



## **EUROPEAN UNION OF GENERAL PRACTITIONERS**

Alment Praktiserende Lægers Europæiske Organisation – UEMO  
European Union of General Practitioners – UEMO  
Europäische Vereinigung der Allgemeinärzte – UEMO  
Union Européenne des Médecins Omnipraticiens – UEMO  
Unione Europea dei Medici di Medicina Generale – UEMO  
Europese Huisartsen Vereniging - UEMO  
Unión Europea de Médicos Generalistas – UEMO  
Uniao Europeia de Clinicos Gerais – UEMO  
Euroopan Yleislääkärijärjestö – UEMO  
Europeiska Allmänläkarorganisationen – UEMO



# **UEMO 2001/101**

## **UEMO Working Groups** **On** **Medical Informatics** **Malta, Crowne Plaza 15th June 2001**

**Chairman:** Dr. Jose Manuel Solla Camino (Spain)  
**Rapporteur:** Dr. William Joubert (France)

After approval of Minutes of last Meeting (UEMO 2000/196) of the Working Group, Netherlands presented an ambitious national program for promoting Informatisation in health sector. A program called VIZI aims to define elements for content of medical information, conditions of storage and possibilities to update these informations.

Another program IPZorg completes this aspect, which aims to define architecture for network (ZPG) and conditions for standardisation (Enigma 303).

Practitioners are involved in the VIZI and partners with other participants (Ministry, Insurance Company, Patients) in IPZorg.

Actually 95% of the 7.500 GPs use computers, but the present professional software would have to become interoperable, between themselves, and so with the new configuration; of course, that will cost a lot of money.

The goal would be to allow access on patient's information, even in out of duty hour, and to increase the quality of the national health system, with implement of guide lines.

Spain reported that in its 17 autonomous regions, exist 17 different systems of information which are not interoperable.

On a national scale, works on standardisation and so on induced questions such as security, owner of information, are launched.

France thinks that there are two levels of questions.

---

**UEMO 2001/101**

**UEMO – PRESIDENCY**

Via il Prato, 66 – 50123 Firenze Italia - Tel.: + 39.055.284030 / Fax: + 39.055.284038 - E-Mail: [uemodada.it](mailto:uemodada.it)  
Federazione Nazionale degli Ordini dei Medici e degli Odontoiatri  
Piazza Cola di Rienzo, 80/a – 00192 Roma Italia - Tel.: +39.06.36203232 / Fax: +39.06.3222429

First: the technical field with choices to do about the support for informatters: smart card or servers (with third party), on a local scale or a 'big brother' solution, choices on architecture,  
Second: the political aspect including the field of datas shared, and the conditions for this share.

Most of European Countries have the same interrogations.

Portugal did the same constatations that others, and focuses on ethic. This is a crucial point because exist some insurance companies, which have their own offer of medical services, their doctors could so have access to confidential data, if protections are not present.

In another way, hospital don't want to be involved in this share of information, and it is not normal. In conclusion, it will exist a real problem of feasibility linked of the lack of hard system, the cost of equipment, and the number of professional software on the market.

It would be useful to do the state of knowing on the informatic knowledge of medicals in Europe. Portuguese Associations have already formed 4.300 GPs. For Netherlands, administrative datas should be separated of medical datas. Secondly the servers would be local and several.

In Belgium encryption is an obligation, and exists an Institute for collecting datas, and an ethical committee where doctors have majority.

Ireland thinks that share the datas is an obligation for the future, and we must care on ethical level, particularly on encryption. We must obtain so, that equality exists between public and private sector.

France thinks that the evolution of the different systems, will proceed progressively, but it will be useful for our colleagues, that UEMO secure the steps. So in an actual state, we could expose that it is an obligation for the systems, that the doctors stay independent, in front of software or networks which would be offered by the market.

U.K. says that useful offer storage of datas, and how to share these datas would have to be investigated on a benefit-risk level.

In a second part of the Working Group, the chairman presented a document (UEMO 2001/070) this is a proposed report for the development of a certification and accreditation system for health contents registration on the internet.

The number of such content is yet very important, and is growing exponentially. The economical impact is very high and exists a lack of control for quality of datas; anonymous contest is often forgotten, and a manipulation is possible.

The Spanish Society of General Medicine (SEMG) studied the spanish language sites and isolated six principal advisements. Spain prepared a document to develop a system for accreditation which would be taken on the European Scale.

The question is: would it be the role for UEMO to present it. All participants focus on the importance of such a document. Founding this project is still to define; but UEMO could be the coordinator for many national groups which would be involved.