

European Association for Physician Health
Inaugural workshop, Oslo, 28 – 29 October 2009

Dear colleagues and friends,

When our Norwegian research program on the health and work conditions of doctors started in 1992, this type of research was not commonplace, neither in Norway nor in most other countries. Of course there were, and are, remarkable epidemiological doctor studies in the UK and the US, and some of the important stress studies had already started to emerge. I will particularly mention the book *Stress in Health Professionals* from 1987 edited by Roy Payne and Jenny Firth-Cozens, both for its quality, but also because Jenny is still very much alive and well and with us here in Oslo, as our rapporteur. Welcome, Jenny, one of our distinguished veterans!

We found that the dominating research literature came more from the social sciences than from medicine; which meant more about the doctors as a dominating professional group than about the individual doctors and their health and diseases. But we soon discovered the international health conferences that were convened alternately in Canada and the US, by the respective medical associations. During the first years we experienced these conferences primarily as a meeting place for "recovered physicians", with little room for those of us with research interests. This experience was the driving force for the international conference we hosted here in Oslo in 1997, where the idea was to deliberately give more attention to research on doctors than to "how to help a doctor in need". But gradually these two camps, the researchers and the helpers, seem to be finding more and more common ground. The helpers, as all modern helpers, need to know that their interventions are evidence based, and the researchers, are not only doing epidemiological and other descriptive studies, but are also taking roles as "change agents" – producing arguments in order to improve the quality and safety of health care by focusing on the health and behaviour of the care providers. This rather dramatic attitudinal change is based on an increased willingness, both among professionals and the general public, to regard doctors as ordinary human beings, as opposed to invincible and invulnerable super-humans. This convergence, or descent from the pedestal, as some would see it, is also greatly enhanced by mere demography: Today every 234th Norwegian is

a doctor, compared to about every 1000th in the 1960's, or to compare with another traditional helping profession, church minister, with over 1300 citizens per minister..

So our interest in and involvement with doctors and other professionals who are not "sitting on the green branch", as we say in Norway, is definitely on the rise. This interest includes not only traditional dysfunctions like stress, burnout or substance abuse, but also various forms of eccentric - or disruptive – behaviour, clearly enhanced by an increasing transparency and demand for accountability in health care, combined with an increased acceptance and recognition of patients' rights. Actually, any threat to the quality and safety of health care should be our concern, both on the individual and the organisational level.

There have been previous attempts to create a European network for physician health programs and their actors, but the actual, physical mesh still remains to be woven. The first attempt, at least from our point of view, was made in connection with the conference in Oslo in 1997, where we agreed that our UK colleagues should take the next step with a follow-up meeting in 2000, which for various reasons did not happen. Then there have been several meetings in Barcelona, hosted by PAIMM and the Galatea foundation. The Manifesto of Barcelona was the result of an international meeting in 2001. It is based on the observation that "In recent years, it has been discovered that health professionals in general, and especially doctors, do not act properly, in the majority of cases, as patients when they are ill", and outlines eight principles of how to improve and secure the health service for doctors and other health personnel. It stands firmly as an ideological platform for our kind of work, but despite the constant pressure and initiatives from our friends in Barcelona, the actual European organisation still remained to be seen. *Copies are available.*

Three important steps in the right direction were made with the European workshop on handling concerns about the performance of doctors in 2005 in London, the subsequent international meeting on Handling concerns about the performance of doctors here in Oslo, January 31 and February 1, 2008, and not least, the meeting in London last November immediately after the first successful international conference in the traditional US/Canadian series on European territory, thanks to the BMA. Many of the participants from that meeting are here today, *and you will find the names of the participants and the notes from the meeting in your folders.*

So at this stage I want to express gratefulness both to our colleagues from the Galatea Foundation in Barcelona, who over the last eleven years have taken us a long way towards a successful merge between clinic and research, as well as the UK colleagues at NCAS and BMA and other centres, well supported by The Irish College of General Practitioners, who have taken the recent initiative to create the European Association for Physician Health – which actually is about to materialize here and now, before our very eyes!

In my book this is the third attempt to create such a network, and, again as we say in Norway (and I'm sure in most other countries): “all good things are three”. If earlier attempts were premature, this must be the right time. I think we now have come beyond the “critical mass” of existing initiatives and programs, it is time to ascend to the next level, the level of growth and proliferation. Our vision is that all programs and initiatives in Europe know each other and become friends, and that entrepreneurs in countries where the professional organisations have not yet recognised the importance of such initiatives can get help and momentum from their European colleagues.

When it became clear that the group that met in London on Thursday 20 November last year wanted a continuation, I agreed, on behalf of my colleagues here at the Research Institute of The Norwegian Medical Association, that we could host the next meeting, which would hopefully represent the formal inauguration of a new European association. However, in order to break this new ground we needed more information about the growth potential, what in economic terms is called a “demand analysis”. Therefore, in February 2009 we sent electronic questionnaires to all 57 European medical associations and relevant regulatory bodies.

Despite four reminders, the response was not overwhelming: 12 countries including ourselves. But the information we collected was very helpful. Furthermore, some potential members were already “on the list”, and others used different channels of communication. Therefore, we already have a list of more than 100 names from 22 European countries, and more than 50 of those wanted to attend this workshop. Hence, we interpreted the result of the demand analysis as positive, and went ahead with the planning for this workshop. And the rest is history.

The planning of the workshop has been easy, thanks to smooth collaboration from our UK friends, and all of you actually. Here in Oslo we have concentrated on the practical and

logistic aspects of the arrangement, while London has been responsible for the intellectual and spiritual content. We have sown together the agenda through several teleconferences, lasting for one hour or more each time. A few ground rules became clear quite early: that the meeting should only last for 24 hours, that it should be based on self cost and not have a budget of itself, and that it should not primarily be an open forum where all existing programs were presented, but rather have a structured and including interactive agenda. One reason for not opening up for the very interesting and extensive variety of existing models and initiatives is the novel EAPH website <http://www.eaph.eu/> where all kinds of information and material relating to our common interests should have their home. You will hear more about this website during the meeting, let me only here and now extend our gratifications to the BMA, who has agreed to take the responsibility of hosting this new European marketplace. Let us, in good EU spirit, aim for free flow of all kinds of relevant information!

Good friends, it is now up to you to decide the future of our initiative. To lean heavily on *el Príncipe de los Ingenios* - the Prince of Wits, Miguel de Cervantes, himself the son of a surgeon and the author of both *La Galatea*, from which our Catalonian friends seem to have gleaned their name, and the even more famous *Don Quixot*;, the battle with the windmills is hopefully over, now *the proof of the pudding lies in the eating*. (in Spanish?) This nice phrase, often attributed to *Don Quixote*, seems actually to stem from William Camden's *Remaines of a Greater Worke Concerning Britaine*, from 1605. Only appropriate, since this takes us around the circle, from Spain, to UK and presently here to Oslo. And, as we will hear further on, probably back to Spain next year.

I wish you all welcome, and us all good luck with our endeavour!