the arrangements envisaged by the draft law could effectively force "moonlighting" (more accurately "daylighting") into a separately identifiable and independent subsystem.

Vote in favour

With the need to enact the draft law becoming more urgent as each day passed, its sponsors showed that they had learnt how to succeed in the rough and tumble of parliamentary democracy. In a heated debate they not only argued the case but also, apparently, showed flexibility by accepting several amendments. They were rewarded by an overwhelming vote. For the record, the main opponents spoke for the Federation of Independent Trade Unions of Russia; their criticisms turned on considerations of social justice.

As *Meditsinskaya Gazeta* saw the matter, the vote was a victory for the committee chaired by Dr Askalonov, and consequently it devoted some column inches to his comments. These are remarkable for the absence of what is often identified as a failing of the Russian intelligentsia—namely, the tendency to assume that a theoretically consistent scheme can be made to work well in practice. By contrast, Dr Askalonov did not claim that insurance medicine will provide the cure for all ills. He recognised that its

introduction, by 1993, must be preceded not only by the creation of the appropriate infrastructure but also by a public information programme, mention of which may be evidence of far more than concern with practical details: it may be held to flow from his acceptance that the scheme can only work well if it gains "social acceptability."

Fairly self evidently, the general public are more likely to have positive attitudes towards "insurance medicine" if they experience a clear improvement in the quality of care provided by the rank and file of Russian doctors. And in this connection it is reasonable to conclude that under the new scheme consumer choice and the forces of the market place should turn out to be powerful incentives for professional self improvement.

- 1 Bliue Yu. (Besedoval) Kto est kto: Vyacheslav Ivanovich Kalinin, ministr zdravookhraneniya RSFSR. *Meditsinskaya Gazeta* 1990 sentyabrya 23:2.
- 2 Borich I. Strakhovoi polis, vyruchai! *Meditsinskaya Gazeta* 1990 oktyabrya 28:1.
- 3 Deputatskaya Gruppy Meditsinskikh Rabotnikov. Obrashchenie ko Vtoromu S'ezdu narodnikh deputatov RSFSR. *Meditsinskaya Gazeta* 1990 dekabrya 5:1.
- 4 Kuz'menko M, Kuznetsov A. Inovo net u nas puti. *Meditsinskaya Gazeta* 1991 yanvarya 11:2.
- 5 Kuzina N. Zakon rodilsya, no... *Meditsinskaya Gazeta* 1991 fevralya 1:2.
- 6 Khudyakova T. Zdorov'e—dorozhe deneg. *Izvestiya* 1991 iyunya 11:3.
- 7 Kuzina N. Vybor sdelan. *Meditsinskaya Gazeta* 1991 iyunya 28: 2.

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Medicine in Europe

Who speaks for whom?

Tessa Richards

This is the sixth of a series of articles looking at medical issues in Europe.

British doctors are waking up to Europe with a vengeance. Interest has been fuelled by many factors: the broadening and deepening of the European Community; the single market¹; the oversupply of doctors and wide discrepancies in standards of training²; trends in medical migration³; and patients crossing borders for treatment. The list goes on, but for whatever reasons all sections of the medical profession have set up European committees and are setting about influencing Brussels.

Those very few doctors who have been concerned with European medical affairs for decades have been cynically shaking their heads about this new found enthusiasm, but arguably it is a healthy sign. With the myriad of challenges and opportunities that the changing shape of Europe will bring there has never been a more important time for doctors to be aware of what is going on in the European Community.

The long established European medical bodies have been working for years, but new converts to Europe are concerned that they lack influence. The number of draft directives affecting health that have emerged after little discussion with doctors supports this view. The profession's voice has barely been heard among the cacophony of lobby groups in Brussels. Why this should be is unclear. Some are convinced that it is because the profession has lacked a substantive base in Brussels. Others cite personal and organisational factors. This article addresses these questions by taking a critical look at the bodies that represent or are seeking to represent doctors in Europe.

Standing Committee of Doctors of the EC—An organisation at war with itself?

Established in 1959 the standing committee or comité permanent (CP), which is an independent

voluntary organisation, is the only body that claims to represent all doctors in all member states of the EC. It is the last common path to the European Commission for statements which it and other medical groups, who send liaison officers to its meetings, formulate. This puts it in a unique position of power and responsibility (figure).

Membership is large—each of the 12 member states send several delegates from their representative medical organisations. Numbers are swelled by observers from Austria, Switzerland, Finland, Cyprus, and Hungary. The British contingent is represented by the British Medical Association and consists of (by accident rather than by design) an occupational physician, a gynaecologist, a general practitioner, a public health physician, and a junior doctor, supported by members of the BMA's European division.

Costs are borne by the various medical associations, with each member state paying a weighted proportion. The BMA's share is 17%, which in 1991 amounted to about £60 000; simultaneous translations at meetings, mountains of paperwork, maintaining a secretariat, travel and accommodation expenses, and generous entertainment do not come cheap.

The standing committee's aims are to represent the medical profession of all member states; study and promote high standards of medical practice and health care; and promote free movement of doctors. As evidence of its success in meeting these objectives it can cite its role in shaping the original doctors' directives on mutual recognition of diplomas and the directives on vocational training in general practice. It can also point to numerous impressive sounding charters, statements, and recommendations that it has sent to the commission on subjects ranging from patients' right to choose their own doctor to the ethical obligations of professionals to keep up to date.

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The Standing Committee of Doctors of EC—known by its French abbreviation, CP—has a unique position of power and responsibility

But making sound statements is not enough. Who listens? Many members of the standing committee admit, both in private and on paper, that the organisation lacks any stature in Brussels and has been ineffective in getting its views across to the decision makers.⁴ Part of the problem is structural; the three year rotating presidency has ensured discontinuity since the secretariat is always changing from country to country, and the organisation has never had a fixed abode. Overlong agendas, indifferent chairmanship, few visible in house rules of debate, and unconcealed hostility and unproductive exchanges between national delegations have at times meant that meetings achieve little.

In recognition of these problems the standing committee—in response to an initiative generated by a British, French, and German working party—has just agreed to set up a permanent office in Brussels and revise its working practices.⁵ Whether these moves (which will add to the costs) will make a difference is not clear. Views circulating at the committee's last meeting such as "It's all too little too late" and "Nothing much will be achieved if the right calibre of people are not there" seem to be widely held.

European union of medical specialists—taking Euro qualifications too far?

The European Union of Medical Specialists (UEMS) can claim the distinction of being the oldest body representing doctors in Europe. Unlike the standing committee it has a permanent secretariat in Brussels. In addition to its central management council it has 28 different monospecialist sections. New sections can be set up only if the specialty concerned is recognised in at least eight member states, and some sections function a good deal more efficiently than others. Associate membership of UEMS is held by some non-EC countries, including Austria, Finland, and Switzerland. The organisation is funded by contributions from member associations, which in Britain's case include the BMA, royal colleges, and specialist associations.

The aim of UEMS is to study issues related to specialist training and practice. In response to an edict from the commission to, in effect get its act together to do something about the variable standards of specialist training in Europe, it has agreed on an ambitious harmonisation programme. Its chosen

approach is to get the monospecialist committees to set up European "boards" whose objective is to establish common criteria in the EC for training. Setting exit exams is deemed by some to be an inherent part of ensuring common standards, and the plastic surgeons and urologists, for example, are already in a position to hold their first exams. How necessary it is or might become for candidates to sit these expensive "voluntary" Euro exams is not clear.

In common with the standing committee, UEMS has serious organisational problems, the chief one being the gulf between its central management committee and the monospecialist sections. The membership of the central committee is not considered to be sufficiently representative of the organisation as a whole—(Britain is currently represented by the gynaecologist who is on the standing committee, a general surgeon, and a neurosurgeon). Repeatedly the specialist groups agree on a common line of action, only to find their views ignored or "misrepresented" at the centre. At the central committee's last meeting in Athens in September, for example, a motion that only doctors should be able to prescribe glasses got accepted. This is scarcely the accepted view among ophthalmologists, but with none present the dissenters could not generate enough momentum to throw the motion out.

Frustrations such as these have led some specialist groups to strike off on their own. Thus the anaesthetists have set up their own European body, which is already running regular specialist exams,⁶ and the orthopaedic surgeons look set to follow suit.

European union of general practitioners—pushing vocational training hard

The European Union of General Practitioners (UEMO) was set up in 1967 to raise standards of practice, training, and patient care. It is also concerned to "defend the role" of general practitioners as well as further their ethical, scientific, professional, social, and economic interests. British representation is shared between the BMA (General Medical Services Committee) and the Royal College of General Practitioners. The presidency and secretariat rotate between member state organisations on a four year basis.

UEMO's current concerns include the use of computers in general practice, quality assurance, training "trainers," and producing publications (box). It also has good links with some of the European Commission's research programmes including Europe Against Cancer and Advanced Informatics in Medicine. In conjunction with others it established the 1986 vocational training directive, which stipulates a minimum training period of two years for all general practitioners in the EC. It is now campaigning for an extension to three years, but this will be an uphill struggle. Some EC member states, notably Germany, have not yet got their two year vocational training schemes established.

Permanent working group of junior hospital doctors—few grey hairs, more enthusiasm

The Permanent Working Group of European Junior Hospital Doctors (PWG) was set up in 1976 to improve relations among junior doctors in Europe and to exchange information on topics of mutual interest such as medical education, specialist training, and working conditions. Its membership is not confined to EC countries. Austria, Finland, Iceland, Norway, Sweden, and Switzerland are also represented, and observers from eastern Europe have attended recent meetings. In common with the other specialist European organisations described above, the BMA nominates repre-

sentatives and bears a share of the costs (which are much less than those of the standing committee). EC member states host these meetings on a rotational basis.

An active organisation, PWG has produced several useful publications (box) and in common with UEMS and UEMO channels its policy statements to the commission largely through the standing committee. At the latter's meeting in Madrid in September the PWG expressed its suspicion about the proposed exit exams on the grounds that passing them would not guarantee competence and they might at some stage be used to exclude or limit the numbers of aspiring specialists. The group's main concern of late, however, has been medical manpower in Europe, and its findings were aired at the group's symposium in Florence last October.⁷

Advisory committee on medical training—starved of resources

The Advisory Committee on Medical Training was created in 1975 by the European Commission. Based in Brussels and funded by the commission (via Directorate General III), this statutory organisation has a much closer relation with commission staff than any of the other European medical groups, and its views are taken seriously. Nominations to the committee, which is made up of three members from each member state, are made by national governments on the advice of "appropriate" bodies. In Britain's case this once again includes the BMA.

Originally concerned with standards of undergraduate training, the committee has now turned its attention to postgraduate training as well and spurred the current wave of activity related to the European boards. Given its standing, the advisory committee ought to be in a strong position to push through improved standards of medical training. Unfortunately it is not. Gross underfunding coupled with the constantly changing membership have left it struggling to fulfil its role.

Other European groups representing doctors

Other specialised medical groups representing doctors' interests in Europe include the Conference Internationale des Ordres, the European Federation of Salaried Doctors, and the European Association of Senior Hospital Physicians. Each sends a representative to the standing committee's meetings. Details of

The Berlaymont in Brussels—home to the European Commission, whose mandate to draft legislation on health is increasing steadily

Some publications on the European Community

British Medical Association. *European communities. General guidance for doctors*. London: BMA, 1990.

British Medical Association. *European Community medical bodies. General information for doctors*. London: BMA, 1991.

British Medical Association. *Health care systems and professional organisations in the European Community*. London: BMA, 1991.

Permanent Working Group of European Junior Hospital Doctors. *Guide to health in Europe*. Paris: Impact Médecin, 1991.

Owen R, Dynes M. *The Times guide to 1992. Britain in a Europe without frontiers*. London: Times Books, 1989.

Vachers' *European companion and consultants' register*. Berkhamsted: Vachers, 1991.

Ramsay A. *European communities information*. London: AAL Publishing, 1990.

Budd S, Jones A. *The EEC: a guide to the maze*. 3rd ed. London: Kogan Page, 1989.

Office for Official Publications of the European Communities. *The European Community as a publisher*. London: HMSO, 1990.

European Union of General Practitioners. *The position of the general medical practitioner and general practice in the health care systems of the European Community*. London: BMA, 1986.

EuroBrief. Monthly digest of European medical affairs; available from the BMA's Professional, Scientific, and International Affairs Division.

A guide to the registration requirements for doctors of the European communities and information concerning access to medical practice in the social security systems. 1985. (Excludes Spain, Portugal, and Greece.) Available from the BMA's Professional, Scientific, and International Affairs Division.

their structure and objectives are set out in a booklet available from the BMA.⁸

The British and Europe

Apart from being the key source of nominations to the main European organisations that represent doctors (CP, UEMS, UEMO, PWG), the BMA "monitors European affairs" via its European Communities Committee and advises Council on the implications of EC proposals for draft legislation. It also produces publications and *Euro Brief*, a monthly bulletin on European affairs. By virtue of its membership of the European organisations described above it keeps a close finger on the pulse of their activities. Over the years it has exerted influence on many issues, including the free movement of doctors and vocational training in Europe. The BMA's parliamentary unit is also seeking to strengthen its contacts with Brussels, especially with members of the European parliament so that it can increase its currently very limited lobbying powers in Europe. Approval and financial backing have been gained for a European office, but the bricks and mortar are not there yet.

The royal colleges

At the conference of medical royal colleges and their faculties last April the decision was made to set up another European committee. The justification for this, according to the new committee's chairman, is that doctors' representation in Europe, as stage managed by the BMA, has been too narrow.

The aims of the Conference of Medical Royal Colleges European Committee (CRCECt) include the need to define what constitutes a specialist. Not as easy as it sounds, given that some countries, such as Britain, have no set definitions while the Italians boast over 130 different specialties. The committee is also keen to promote more movement of hospital doctors within Europe, especially at registrar level. As a prelude to this it encourages language training for doctors. It also sees itself (ambitiously if not arrogantly) as a role model "for the future development of medical services and postgraduate training and to promote the professional and scientific image embodied by the royal colleges. Also to advise on the creation of parallel institutions in other EC countries as required."

The Royal College of General Practitioners, through its international committee, has been monitoring EC developments for a good deal longer, and has good relations with existing European organisations including the Leeuwenhorst Group (a European think tank for general practice), the World Association of Colleges and Academies of General Practice, WHO Europe, and the International Society of General Practice. Recently it has been concerned with projects to help develop primary care in Romania and Czechoslovakia.

Not to be outdone, the Royal College of Surgeons and the Royal College of Physicians have also set up European committees but their prime role is organising "European" scientific meetings and exchange visits. The Royal Society of Medicine's European Group has a similar role.

Conclusion

If the number of committees representing doctors in Europe bore a direct relation to the effectiveness of that representation, British doctors and their European colleagues could rest easy in their beds. Sadly this is not the case. Some of the organisations have serious internal problems and the communication between them is not ideal. Inevitably there has been duplicated effort and some rivalry, but the key problem has been that none of the individual groups has achieved sufficient credibility in Brussels. This has meant that the European Commission, which is swamped with information from what it regards as "unrecognised sources," has lent little credence to their views, however sound and however passionately couched. Furthermore, at times the groups have great difficulty actually reaching a common view. This is unsurprising and not unique to medicine; political and cultural divides are large, and no doubt agreement will become increasingly difficult as the EC enlarges.

Although it may not be easy to influence the Brussels bureaucracy, it is not impossible. Organisations such as Greenpeace and Friends of the Earth,

Where to go for further information

Official Journal of the European Communities is published monthly and is available from HMSO.

BMA European Communities Committee
BMA House
Tavistock Square
London WC1H 9JP
(tel 071 387 4499)

The secretariat will answer queries from members about medicine and the EC.

Commission of the European Communities
8 Storey's Gate
London SW1P 3AT
(tel 071 222 8122)

The press office provides information on all aspects of the EC.

United Kingdom Office of the European Parliament
2 Queen Anne's Gate
London SW1
(tel 071 222 0411)

who campaign on environmental issues, seem to have got lobbying down to a fine art. Similarly, the European Citizen Action Bureau, which has been running for only a few years, has made an impact and is a fund of useful information on many issues including health.⁹ Being based in Brussels obviously helps, and in many ways it is extraordinary that it has taken the medical profession so long to recognise this. Having enough people of the right calibre is also important. That the British view has for so long been entrusted to so few may have had the merit of ensuring some continuity but it also suggests a lack of vision, stemming in part from the profession's relative indifference to Europe.

New European enthusiasts are surely welcome, but they will do the profession little favour if they do not coordinate their activities and work with rather than against the established European bodies. All need to keep sight of the need to campaign for improved standards of health care in the community as a whole, as well as for the self interest of the profession.

- 1 Leidl R. How will the single European market affect health care? *BMJ* 1991;303:1081-2.
- 2 Brearley S, Gentleman D. Doctors and the European Community. *BMJ* 1991;302:1221-2.
- 3 Richards T. Euromigration. *BMJ* 1991;302:1296-7.
- 4 Beecham L. BMA to help reform doctors' EC committee. *BMJ* 1990;301:935.
- 5 Richards T. Brussels base for EC doctors. *BMJ* 1991;303:877.
- 6 Editorial. European diploma in anaesthetics and intensive care. *Lancet* 1991; 338:219.
- 7 Beecham L. Ray of hope on European manpower. *BMJ* 1991;303:1220.
- 8 Euro-citizen-action-service. The European Citizen; Health. *European Citizens Week* 1991;No 10. (16-20 September.)

ANY QUESTIONS

How effective is cellular therapy in relieving the incapacity of arthritis?

Cellular therapy is a technique that has been developed in a Swiss clinic, and it consists of the injection of freshly prepared fetal tissue from unborn calves, lambs, or pigs. This tissue is injected intramuscularly with the hypothesis that an injection of material corresponding to the diseased tissue in the condition being treated will produce regeneration of damaged areas, such as

cartilage and synovial membrane in inflammatory joint disease. No controlled studies of cellular therapy have been done, and the results of treatment have been anecdotal and published in the lay press. There may be potential side effects with this form of treatment as animal viral protein may be transferred by these injections. In my view this form of treatment has little to recommend it despite enthusiastic publicity by several celebrities who have been treated in this way. —ROGER STURROCK, professor of rheumatology, Glasgow