

**“Manifesto of Barcelona”:  
Care programmes for health professionals  
with mental disorders and addictive behaviours in Europe**

**1st European Meeting PAIMM 2001  
Barcelona, Spain, 2001**

**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 extended throughout European countries.

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 sick leaves, impairments and debarments are consequences of disorders for which there are effective treatments.

In the case of health professionals, and especially doctors that suffer from these types of problem, 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 equally strong tendency to hide the illnesses, only retard the seeking of help and worsen the prognostic. This is 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 programmes in all countries be based

on the following:

### **Principles**

1. Health systems should guarantee health professionals the same access to health facilities that the general population has.
2. 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 programmes 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 programmes created. Funding must be provided by the responsible institutions.
5. The objective of these programmes is not only to enhance the well-being of affected physicians, but also to maintain good health care delivery and safeguard patients.
6. These programmes 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 on the effects of working conditions and other risk factors in mental health.
8. Ways of promoting health, including mental health, at an individual and an organizational level, should be encouraged.

### **Conclusions of the 1st European Conference PAIMM 2001**

1. When health professionals, especially doctors, become ill, they do not go to the Health System like the rest of the population. Various studies have shown that in these cases, neither the doctor as patient nor the doctor as therapist, act in the same way as recommended to the rest of the population, which results in an inappropriate doctor-patient relationship being established.  
If, in addition, the health problem happens to be a mental disorder and/or an addiction, these sick people, almost systematically, conceal the problem, do not seek help and try to go on working regardless. This behaviour may well be due to the fact that these illnesses are still socially stigmatized, resulting in these sick professionals being afraid of being identified, thus losing their professional prestige vis-à-vis their patients, as well as the respect of their colleagues, and even their job.  
This situation dramatically affects their family and professional environment, causes them to be negligent and to fall into malpractice and can easily jeopardize the health of the patients attended by these professionals. All this can result in more serious complaints, malpractice suits and work-place conflicts. This then becomes

a public health problem with professional and social repercussions which need to be minimized or, if possible, prevented.

These sick physicians have difficulty in exercising their rights to obtain health care as they do not seek appropriate treatment in the National Health System. They are then, paradoxically, among the least adequately attended populations.

2. In view of this situation, it is clearly vital to create professional control procedures which ensure that these sick doctors receive the necessary aid and support and present no risk for their patients. And it is essential, too, to guarantee total respect for their right to confidentiality.

Some years ago, in the USA, Canada and some states in Australia, some special programmes and mechanisms were created in order to detect these cases and try to give them the right health care in confidential conditions.

In Europe, there are some countries, such as the United Kingdom and Sweden, which have recommendations from their Medical Councils about how to treat these sick physicians. However, there are no specific services which guarantee that the treatment is confidential, or programmes that monitor and control medical practice. There are other countries, such as Germany, which have private hospitals where it is known that treatment is given for these cases, but they are private and without any participation from the Medical Councils. Finally, some other countries, such as France, Italy and Austria, do not fit any of these descriptions and it is not known what happens there.

3. In Spain, PAIMM (Integral Care Programme for Sick Physicians) and RETORN (Care Programme for Nurses' Health), are preventive and care programmes, which have two essential aims: on one hand, to attend health professionals with mental problems and/or addictive behaviours, by means of specific and duly specialized services under conditions of strict confidentiality; and on the other hand, to assure the citizens, as far as possible, that health professionals, above all physicians, are able to exercise a good practice in optimum conditions. The Government of Generalitat of Catalonia and the regional Medical Council and Nursing Body take part in PAIMM and RETORN, these latter professional bodies are in charge of the management of the programmes in order to best ensure good professional practices. PAIMM was created in Catalonia three years ago, and is gradually spreading to other professional bodies and health authorities in other autonomous regions of Spain. Progress, however, is slow, partly because of inadequate support from the corresponding health authorities.

It must be emphasized that outpatient treatment, which it is all that the majority of sick health professionals need, should be readily accessible and should not involve travelling over long distances. Inpatient services have to be centralized in one unit which covers a large territory. To be fully confidential and specialized, they need to have a size which justifies their cost and, for this reason, if a doctor has to be hospitalized for mental or addiction problem, the PAIMM facility in Barcelona is recommended. The professionals of this unit work closely with the professionals in all the regions to ensure that the patient recovers fully and can carry on his or her

professional rehabilitation.

Some regional medical councils, such as Cordova, Cadis, the Balearic Isles and Navarre, thanks to their effort and determination are beginning to set up PAIMMs in their territories. In this way, they will be able to organize Council Procedures and set up specialized outpatient services under conditions of confidentiality.

4. Public health administrations are responsible for the health of the population in general, and for that of health professionals, in particular. The national health service, and above all, the autonomous authorities in Spain should participate in programmes such as PAIMM and RETORN. What is at stake is a question of public health, and the health of professionals in the system. The coming transfers of health services to the autonomous regions of Spain should foment effective collaboration in developing these programmes.

Public health administrations, especially the autonomous authorities, should finance treatment for these sick professionals, so that they can make use of their right of access to treatment. The professionals bodies should also participate in the financing and should take responsibility for regulating good professional practice and ensuring access to the appropriate treatment.

The Generalitat of Catalonia has participate in the incubation, development and financing of the PAIMM and RETORN programmes in Catalonia, being the first autonomous government in Spain to do so. Nowadays, there are other regional governments, e.g. the Balearic Isles and Navarre, which have decided to give economic support to their medical councils in order to achieve the same objectives. Other regional authorities, such as that of Madrid, have decided to await the coming transfers of health services, to finance to their medical council, and thus set up their regional programme.

5. By unanimity, it was concluded that, following the model initiated in Catalonia, similar programmes should be put in place in all Spain and Europe because it assures the two essential purposes of the programme.

The OMC, (Organization of Medical Councils of Spain), will make every effort to ensure that the provincial and regional medical councils lead the programme development in Spain, to guarantee that the incipient projects correspond to their original purposes.

The OMC will make the PAIMM project known to the Medical Associations and Bodies of Europe and will work towards the setting up of similar projects across the European Union.

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