Die Abenteuer eines «general internist» aus der Schweiz in Europa

Die UEMO, die Krankenschwestern und die Sozialarbeiter

Daniel Widmer

Vizepräsident UEMO, Redaktor «Primary and Hospital Care»

Eine der Aufgaben der UEMO *(European Union of General Practioners)* ist es, die Präsenz der Hausarztmedizin in den politischen Milieus und bei den anderen europäischen Fachorganisationen zu stärken.

Wir haben es als nötig erachtet, gemeinsam mit den Krankenpflegerinnen und Krankenpflegern der *European Federation of Nurses Associations*, EFN (www.efn.be) an dem Projekt ENS4care (www.ens4care.eu) mitzuarbeiten. Dabei sollten evidenzbasierte Empfehlungen für die Entwicklung von E-Health-Dienstleistungen durch die Krankenpflegerinnen und Sozialarbeiter erarbeitet werden. Mehrere europäische Vereinigungen waren an dem Projekt beteiligt, darunter die UEMO. Die Richtlinien wurden mittlerweile veröffentlicht und am 8. Dezember dem Europäischen Parlament vorgestellt. Die vom Verfasser dieses Artikels vorgebrachten Kommentare wurden in der Arbeitsgruppe *«Complexity and Competencies»* der UEMO ausgearbeitet.

ENS4care, final meeting – presentation for UEMO (Daniel Widmer)

During the ENS4care process, I was representative of European family doctors, as member of the UEMO (European Union of General Practitioners). At the UEMO, I chair the working group *"Complexity and Competencies"* and, since end of November, I am Vice-President.

Redefinition of roles

For 2 years, I had the opportunity to observe how two professions (nurses and social workers) are redefining their roles in a changing world. An epidemiological transition is at the origin of this change: increase in chronic disease, multimorbidity, and complexity of care. At the same time, ICT (information and communication technology) seems to provide an opportunity to meet all challenges, while continuing innovation also contributes to world changes.

Nurses and social workers are making efforts to find the best innovative tools to help their work with patients and other health professions, and to create guidelines promoting their advancing roles. Certainly these two professions are in a position to link innovation with health, since they have a *key role in transition of care*. GPs have the same idea that compartments are a bad way to coordinate care, that communication between health professionals is necessary and that innovative technologies can help to promote the best health system. It is the reason why UEMO is here.

Many guideline statements in the final ENS4care work are the same as those I want to defend as GP:

- We must always consider how an ICT component will benefit practice and citizens: this is the *beneficence principle*.
- We must take care of the disruption caused by the implementation of an ICT: this is the *non-maleficence principle*.
- We must consider secure transfer of data and *confidentiality*.
- We have to promote home care, for which remote monitoring can be very useful.
- ICT is not a substitute for face-to-face contact.
- If there is an increase in *responsibility,* the legal context and the associated remuneration must follow. Many GP practices in Europe employ nurses (and other health professionals) in primary care settings and they want to be able to offer remuneration according to competence.
- Interprofessional education and training must be promoted.
- Clarity over roles and tasks is necessary.

As a GP, I must highlight some points for future work together as a continuation of ENS4care.

- To define new roles or tasks is certainly important in a changing world. If we want to avoid struggles for power, *professional identities* must remain solid. And we must also construct a *common identity*, for example in ambulatory care, in primary care settings.

- Coordination of care is necessary not only between secondary and primary care (transitional care) but also between professionals in primary care and between professionals' and patients' different agendas. *Priorities* must be established as a shared decision between professionals and patients.
- Primary care requires specific skills not only of GPs but also of nurses and social workers. For example, an experienced practice nurse in primary care must have *specific competencies for primary care*. The challenge is to avoid vertical organisations of specialised disease-centred silos.
- To build a true interprofessional culture of care, each professionnal must know the roles and competencies of the others.
- We must create *teaching programmes* for interprofessional collaboration.
- In my own experience it is necessary to begin with simple projects of common interest such as the use of ICT for the management of the medication list for multimorbid patients together with pharmacists, home care nurse, GPs and hospitals.
- *Quaternary prevention must remain a constant concern*. We must prevent overmedicalisation, overtreatment, overhospitalisation and misuse of ICT. ICT must help to prevent inadequate medicine and not to initiate more medicalisation.

Korrespondenz:
Dr. med. Daniel Widmer
2, av. Juste-Olivier
CH-1006 Lausanne
widmermed[at]gmail.com