

Dutch minister warns that illegal immigrants must receive care

Tony Sheldon, *Utrecht*

Dutch health minister Els Borst has warned doctors and hospitals that it is "completely unacceptable" to refuse necessary medical care to illegal immigrants. This followed a recent case in which a Polish woman was initially denied an operation because her injuries were not considered life threatening.

A doctors' human rights group, the Johannes Wier Foundation, which raised the issue through the health inspectorate, has warned that there could be more cases in the Netherlands in the wake of a new law which restricts illegal immigrants' social rights. Because the information databases of local government, social security, and the immigration service are now linked, illegal immigrants can no longer join the national health insurance system. Their treatment must, in the first instance, be paid by the hospital or general practitioner.

By introducing a financial barrier, the Dutch law threatens

to violate human rights and contravene professional medical ethics, according to Dr Maria van den Muijsenbergh, a member of the Johannes Wier Foundation. Writing in the Royal Dutch Medical Association journal, *Medisch Contact* (1999;54:534), she said: "Doctors must be aware of their professional responsibilities and freedoms. Managers must respect [doctors'] professional autonomy."

The Polish illegal immigrant in the case that provoked the health minister's comment had been brought into a hospital casualty department after a road accident with a crush injury to her lower leg. The risk of tissue necrosis from compartment syndrome was considered so great that the normal procedure would have been to operate. But, as she was an illegal immigrant and therefore uninsured, the casualty doctor, according to a protocol, informed the hospital management. Doctors were told that they should operate



ROB HUIBERS/PICTURES

Dutch minister: illegal immigrants are entitled to medical treatment

only if her condition was life threatening. The doctor therefore did not operate but, aware of the risks, asked the patient to return the next day. Her condition by then had deteriorated and an operation was carried out urgently. According to the Johannes Wier Foundation, medical and nursing staff were "ashamed" at withholding necessary care in the first instance.

In answer to a parliamentary question, minister Borst agreed that to limit the interpretation of

"necessary care" to mean only "life threatening situations" was contrary to doctors' professional ethics. Borst is calling for staff to be better informed about the law, which includes the provision of special funds to meet costs.

The foundation has now set up a special group to monitor "misinterpretations" of the law. It is feared that many other European countries do not fulfil their obligations under the European Social Charter to provide basic care for all citizens. □

EU tackles pollution related illness

Rory Watson, *Brussels*

The European Union (EU) is funding two new programmes to work on pollution related illnesses and rare diseases as part of its policy to improve standards in public health.

The first programme will run until the end of 2001 and have a total budget of 3.9m euros (£2.57m, \$4.1m), and the second will be funded until December 2003 with an initial budget for this year of 1.3m euros (£858 000).

The go ahead for the two programmes was given after lengthy negotiations between EU governments and the European Parliament over the content and funding of each of the schemes.

The social affairs commissioner, Pádraig Flynn, described the agreement as "going in the

right direction," but he did not hide his disappointment at the decision to cut back the length of the pollution programme from five years to three.

The funds will be used to inform the public about diseases that are linked to environmental pollution and to help assess and manage the risks related to them. The programmes aim to complement existing work in this field not to replace it, as the prevalence of pollution related diseases, especially from atmospheric pollutants, continues to rise.

The support for research into rare diseases will focus on those diseases which are deemed to be life threatening or chronically debilitating and which affect no more than 5 per 10 000 people in the European Union.

It is estimated that there are perhaps 5000 diseases such as Creutzfeldt-Jakob disease, Marfan's syndrome, and paramyloidosis which fall into this category. Of these, 80% are of genetic origin. □

European network for patients' rights set up

Tessa Richards, *BMJ*

A new European network aimed at promoting patients' rights has been launched. The network will share and disseminate information on the development of patients' rights throughout the European region.

At a conference in Copenhagen to launch the network at the end of April it emerged that although many countries had passed laws or published charters on patients' rights over the past few years, their actions had had little effect. The conference was organised by the World Health Organisation, the Nordic Council of Ministers, and the Nordic School of Public Health.

"Patients consistently report that their opinions are not adequately considered and that their rights are often violated," said Dr Mikko Vienonen,

regional adviser at the WHO's regional office for Europe.

The reason for this is deep rooted, the meeting was told. Healthcare professionals and those responsible for organising and funding health systems have tended to regard the various statutes with scepticism, and they have been seen as too complicated or costly to implement. The concept of developing a partnership with patients and the need to provide them with good information and involve them fully in decisions about their care has not been widely accepted. □

Further information about the network may be obtained from Dr Mikko Vienonen, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100, Copenhagen Ø, Denmark (tel: +45 39 17 1203).