MANIFESTO OF BARCELONA

Produced by consensus in the

1st EUROPEAN MEETING PAIMM 2001

by expert participants about

CARE PROGRAMMES IN EUROPE FOR HEALTH PROFESSIONALS WITH MENTAL DISORDERS AND ADDICTIVE BEHAVIOURS

Held in

Barcelona. November, the 8th 2001

Organised by

PAIMM (Integral Care Programme for Sick Physicians)

Col·legi Oficial de Metges de Barcelona (COMB)

With the collaboration of







Sponsored by:



PAIMM programme:

Col·legi Oficial de Metges de Barcelona (COMB) Passeig de la Bonanova, 47 08017 Barcelona Tel. 935 678 856 - Fax 935 678 824

E-mail: paimm@comb.es Web: www.paimm.net

MANIFESTO OF BARCELONA

PREAMBLE

Throughout the 20th century, the right to health has become a reality and, in the course of the last decades, mental disorders and addictive behaviours have been increasingly considered as illnesses, gradually losing the social stigmas attached to them in the past. Thanks to these changes, psychiatric care services have progressively been integrated within health systems in general, and the universal right to health as well as the accessibility of care services have became the norm throughout Europe.

Even so, specifically in the case of doctors and in general health professionals, there are a series of factors that determine, paradoxically, that they are one of the most unattended populations, in terms of health.

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. Moreover, it is important to keep in mind that mental and addictive illnesses still have a strong social stigma attached to them, even within the health collective, since there is a culture that prevents seeking help lest colleagues perceive the illness as weakness. Thus, many extended sick leaves, impairments and debarments are consequences of disorders for which there are effective treatments.

In the case of health professionals, and especially the doctors that suffer from these types of problems, fear of detection by co-workers or by patients plays an important dissuasive role when it comes to seeking help and therefore to accessing the health system. In these cases, a strong tendency to experience these illnesses with a feeling of guilt and an equally strong tendency to hide the illnesses only retard the seeking of help and worsen the prognostic. It's not only an individual issue but also a general health issue.

In order to provide health professionals with access to health services, especially to mental health services, it is necessary that these programs in all countries be based on the following:

PRINCIPLES

- 1. The health systems should guarantee health professionals the same access to health facilities that the general population has.
- Access to confidential treatment is considered important for all patients. Special arrangements would be required in order to assure this confidentiality for doctors and other health professionals when accessing treatment, especially when their condition involves mental or addictive disorders which are still stigmatised.
- 3. It is necessary to create sufficient programs and care services, so that sick professionals receive appropriate treatment in suitable conditions.
- 4. The relevant regulatory and professional bodies should have a supportive role in the organization, management and quality control of the care programs created. Funding must be provided by the responsible institutions.
- 5. The objective of these programs is not only to enhance the well-being of affected physicians, but also to maintain good health care delivery and safeguard patients.
- These programs should also have a preventive goal. They should attempt to
 provide all health professionals with the most favourable conditions so that
 problems are detected and handled as precociously and effectively as
 possible.
- 7. Research in this field should be promoted, particularly into the effects of working conditions and other risk factors on mental health.
- 8. Ways of promoting health, including mental health, at an individual and an organizational level, should be promoted.

Barcelona, November, the 8th, 2001

PARTICIPANTS

- Dr. Olaf AASLAND. (No)
- Dr. Marc AURIACOMBE. (F)
- Dr. Antoni ARTEMAN. Barcelona (E)
- Dra. Mercè BALCELLS. Barcelona (E)
- Dr. Josep BALLESTER. Barcelona (E)
- Dr. J. Ma BERTRAN. Tarragona (E)
- Dr. Julio BOBES. Oviedo (E)
- Dr. Eugeni BRUGUERA. Barcelona (E)
- Dra. Ma Carmen BULE. Barcelona (E)
- Dr. Amador CALAFAT. P. Mallorca (E)
- Sra. Rosa CAMPAÑA. Barcelona (E)
- Dr. Miguel CASAS. Barcelona (E)
- Dr. Gaspar CERVERA. Valencia (E)
- Dr. Jonathan CHICK. (UK)
- Dr. Joan COLOM. Barcelona (E)
- Dr. Fco. COLLAZOS. Barcelona (E)
- Dra. Pilar DURO. Barcelona (E)
- Sra. Gemma ESCUDER. Barcelona (E) Dr. Jaume TORT. Barcelona (E)
- Sra. S. Guila FIDEL. Barcelona (E)

- Dr. Gabrielle FISHER. (A)
- Sra. MaDulce FONTANALS. Barcel. (E)
- Dra. Dolores FRANCO. Sevilla (E)
- Dr. Antoni GUAL. Barcelona (E)
- Dr. Christian HAASEN. (D)
- Dr. Michael KRAUTZ. (D)
- Dra. Pilar LUSILLA. Barcelona (E)
- Sra. Victoria MARCOS. Barcelona (E)
- Dr. Icro MAREMMANI. (It)
- Dr. Ignacio MARTÍNEZ. Córdoba (E)
- Sra. Montse MARTÍNEZ. Barcelona (E)
- Dr. Lars-Hakand NILSSON. (S)
- Dr. Jolyon OXLEY. (UK)
- Dr. Jaume PADRÓS. Barcelona (E)
- Dr. Carlos RONCERO. Barcelona (E)
- Dr. Gabriel RUBIO. Madrid (E)
- Dr. John STRANG. (UK)
- Sra. Maria VILCHEZ. Barcelona (E)