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Consulting a nurse rather than a physician: authorities are in favour but in a regulated manner

The 10th of November, Belgian News Agency RTBF (*Radio-télévision belge de la Communauté française*) published an article on **a possible strengthening of the collaboration between nurses and physicians of Belgium**. Consultations conducted by nurses already exist in the country, as it is the case at the *Cliniques universitaires Saint-Luc* for 30 years, but it remains tedious. We felt it would be interesting to share with you the article and launch the discussion on the issue.

A conclusive practice

According to the *Centre Fédéral d'Expertise des soins de santé* (KCE), Belgium may find it advantageous to develop this collaboration. A new study shows that "*in other countries where this approach is already more developed and formalized, the experiment is conclusive*".

Collaboration between nurses and physicians would address the aging of the population and the increase in health problems including chronic diseases. **The idea is therefore to better manage chronic patients, to relieve general practitioners and to upgrade the nursing profession.**

It remains to frame this practice by inter-professional conventions at the national and local level, says the KCE. "*It will probably also be necessary to adapt the legislation necessary to avoid overly restrictive rules limiting nurses in activities that are part of their consultations, while ensuring that they have the right skills in the right place.*"

But what do nurses think?

Jonathan Elias and his colleague Anne-Bérengère Vandamme are, in any case, in favour. For the latter, who is a clinical nurse in wound care and stoma therapist at the Cliniques universitaires Saint-Luc, such a practice allows "*to have someone who knows the equipment, on the market, and to take the time to take charge of the person holistically, as a whole.*"

She adds, "*I do a different job than the physician, I do the job of someone who must be the hub for the patient. What does that mean? It means trying to see if all the data is in order so the patient can heal. If a patient doesn't heal, there's always a reason. Either it's vascular, or it's diabetes, or it's overweight, or it's nephrology. But there is a time when one must ask why the patient develops this type of wound and what is the reason. If we have the reason, we will have the treatment of the wound.*"

Still, today, she is not recognized for this work and is not valued for it: "*There is a professional title that exists in the law, but we never had royal decrees to apply it, and we are not recognized as such.*"

And for prescriptions, you always need a physician's counter-signature. For these nurses, these rules must be relaxed, even if safeguards are needed.

Generalists also in favour

For their part, general practitioners are in favour. "*It may be a good thing, but it must be carefully supervised*", says Lawrence Cuvelier, Vice-president of the *Groupement belge des omnipraticiens* and physician. Particularly to prevent the development of competition between nurses and physicians.

This is a practice he is experimenting with as a general practitioner and he sees the possibility of ensuring "*better follow-up, especially in the context of chronic diseases. The patients are not obliged to see their general practitioner every time. The risk is that the general practitioner still has to see these patients, because there are still a whole series of psychosocial dimensions that the patients must acknowledge.*"

A real desire to value nursing work

The main recommendation of the KCE "*is to provide a general framework for nursing consultations*", says Marie Dauvrin, a researcher at the KCE.

"*Because this is an activity that, to some extent, already exists, especially at the initiative of nurses in the field, who have found that there is a lack of care offered to patients and have thus implemented consultations themselves. And so now it would be nice to be able to give them a framework so that it's formal and has agreements with other healthcare providers.*"

"The goal is not to "*get people out of the physician's office. There will always be medical consultations that are in synergy with this nursing consultation. It is not entering into a competitive logic between professions, but really into a logic of interprofessional collaboration. And it sometimes requires framing and supervision, especially for the sharing of responsibilities, tasks and skills.*"

This would also allow, according to Marie Dauvrin, to enhance the profession by making this nursing profession "*much more attractive*" to young graduates, but to "*retain experienced nurses as well.*"

Franck Vandenbroucke, the Belgian Minister of Health, has already indicated that he supports this reform in order to increase the autonomy of nurses so that they can perform screenings or even prescribe certain medications. Nevertheless, if the objective is to enhance the value of the profession, care must also be taken not to aggravate the work overload, in a context of serious staff shortage.

For further details about this article, click here.

Open letter from Belgian midwives

The 23rd October, an open letter was published at the initiative of the Union Professionnelle des Sages-Femmes Belges (UPSFB) and the Association Francophone des Sages-Femmes Catholiques (AFSFC) to put into words the precarious situation of Belgian midwives. The open letter is addressed to Mr. Vandenbroucke, Minister of Health of the Kingdom of Belgium.

"Mr. Vandenbroucke, once again we are dismayed by your lack of interest in the midwifery profession.

While your speech speaks of the first 1,000 days as an opportunity for physical and mental health for new generations, your budgetary policy is murdering the very first line in which midwives find themselves. € 42.7 billion and not a cent for midwives, yet funding is not only necessary, but vital for the sector.

Midwives are front-line professionals, with a Bachelor's degree, who have all the necessary skills to maintain the health of women and their children throughout the perinatal period. Trained continuously, they accompany physiology and detect pathology. They work in collaboration with perinatal professionals (gynaecologists, pediatricians, general practitioners, ONE, etc.) to ensure a follow-up of families by following the latest recommendations and data from science. While the holistic approach involving more prevention is encouraged, midwifery is a profession that has demonstrated its effectiveness (Lancet).

But at what cost?

In the report of the Planning Committee carried out on the basis of the financial year 2017, it is noted that a full-time independent job for the classification of midwives is assimilated to a gross amount of € 25,635 under the classification specific to midwives against a gross amount of € 76,879 for a full-time self-employed job in the nursing nomenclature. This figure even made the Committee doubt so much it was derisory with regard to the exercise, but today nothing has changed. In fact, it is even worse!

We successively lost the funding of the accompaniment of women in the birth room, were forced to participate in the financing of the low-risk care path in obstetrics in which we are not even included, lost the reimbursement of the 7th code beyond the first six days of home post partum, for access to the telematics premium that a ridiculous number of midwives actually got. And very recently an extra effort on our budget was demanded to us to realize new savings within the framework of "the appropriate care", although we are already at 100% of the appropriate, we left again this time, a refund of preparation for birth!

With the introduction of early returns, midwives had to reorganize, leaving the hospital environment that provided them with financial security for a more precarious liberal situation. If the support has slowly but surely slipped from the hospital to the front line, it seems that the funding has remained in hospital and has not yet had permission to go out! To this came to be added an affiliation to the VAT on any service out of nomenclature carried out by the midwife, a way of breaking a possible lifeline.

We are the only health professionals who only have a billing for the support of two individuals! Which other health professional would accept to take in charge two (or three, or four) human beings for € 39.15 gross with an hourly constraint of one hour of service? Travel costs alone are already higher than this amount in many professions!

Your first line is in trouble, Mr. Vandenbroucke! 30% of midwives suffer from burn-out. Out of 200 midwives interviewed, 20% would hesitate to redo these studies for lack of recognition, including financial. However, we are one of the most approved professions! And only 5.9% out of 200 midwives interviewed find interest, their only motivation is to make care accessible and avoid at all costs a two-speed medicine, less human.

Instead of congratulating us, you chose to make the decision to eliminate the Midwifery Premium in 2024 (a premium we just received for one year). The approval score being too good, it is no longer necessary to encourage us!

A desire to bring the midwife down?

Many midwives are trained every year, resulting in an increase in supply relative to the needs of the population according to the March 2020 opinion of the Planning Committee. The latter then proposed to regulate access to the midwifery profession and recommended to develop the profession towards more autonomy with an adapted training and the transition to a Master's degree, which would allow to set up a new model of care, matching the midwifery offer with the needs of the population. It seems that the strategy chosen by your firm is more primary. If the midwives are cut off, one can reasonably hope that the supply decreases by itself and naturally regulates the supply/demand balance.

But it was excusive of the essential! We are not talking here about the profitability of a baby factory, we are talking about the birth of small human beings who will make the society of tomorrow, and who arrive in a world chaotic enough to hope to be humanely welcomed. If on paper the supply is higher than the demand, we are surprised to see the impressive number of accompanying persons and coaches of all kinds that monopolize the world of birth, without any legal framework, for indecent amounts and thus meet a very real demand that comes directly from the population.

Midwives, subject to their legal framework, are struggling to compete with these new activities, with multiple and bold offers, sowing trouble in the minds of future parents, who think they are accompanied safely. Of course, the tariffs are determined freely and only the wealthiest can use them, but it is not embarrassing since we do not touch the government's health care budget.

As far as midwives are concerned, the discourse is quite different, it is time for savings, we have to tighten our belts, again and again, until in the end, there is no room for the essentials.

Are you really talking about mental health?

Indeed, it seems that this is the scourge of our society! Isn't it time to ask the right questions?

Pregnancy is by its nature a vulnerability, regardless of the medical-psycho-socio-economic situation, it is also a health opportunity! The transition to parenthood is undoubtedly one of

the greatest challenges that a human being has to face, it opens a window of opportunity to get out of habits and restore a healthy family. Midwives, through their work environment, seize this opportunity by carrying out health education, support for parenthood and mobilizing an adequate support network around the family in addition to their medical follow-up. We are the first actors to realize carry out health prevention!

Are you happy to invest in care for vulnerable families? It is laudable to invest in the most vulnerable classes of the population, but does coordinating underfunded, exhausted or saturated services really still make sense? When will we have money for these services?

It would also be extremely harmful to forget the general population! The ways we will support families in the early years of a child's life are a long-term investment in a healthier society of tomorrow. With the promise of great savings in healthcare too!

We then wonder, how far will it go to see you go wrong? Will you continue to turn a deaf ear to the incessant and urgent requests of professionals in distress? Can humanity still take precedence over profitability?

We invite you to reconsider your choices, to have the courage to invest in a profession that is undoubtedly little highlighted, but which, discreetly, shapes the society of tomorrow. Like worker bees, midwives continue to suffer for decades as they can for the common good…

Today we are angry! Today we claim decent wages! Today we are at the foot of the wall, forced to choose between our survival and human medicine. Today the hive is suffocating, and the disappearance of bees is never a good omen!

For all the midwives who go beyond their limits, for all the women who suffer from not being supported, for all those newborns who arrive in a very harsh world."

The translation of the open letter was provided for by our Secretariat. For further details about this open letter, click here.

European Commission steps up action to address critical drug shortages and enhance security of supply in the EU

The 24th of October, the European Commission has adopted a set of actions to better prevent and mitigate critical medicine shortages in the EU, this Winter, next Winter and beyond. **Recent critical shortages, including these of certain antibiotics last Winter, show that continued coordinated action is needed to address supply challenges and to make Europe's medicine supply chains more resilient in the long run**. The key goals of today's Communication are to prevent and mitigate critical shortages at EU level. It puts a particular focus on the most critical medicines, for which security of supply in the EU must be ensured at all times.

This Communication builds on the work under the European Health Union, notably the reinforced mandate of the European Medicines Agency and the recently

published pharmaceutical reform. It follows a strong call by Member States at the 2023 June European Council, confirmed in Granada in October 2023, and from the European Parliament.

Mitigating critical shortages this winter and beyond

To better prepare for this Winter, a lot of measures have already been taken. For instance, the European Health Emergency Preparedness and Response Authority (HERA) and the European Medicines Agency (EMA) have identified key antibiotics (including specific paediatric formulations) for which they anticipate the risk of critical shortages ahead of the winter. Measures have been put in place to assure the availability of these antibiotics.

However, more needs to be done. This is why the European Union is stepping up its actions with:

- The launch of a **European Voluntary Solidarity Mechanism for medicines** (October 2023): the mechanism flags a Member State' needs for a given medicine to other Member States, that can respond by redistributing medicines from their available stock.

- **A Union list of critical medicines (available by the end of 2023**): Once established, this list will be the first step to analyse the supply chain of selected medicines by April 2024. This analysis will then show where additional measures are needed.

- **Regulatory flexibilities**: Member States can use regulatory exemptions to allow medicines to reach patients in a timely manner, including extending shelf-life or the quick authorisation of alternatives. There will be a dedicated Joint Action in 2024 to promote effective use of these flexibilities.

- **EU guidance on procurement of medicines to strengthen security of supply** issued by the Commission by early 2024.

- **EU joint procurement for next winter for antibiotics and treatments for respiratory viruses**.

Member States, the EMA and the Commission have already initiated actions that go in the direction of the proposed pharmaceutical reform to prevent and mitigate critical shortages risks. The Commission will continue working together with Member States to accelerate elements of the pharmaceutical reform to enhance security of supply, where possible.

Structural measures to support long-term security of supply

To diversify supply as well as stimulate and modernise production of critical medicines with all stakeholders, the Commission intends to set up **a Critical Medicines Alliance** to be operational in early 2024. The Critical Medicine Alliance will add an industrial policy pillar to the European Health Union. This will allow national authorities, industry, civil society representatives, the Commission and EU agencies to coordinate action at EU level against the shortages of medicines and to address supply chain vulnerabilities.

The work of the Alliance will focus on a targeted number of critical medicines with the highest risk of shortages and impact on healthcare systems. It will draw from a varied toolbox of policy measures to mitigate risks of shortages and increase supply, including:

- Coordinating public procurement practices at EU level;
- Exploring how to diversify global supply chains through strategic partnerships;
- Boosting Europe's capacity to produce and innovate in the manufacturing of critical medicines and ingredients in coordinated way;
- Developing a common strategic approach to medicines stockpiling in the EU;
- Helping leverage and align EU and national funding.

This could pave the way for a possible "Critical Medicines Act" in the future. To that end, the Commission will launch a dedicated, preparatory study by the end of 2023, paving the way for an impact assessment.

In the first half of 2024, the Commission will also develop a common strategic approach to medicines stockpiling to prevent and mitigate shortages in cooperation with Member States.

International partnerships for supply

International cooperation and the genuine integration of the global pharmaceutical industry is key to ensure the availability of medicines in the EU and across the world.

The Commission will establish a network of international partners to address supply chain resilience. Strategic partnerships with third countries for the production of critical medicines will also be set up, reflecting both local demands and needs at the EU and global level.

For further details about this article, click here.

Older adults in Cyprus trying to access healthcare confronted daily with barriers

The 13th of November, Philenews published an article addressing the fact that older adults in Cyprus trying to access healthcare are confronted daily with barriers – big or small ones.

Specifically, there is lack of specialized structures and shortcomings still exist within the island's General Healthcare System of Cyprus (GeSY) when it comes to rehabilitation, palliative care and community nursing services.

Moreover, gaps are still there when it comes to supporting chronic or terminally ill patients. And, in some cases, in the provision of benefits and other assistance to patients whose families are forced to incur high costs in order to meet their specialised needs.

The big or small barriers are all reported in the Patient s' Observatory of the Federation of the European Union.

In several cases, older adults turn to the Observatory for assistance since they have difficulty in getting to hospitals and other health centres from which they receive services.

In a more difficult situation, elderly people who live alone are not even aware of the support services available and as a result do not turn to the relevant government departments or agencies.

In general, both in Cyprus and worldwide, accessibility and acceptability are the two factors most often identified as enablers or barriers to older adults from accessing healthcare.

Other often mentioned factors were finances, transportation and social/family support.

For further details about this article, click here.