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Internal Market MEPs reject Commission’s “services e-card” proposals

Draft rules aimed at introducing a European services e-card applicable to the cross-border provision of construction and business services were rejected by the Internal Market Committee.

The committee rejected the Commission’s proposals by 21 votes to 14, with two abstentions, thus expressing its deep dissatisfaction with them. However it didn’t go as far as proposing the rejection to plenary by adopting a report.



MEPs thus keep open the option of either starting anew at a later stage or waiting for the position of the Council of the EU (Member States) before deciding on any concrete follow-up, i.e. adopting a new report for the rejection of the current proposals or seeking a compromise to amend them.

The Council has not yet agreed its position on these proposals.

Background

The European services e-card proposals, presented by the Commission on 10 January 2017, aim at reducing administrative complexity for service providers that want to expand their activities to other Member States, either on a temporary/occasional basis, or via secondary establishment.

According to the Commission’s proposals, the service providers would liaise with a single authority in their home Member State in their own language, which would verify the necessary data and transmit it to the host Member State. In case of temporary/occasional provision of services, the host Member State could object to issuance of the services e-card within a certain deadline, and in case of secondary establishment it could reject the application, on the grounds stated in the Services Directive.

During the discussions in the committee, MEPs from some political groups questioned the added value of the proposals and argued that more could be achieved with a better implementation of the Services Directive. They also expressed concerns that these proposals would introduce the country of origin principle* and could lead to social dumping. Other political groups said that the Commission’s proposals could be improved and tabled amendments aiming to address and clarify several issues, including on the concerns that were raised on the country of origin principle.

**In the context of the Services Directive, the country of origin principle means that a company offering its services in another member state would operate according to the rules and regulations of its home country.*

Here is our translation of an interesting article about sexual abuse by physicians on their patients in France. It was published by *Le Monde* on the 27/03/18 and written by François Béguin.

A petition to ask for the interdiction of sexual intercourse between physicians and patients (France)

The request addressed to the Health Minister to stop “white blouse sexual predators” is controversial.

Does the medical deontological code have to explicitly forbid sexual intercourse between patients and their physicians? That’s the request addressed this Tuesday 27th of March to **Health Minister Agnès Buzyn** by women complaining about “sexual predators” in “white blouses” or “on a couch”. This petition has already been signed by a number of important actors like the **lung specialist Irène Frachon** or **Doctor Jean-Paul Hamon**, President of the physicians’ federation in France, an association of liberal physicians.

In their testimony, initially publicized on the forum of **Dominique Dupagne**, a general practitioner and radio animator who is today the operation’s coordinator, these women explain how their therapists have used her in their vulnerability and have capitalized on their weakness to misguide them and bring them to sexual intercourse. A well-known transfer and counter-transfer mechanism for love against which **Sigmund Freud**, Psychoanalysis’ founder, already warned. The prohibition of a sexual relation with patients actually figures in the code of ethics of the psychoanalysts.

“A ridiculously small number of charges”

However, the law seems to be often unable to sanction transgressions to this rule. *“Penal complaints introduced by patients seduced and manipulated by their physicians are very often inadmissible”* are saying the authors of the petition, because without violence, the relation can be perceived as between two consenting adults. And *“like it is the case for rape, too few victims press charges”* say the petitioners. *“The number of charges is way smaller than the reality, victims feel soiled, they feel naïve”* declares Dr. Dupagne.

Another option is the departmental disciplinary chambers of the order (regulatory body) of physicians, which have the mission to judge and sanction practitioners who do not comply with the code of ethics, which has a regulatory value since it is integrated to the code of Public Health. In 2016, 35 sanctions – including 6 radiations – were pronounced by these chambers because of sexual related acts. At the national’s chamber level, which treats appeals, 15 sanctions, including 4 radiations, have been pronounced in 2016.

“Corporatism”

Before being judged, all these cases are preceded by a meeting of conciliation between the patient and his/her physician. Certain victims are reporting an unsettling welcome for this first step, the mediator was more inclined to giving credit to the words of his colleague. *“There is a very strong corporatism between physicians, we have many examples of counselors protecting their fellow colleague”* underlines Dr. Dupagne who regrets the “shyness” of the order on this topic. *“We are not even sure that adding an explicit prohibition in the code of ethics will diminish the occurrence of these cases, but it would allow at least to shift the burden of proof. It would force the physician to justify himself and not the patient.”*

At the National Council of the Physicians’ Order, they claim that they lead *“a strong battle against all sorts of sexual abuse that physicians would commit”*, but they are against the inclusion of another article that would be *“a violation of the privacy of willing and free people”*. Such an article is also called “useless” since the law already allows the fighting of *“every abuse of weakness on a vulnerable person, including in a sexual way”*.

When asked on the way that patients were received when they wish to press charges, Dr. **Gilles Munier**, Vice-President of the Order, confesses that it is still possible to improve this step at the departmental level so that victims may *“benefit from a benevolent hearing and neutrality, so that as soon as complaints of a sexual nature are received, they are taken into account and systematically treated.”*

A “European Nursing Act”

The European Nursing Council (ENC) has published after its General Assembly Meeting in Bucharest (12/03/18) a definition of the profession of Nursing in Europe. It expresses with clarity who they are and what they do will be used as a “visit card” for the nurses of Europe.



The European Nursing Act

The Nursing act encompasses **all the professional action**, ie the autonomous, interdisciplinary, partnership-based and collaborative person centred care of individuals, families, groups and communities across the life span; sick or well and in all primary, secondary and tertiary care environments. The Nursing act involves the use of clinical judgement in the holistic and evidence based assessment, planning, implementation and evaluation of professional nursing care. Nursing includes health promotion, health education and disease prevention, the care of sick, the injured, the disabled and the terminally ill. Advocacy, promoting both adult and child patient safety, quality care, continuous quality improvement, the conduct and utilisation of research and evidence based practice, contributing to health policy and health systems management and delivery are also dealt with by Nursing science. The nursing act is underpinned by national and international ethical values and codes which respect dignity, autonomy, justice, fidelity, the uniqueness of human beings as well as underline the duty of Nurses to engage in continuous professional development.

News from Members: ENC elects a new President

At its recent General Assembly Meeting in Bucharest, the European Nursing Council - an active member of CEPLIS - has elected its new President: Mr. Mircea Timofte, President of The Romanian Order of Nursing Regulatory Bodies (OAMR).

CEPLIS congratulates Mr. Timofte, wishes him good luck for his tasks and looks forward to a fruitful collaboration!



ENC President Mr. Mircea Timofte and ENC Policy Advisor Prof. Dr. Theodoros Koutroubas