

ANNEX

II

UEMO 2000/178

Suggestions for a UEMO policy paper on GP's serving deprived populations

- NL : The paper should give keys, ideas and ways coming from member countries to others in order to help them defining and solving problems in their own country in this field.
The paper also should be political in order to address the European Union where necessary as well as a basis for possible EU funding of health care in deprived areas.
- UK : The paper should demand clarity in the approach to serving deprived populations vis-a vis
(i) funding
(ii) availability of medical personnel
(iii) a clear link-up with education and employment
- Belgium : Belgian Social Security's cover is nearly universal
- Sweden : The paper could preferably deal with problems/aspects of a culturally pluralistic society, need for more time and financial-resources depending on the extra workload; need for more cooperation with other service providers e.e. the social welfare, special need also for collegial exchange of experience with other GPs as well as with medical specialists.
- Finland :
- We must insist that family doctor has less patients / inhabitants in his area.
- They must get more many of this work, because it is a very exhausting work.
- CME- must be in good condition
- GP needs education of different cultures
- GP need the mental guidance of work
- GP's working environment must be good, they need nurses enough
- Slovenia : Organisation of health care for refugees by Gps working in teams with nurses, social workers and appointed teachers
- Germany : Gps should be able to gear their patients to non bureaucratic agencies which deal with the non medical problems and which could provide for interpreters
- Ireland : Gps must be rewarded financially for this stressfull work
- Switzerland : "Deprived" patients should have guaranteed access to medical treatment (couverture médicale universelle, CMU).
GPs need the assistance of nurses, social workers and translators.