

tory and ethical provisions existent in each country. Within the same limitations, doctors shall furnish the administration with all the information which is not considered confidential necessary for the preparation of the patient's administrative file.

7.4 Free circulation of hospital doctors in training grades

Statement regarding free circulation of hospital doctors in training grades unanimously

Adopted by the CP Plenary Assembly, Copenhagen, 1/2 December 1978 (CP 79/6)

Standing Committee of Doctors of the EEC urges that the obstacles to free movement of doctors in training grades in the hospitals should be removed with the minimum possible delay, thus fulfilling the request of the Council to the Commission (OJ: C 146/2 of 1 July 1975).

7.5 CP resolution on the HCEEC Charter of the Hospital Patient (1980)

Resolution of the Standing Committee of Doctors of the EEC concerning the Charter of the Hospital Patient of the Hospital Committee of the EEC

Adopted unanimously by the Heads of Delegations, Dublin, 23/24 May, 1980

In relation to the Charter of the Hospital Patient established by the coordinating Committee of the Hospital Organisations of the EEC, the Standing Committee of Doctors of the EEC issues the following statement.

“The rights of the hospital patient do not differ in conception from the principles of the rights of the non-hospital patient as they are set out in the CP Declaration of Nuremburg of 1967. These rights refer to the essential guarantees of the freedom of choice of doctor for the patient, of access to the most appropriate care for the situation in accordance to the established scientific knowledge, of respect for human dignity and in particular of medical confidence and of information.

1. The patient should have the freedom of choice without discrimination, irrespective of the legal status of the hospital.
2. The availability of facilities to be used and in particular facilities for medical treatment should be guaranteed where necessary, taking into consideration the tasks and functions of the hospital and

should not be hindered by restrictive planning of these facilities which would prevent access to care.

3. In relation to the respect of the dignity of the patient, his refusal of proposed treatment should necessarily involve the right to change hospital. Very specific guarantees should be provided to protect patients in an especially vulnerable situation (old patients, psychiatric patients, drug addicts, etc.).
4. Information given to the patient should be objective, competent and as complete as his condition permits. Medical information should be provided by the doctor or doctors attending, with the reservation of the right of the patient to obtain a second medical opinion. As far as the risks are concerned, this information can only concern the risks that can normally be expected”.

8. Salaried doctors

8.1 Definition and Charter of Salaried Doctors

Adopted by the Plenary Assembly of the Standing Committee on the 7th June 1968 in Brussels and completed at the General Assembly of the Standing Committee on the 29/30 November 1968 (CP 200/69)

1. Definition of the term “Salaried Doctor”.

The Salaried Doctor is the doctor attached to an establishment or a public or private institution by a contractual or statutory arrangement with a view to providing under defined condition medical or medical administrative services.

His contract or his agreement determines in particular his terms of appointment, dismissal and remuneration.

This contractual or statutory agreement assures the doctor in all cases, full independence in exercising his skill and must therefore provide practical guarantees to this effect and the right to permit him to carry out his duty in obedience to the dictates of his conscience, scientific and technical rules of his profession, as well as ethical rules.

2. Charter of Salaried Doctors.

Preamble

In order that a Salaried Doctor can practise in accordance with the principles stated in the above definition, a certain number of clauses must be retained by the contract, agreement, collective agreement.

These contracts or agreements should respect the medical deontology taking into account the rules

and procedures peculiar to every country. These procedures concerning this subject include the control by the registration bodies in all countries where such bodies exist. The clauses of the contracts will result in harmonisation between the organised medical profession and the establishments or institutions concerned. Each contract or agreement must contain:

- a) fundamental clauses
- b) clauses of application.

Fundamental clauses

Professional independence is the main aspect of medical activity in salaried form. It must be obligatory that this in particular is guaranteed by:

- 1) the guarantee of respect for professional confidentiality.
- 2) the respect of freedom of decision taking and treatment.
- 3) the impossibility of professional control by a non-doctor.
- 4) impossibility of disciplinary action for professional reasons without the previous opinion formulated by official professional jurisdiction.
- 5) licensing procedures or preadvise and licensing indemnities necessary to ensure professional independence.
- 6) the possibility to organise his services and his work in accordance with his duty.
- 7) functional authority of personnel made available to him.
- 8) possibility of further post-graduate training during paid working time.
- 9) a remuneration commensurate with his services and importance of his social role thus safeguarding the dignity of the profession and forbidding an employer institution making a financial profit on the activity of a doctor.
- 10) the respect of trade union legislation.

II. Clauses of application

- 1) Indexation of remuneration.
- 2) Promotion.
- 3) Detailed information regarding working conditions to allow for a healthy professional environment.
- 4) Adequate social advantages.

8.2 Principles for contracts with salaried doctors

Copenhagen, 1979 (CP 79/140)

In view of the fact that the directives of the Council of 16.6.1975 for the reciprocal recognition of doctor's diplomas, examination certificates and other professional qualifications and for steps to facilitate the ac-

tual exercise of the right to settle in an EEC country and right of free movement of services are also valid for salaried doctors, and together with EEC 1612/68 of 15.10.1968 guarantee freedom of movement to employees and freedom of movement to salaried doctors in the Community and in the recognition that this freedom for the salaried doctor can only be achieved when the doctor can work under appropriate conditions which enable him to fulfill his responsibility as a doctor, in each EEC member country, the Subcommittee on Salaried Doctors of the Standing Committee of Doctors of the EEC recommends, on the basis of the Charter of salaried doctors of 29/30.11.1968 the acceptance of the following guidelines for the drawing up of contracts with salaried doctors.

These recommendations constitute the minimum principles for contracts with salaried doctors subject to national or community provisions which are more favorable.

The minimum employment conditions laid down in these guidelines should also apply to doctors who work within the framework of a statute determined by the public authorities.

I. Collective bargaining

The maintenance of the following minimum conditions for every salaried doctor should be ensured through collective bargaining between the professional organisations and employers' organisations. Special agreement with doctors employed for special function should not fall below these minimum standards, nor should any civil service regulations issued for doctors in public service.

II. Position of the salaried doctor

The salaried doctor is responsible for examining, advising, treating and delivering expert opinions to persons in his care – without prejudice to the right or instruction or direction of a superior doctor. In his medical decisions the doctor is completely independent of the instructions from the employer and is bound by the employer's operational and administrative procedures only in questions of organization. The independence of the doctor is especially relevant to decisions concerning examinations, prescriptions and treatment of those in his care. This independence of the doctor in his medical decisions should also be guaranteed if the doctor acts in delivering expert opinion or advice for a public or other institution.

III. Range of duties

The range of duties of the salaried doctor should be defined in detail in the employment contract (at the same time, hours of service which the salaried doctor should carry out to fulfill his duties should also be agreed).