before, the health policy-making power lies at regional level. All Autonomous Communities have drawn up a health map, stipulating territorial subdivisions in health areas and zones. Each health area is responsible for the management of facilities, benefits and health service programmes within its geographical limits, should cover a population of no fewer than 200 000 and no more than 250 000 inhabitants. The basic health zones are the smallest units of the organizational structure of health care. They are usually organized around a single Primary Care Team.

General Practitioners receive a salary plus a capitation component. All specialists working at hospitals and in ambulatory settings are salaried. Hospitals in the NHS are funded through a global budget, set against individual spending headings.

Systematic evaluation of the impact of health care reforms upon health outcomes are lacking. There are no evidence-based evaluations. Planning of human resources in health care has big deficiencies owing to human resources policies being oriented towards short-term issues. The NHS has growing difficulties to find young doctors, although from Spanish Universities a sufficient number of fresh graduated young doctors are available. But they increasingly prefer to emigrate which is an economic loss for the country, and vacant places have to be filled in with young doctors from overseas, with no control nor guarantee over their level of professional training and education.

Economic pressure, extreme work load (up to 120 patients in 2 hours of consultation in primary health care), with its following burnout syndromes in health professionals, extremely long waiting lists and waiting times for patients, and a general lack of



coordination, with its consecutive high number of emergency hospital admissions, contributed that parallelly to this NHS emerged an insurance company rooted sector of private health care. There are actually about 40 – 50 private insurance companies nationwide, organized in an association ( the UNESPA ). An important part of the population pays additionally to the compulsory tax-related costs of the NHS, one of these insurance companies.

The companies constitute their own lists of clinics, physicians and specialists and the patients are bound to these lists.

Free practicing doctors can apply to enter the companies' lists, most of them work for a whole series of companies, following the slogan “ the more you have, the more you earn “, sometimes they subcontract young doctors, but the rates paid by the insurance companies per medical act are extremely unfair, they pay late, and sometimes they even don't pay at all. As an example, the rate of a consultation in general medicine is 8,20 € , the first one, and 6 € the following ones. The first consultation for pediatricians, considered non-specialists, is 6€, the following ones 3 €. The first consultation in pediatric surgery 17,52 € , the following ones at 7,03 €. Surgery of an epigastric hernia 45.51 € and so on.

For specialists in dental health they even start to have rates of 0 € for teeth polishing, x-rays of single teeth and for some extractions !

The result of all this is the same as in the NHS, extreme work-load, economic pressure, and burn-out syndrome in health professionals and once more dissatisfaction and frustration in patients.

Only a very small part of doctors work in free practice without any contract with a third party payer, either public or private. They do so, because they have either an old and very good reputation or they work in an international environment. For these

treatments the patient pays out of his pocket, or is reimbursed by his private health insurance company.

What makes this health system highly dysfunctional is the accumulation of political and economic power in few hands. The public health care provider, NHS, considers itself as the only representative health system for Spain, and penalizes health professionals who work at the same time in free practice.

On the other hand, the private insurance companies monopolize the private sector, taking full advantage of the dissatisfaction of health professionals and patients, originated by the NHS, and penalizing them equally if they manifest dissatisfaction or if they claim for fairer contractual conditions.

Between the three sectors (i.e. the public, the insurance rooted and the independent one) reigns complete, absolute and total hermetisme and antagonisme. Prescriptions and medical certificates originated in one sector are not recognized in the other ones. Medical reports, laboratory analysis, x-rays and other imaging documents are not freely available in benefit of the patients healing process, reason for which exams were repeated unnecessarily causing additional costs. Health professionals don't communicate from one sector to the other.

Considering this highly dysfunctional system and the reigning dissatisfaction among health professionals and patients in Spain, I'd like to mention at this point the results of the last two referendums in Switzerland, my other country, where the proposals of a NHS and an insurance rooted health system had been massively rejected, by the population. Our painful experiences with these two systems in Spain give them right.

As professional Association of doctors in free practice in Spain we advocate for a Spanish Health System, where the patient has free choice of doctor, insurance company and clinic, where doctors recover their dignity, their status as free and independent professionals, where the cost of medical treatment is based on a system of reimbursement, and where the Central State by means of the Autonomous Communities integrate the four health sectors ( we didn't mention the mutualities for state salaried servants, Justice, Army and State Administration ) to a really Spanish Health System, where nobody monopolizes nor usurps the place of the other, and where health professionals have free access to colleagues and patients' medical records independently of the health sector where they work.

On a European level ASPROMEL wants to contribute to improve the harmonization of the existing health systems, to develop new European models and to guarantee and improve international networking in benefit of our citizens's health, science and research.

Thank you very much, Ladies and Gentlemen, for your attention.