



The Future of Hospitals and Healthcare



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Secretary-General 1989 – 2003

Buona sera Signore i Signori, Good evening Ladies and Gentlemen,

Allow me to thank, also on behalf of my wife Goidelic, HOPE President Mrs. Sara Pupate Ferrari and Chief Executive Pascal GAREL for inviting us to Rome. This eternal city of the soul and playground of „la dolce vita” is an ideal setting to celebrate the 50th anniversary of HOPE.

It was indeed here in Rome that in 66, during a meeting of the International Hospital Federation), the Dutch IHF president Prof. Burkens created *the Study Committee of the Hospital Organizations in the European Economic Community*. As you can read in the well detailed book you just received, this name changed following the evolution of the European institutions, which till 92 didn't get in the treaties any positive competence for health care. Health protection was a negative „factor” for member states to justify national measures limiting the European economic freedoms of movement of goods, capital, services and workers. Health was rather the appendix than the heart of Europe. But it gradually became the object of a lot of European decisions in the free market policy and its social side, as well as in scientific research, environment and other progressive powers of the ministers of health.

During the first years the comparison of the *hospital financing* was a major study-topic for the starting association, as well as the *relation between hospitals and the medical doctors*. Paul Quaethoven, the assistant of the Belgian delegation leader Prof. Jan Blanpain, prepared a lot of study work and became the first Secretary-General in 73, starting in Leuven with a 1/2 time secretary. Through the continuous work of the *Subcommittee Community Coordination and the Subcommittee Economics and Planning* the European dimension in health and hospital care was proven in many studies.

One of the topics, by the way a very spicy one, were the *rights of the hospital patient*. As a young member of the Belgian delegation, I had launched it already at the end of my second Plenary Assembly meeting in Bruges (76). The next year in Copenhagen I was asked to chair a working party on patients' rights and after 3 years of discussions the Luxembourg PLAS (79) accepted the *European charter of the hospital patient*. By formulating general and clear basic rules, the human rights were translated towards a really patient centred and safe hospital care, a condition for quality. This work was continued by WHO (Europe) in its *Declaration of Amsterdam* (94), by the *Council of Europe* in its *Convention on human rights and biomedicine* (Oviedo, 97) and by necessary laws in different countries. In Belgium I could assist the minister of health, Magda Aelvoet during 4 years, to pass the law on patients' rights (2002). In the EU the patients' rights would later especially relate to the free movement of patients after the Kohl and Decker



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judgements of the European Court of Justice (98). I was so glad witnessing these 2 Luxembourg „empowered patients” distributing a prize during the HOPE Exchange evaluation meeting 2003 in Luxembourg, where also a HOPE report on cross border healthcare was presented.

Besides a *glossary of hospital terminology*, the most important initiative of the first SG Paul Quaethoven was the establishment of a *hospital junior employee exchange program* in 81, which grew to the HOPE exchange program for hospital managers. Since 88 a final *evaluation meeting* brings all the participants together, as here again in Rome for the 134 participants of 2016. I have very sweet memories of the first meeting in Nantes in the sunny hospital vineyard la Placelière, where I participated as vice-president and met Pascal Garel for the first time as the omnipresent active assistant of the hosting director of the University Hospital of Nantes, Georges Costargent.

A growing involvement in the work of the Hospital Committee had indeed resulted in my *election as vice-president* during the rather spectacular Brussels PLAS of 86 where Frans Vissers (NL) would be chosen president. During the welcome dinner in the Astoria hotel, a big explosion occurred and all the participants quickly were hiding under the tables to escape the falling glass guillotine blades. Frans Vissers, 1 of the five (luckily lightly) wounded, was injured on his head. He tested the midnight emergency service of the Sint Jans hospital in room 611 but reappeared the next morning to start his brave presidency. He had a laughing grimace on his taped face accepting my cactus flowers decorated in a workman's safety helmet. 2 years later, Paul Quaethoven announced he would leave as SG. Prof. Dillemans, my tutor in the KULeuven law faculty when I graduated in medical law (74) and who had guided me immediately to the Belgian Caritas-hospital association, offered again a solution. As rector of the KULeuven, he suggested me to stop (end 88) as director of my Flemish hospital association *taking over the PT function of SG*, combined with advisory functions in his rectorate and teaching mandates in the School for public health, which was *moving to the old university hospital in the city centre of Leuven*. The rector gave me the keys of 5 rooms and on 1/8/89 I would enter the former cancer-unit for a free stay of 15 years with my new staff. Indeed the Belgian government had agreed to finance 4 FT secretariat and logistic staff members in a „third labour circuit” program. With an assistant to the SG (in the normal budget since some years) the *workforce grew from a 1/2 time to 5 FTE*.

So the *fabulous year 1989*, 200 years after the French revolution, was not only a year full of international changes (Berlin wall demolished with central European domino effects, Mandela liberated, Tian' an men uproar in Beijing) ... it was also the start of HOPE. I prepared a HOPE action program which *translated, into concrete actions and timings, the basic roles of an (international) hospital organization: associate, inform, represent (social lobbying), exchange, cooperate, study and educate*. This plan was accepted by the Lisbon PLAS in May 89, where my close colleague, Prof. Jacques Massion (BE) succeeded me as vice-president. The Constitution was amended and the name was changed into Hospital Committee of the European Community (HCEC). Instead of this unpronounceable abbreviation and as a kind of first name, *HOPE (Hospitals for EuroPE)* was luckily approved as acronym, logo and flag with the 12 European stars. For me HOPE was and still remains the *symbol of the hospital as institution of hope for the patient and the whole population*.



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Intensified *collaboration* with the growing number of European associations working in the health field was a main priority, especially by co-organizing thematic European AGORA's. The choices in terminology, timing and meeting places were intentionally *symbolic*. The first AGORA took even place 25 years ago in Paris a week before the Maastricht Treaty (91). For the first time (public) health would be mentioned in a specific art. 129 of the Treaty. The second AGORA was organized in Athens, near the real agora, economic market and public place for culture and philosophy. The AGORA's continued in a long row till this anniversary edition on the future of hospitals and healthcare here in Rome. The *strongest symbolic power* of the HOPE actions to make European hospitals themselves agents of change, I felt in Belfast's city hall (96) during a HOPE conference on rightsizing hospitals. The catholic Northern Ireland leader and later *Peace Nobel prize winner John Hume*, was officially invited in the hall for the first time in his life and could explain the normality of differences between human beings, but the abnormality of solving tensions and conflicts, which these differences may create, by threatening life or health of human beings.

A continuing major task was of course to keep HOPE in track with the *enlarging Europe*. The 6 founding countries of 66 were already doubled to 12 in 86. During a memorable PLAS on a ferry boat between Helsinki and Stockholm (95) HOPE grew to 15 members. During my last 16 months working for HOPE (to the end of 2004, while the official EU accession treaties were finalized, I had, as advisor to the HOPE president, the very challenging task to visit the hospital responsible authorities in the candidate countries and prepare their HOPE membership. Pascal Garel had succeeded me as CE (1/9/2003) in the HQ which was just moved to Brussels. The subsidized staff was stopped in Leuven, but the newly recruited Mrs Colberte De Wulf, became a magic multitasking assistant to the new CEO. Finally in 2004 all the new EU members became HOPE members 6 weeks after the official EU enlargement, except Poland following later between Bulgaria, Romania and Croatia. This enlargement had been actively prepared immediately after the demolition of the Berlin wall, by starting in Berlin (90) a series of East-West hospital co-operation seminars (together with WHO), and some hospital twinning programs in Romania, Albania and Kosovo. After a seminar in Moscow, with the strong input of Prof. Win de Gooijer, hospital management courses were also organized in Bulgaria and Latvia.

The EU was not only growing in quantity (around 500 million citizens now) but of course as well in *competency*. The full EU functioning was redesigned by the Treaty of Amsterdam (97), which rewrote even art. 129 (Maastricht) into art.152. But the EU still has only a „*subsidiarity*” role and can't regulate a comprehensive European healthcare system, which remains explicitly a national competence. This is even basically not changed by the new art.168 of the Lisbon Treaty (2007). Of course the EU has an immense *informative and benchmarking role* and huge means to *stimulate European networks* in health technology assessment, disaster medicine, scientific research even about healthcare systems and policymaking... Such (project) investment in quality care, resulting in real health gain for patients and society, through cooperation and networking is more than welcome. Being part of the *E.U. Health Forum*, a formal consultation process of all stakeholders in health (care), launched in Brussels in 2001, gives many concrete opportunities to HOPE, which realized after 10 years one of the explicit conclusions of the first AGORA in Paris to *formalize HOPE's social lobbying role*.



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I cannot end this very summarized and somewhat introspective report of the HOPE story without *looking outside Europe to the world*. European hospitals and their association, thus not only IHF, have also their role in *enhancing a global healthy environment and life*. More than sixty years of human rights, including the right on healthcare, were not enough to realize a decent minimum of life conditions for all human beings. Concrete actions could be set up even in the actual sheltering and caring of refugees. And remembering the message of John Hume, I would add here as well *world peace*. When a medical doctor, president of a nation, continues bombing part of his population and even complete hospitals, can the global and the European medical and health community stay quiet? Or can somewhere, be it at an anniversary party in the eternal city, a *concrete hopeful action start*?

But now „I feel dizzy in my head and in the universe”, to translate the groan of Fernando Pessoa that I read at the start of HOPE in 1989 in the Lisbon metro station Parque on a blue azulejo wall: „Doi-mé a cabeça e o universo” ... However this feeling is still overpowered by my gratitude to my motivated staff in Leuven and our royal landlord rector Dillemans, as well as to the past presidents in this room, but also to the excused Jorma Back, the deceased Frans Vissers and his predecessors, the inspiring SC presidents Johanna-Louise Dithmer, Georges Costargent and Win de Gooijer, my safe financial advisor André Aernoudt, the proactive national delegation leaders. And I will never forget the hundreds of volunteers all over Europe who delivered the welcome oil to keep HOPE running smoothly. I wish they will be followed by many colleagues making HOPE ever more performing in its role in the European arena, now under the stimulating guidance of Pascal Garel with a realistic Euro-optimism.