



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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## **AUTONOMY of MEDICAL SPECIALIST PRACTICE DECLARATION**

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*Economic and bureaucratic pressure from government and other large-scale institutions in curative medicine threaten the autonomy of the medical specialist in the day to day management and treatment of the patients who have asked for his/her medical assistance. The medical specialist should be free to give his/her patient the most appropriate medical care without outside constraints. Therefore he/she should be in a position to provide state of the art medical care. This applies both to specialists in private practice, who receive their remuneration directly from their patients or their insurance, and to specialists in salaried positions, where the remuneration goes to the employer and the employer pays the salary. Frequently the medical specialist has a mixed practice, partly salaried, partly private.*

In order to facilitate the free movement of medical specialists in the European Union and in the face of varying economic and structural pressures in the European Union member states on the relationship between the specialist and the patient, a set of principles concerning the autonomy of medical practice and applicable to all medical specialists must be adhered to within the Union.

### **1. TYPE of SPECIALIST MEDICAL PRACTICE**

All medical specialists should be able to choose freely their method of practice, whether it be in full time salaried employment or in purely private practice or as a combination of the two.

### **2. QUALITY of SPECIALIST MEDICAL PRACTICE**

The quality of health care in the practice of the medical specialists should be independent of the system or remuneration of the medical specialists, either by fee or by salary.

### **3. QUALITY CONTROL of SPECIALIST MEDICAL PRACTICE**

Professional quality standards in specialist medical practice should be maintained by peer review.

### **4. AUTONOMY of SPECIALIST MEDICAL PRACTICE**

In the choice of management and treatment of his/her patients, the medical specialist should be independent from outside economic and bureaucratic pressure.

### **5. SPECIALIST MEDICAL PRACTICE within the FRAMEWORK of the SOCIETY**

Without abandoning the autonomy of specialist medical care, the medical specialist is obliged to function within the ethical, social, economic and structural

framework of the society he/she is working in. Private practice should be open to all medical specialists and to all patients within a free market economy.

**6. INFRASTRUCTURE of SPECIALIST MEDICAL PRACTICE**

In order to function properly the medical specialist should have appropriate equipment at his/her disposal for state of the art medical care. In the case of the salaried specialist, the employer has to provide these means; in the case of the specialist in private practice a proportion of his/her remuneration should be earmarked for this purpose.

**7. CONTINUITY of PATIENT CARE in SPECIALIST MEDICAL PRACTICE**

The practicing medical specialist is obliged to provide continuity of medical care to the patients who have asked for medical assistance. This continuity should be provided either personally or in a clear deputizing structure.

**8. INTERDISCIPLINARY TREATMENT**

The medical specialist is obliged to treat his/her patients in an interdisciplinary team when required.

**9. MEDICAL RECORDS in SPECIALIST MEDICAL PRACTICE**

In the interest of the patient the practicing medical specialist is obliged to keep records of the patients under his/her treatment.

**10. AVAILABILITY of MEDICAL DATA in SPECIALIST MEDICAL PRACTICE**

The practicing medical specialist should provide other physicians with all necessary medical data concerning patients who are under treatment of these physicians unless the patient opposes this exchange of information.

**11. REIMBURSEMENT of PRESCRIPTIONS in SPECIALIST MEDICAL CARE**

Public and private insurance schemes of patients should not make distinction in the reimbursement of prescriptions by salaried medical specialists or specialists in private practice.

**12. CONTINUING MEDICAL EDUCATION in SPECIALIST MEDICAL PRACTICE**

In the medical profession Continuing Medical Education is both a necessity and an obligation. The evolution of medicine is so fast that knowledge, which is acquired during basic and postgraduate training, is very rapidly being over taken. Therefore Continuing Medical Education represents a genuine obligation for every medical specialist.

**13. FINANCING of CONTINUING MEDICAL EDUCATION for SPECIALISTS**

In the remuneration system of medical specialists, both salaried and in private practice, provisions should be made for the financing of Continuing Medical Education activities of the specialist concerned.

Independence from outside pressure in the choice of management and treatment of patients remains a cornerstone of quality medical care. Physician and patient together should be free in well-considered and verifiable choices.

London, 29 October 1994

