

Minutes of UPIGO's annual general assembly
from October 7th, 2000 in POZNAN (Poland)

Opening speech of the president, Dr. Nicolas TSATSARIS.

The president wishes to thank Pr. Marek SPACZYNSKI and his colleagues for their work in holding the 46th annual assembly of UPIGO in Poland under excellent conditions.

He greets all the participants and especially thanks those who took an active part in the organisation of this assembly. He welcomes the new delegates: Pr. Vesna KESIC from Yugoslavia and Dr. Aurelja VATKUVIENE from Lithuania. Pr. Simplicie ANONGBA from the Ivory Coast had the intention to come in POZNAN, but a last minute hitch kept him in ABIDJAN and he asks us to forgive him for not coming.

The president reminds us the existence of UPIGO's website: www.UPIGO.ORG and asks everyone's participation in the animating and the developing of this site. He also wishes to develop our collaboration with the Council of Europe. UPIGO is an international organisation created a short time after the second world war - alongside with FIGO - and its field is all that concern the practice of our speciality.

Report from the secretary general, Pr. Guy SCHLAEDER.

Pr. SCHLAEDER also wishes to thank deeply the local organisers of this meeting, Pr. SPACZYNSKI and his colleagues.

Since the last meeting in Dresden, we have had numerous contacts with doctors from different countries, from Europe as well as from North America and Africa. The secretariat's activity has been constant, all year long.

About the matters mentioned in Dresden: UPIGO's website was quickly created by Raymond BELAICHE, from Montpellier. It is quite handy and very pleasant to visit in UPIGO's three official languages, i.e. English, German and French. Continuous medical education was the subject of detailed reports from all the delegations. Martin LINK and Guy SCHLAEDER are presently publishing the reports in order to have a broad distribution.

UPIGO is part of the NGO-health group in the Council of Europe; UPIGO has been asked to conduct a survey about contraception in our countries. Each delegation should answer a questionnaire established for this survey.

The secretary general insists on the need, for the future, to adopt a clear strategy with achieved goals. The survey "UPIGO 2000" that will later be reported by Dr. Annik CONZEMIUS should lead us in that direction.

Report from the treasurer, Dr. Raymond BELAICHE.

For year 2000 France, Greece, Italy and Switzerland paid their subscriptions. It seems moreover that it is always the same countries who pay. Germany however did not pay but I think they have forgotten and this will be fast repaired. Great Britain made a mistake and believed to pay the UEMS. The sum was so removed from the UPIGO's account and sent to the UEMS's one .

A reminder of subscription will be done at the same time as the call of subscription for 2001.

On October 15, 2000 the balance amounts to 23 546,31 E

Our Polish hosts gave two special conferences:

Screening in gynaecological oncology by Prof. Marek SPACZYNSKI.

In order to implement a successful screening test one has to deal with a large burden of disease with recognisable preclinical stages. The curative potential must be much greater in early stages of disease and screening must lead to improvement in cause specific mortality. Gynaecologic cancers (cervical, endometrial and ovarian) are very common and they constitute more than 20% of

morbidity and more than 15% of mortality among cancers in women. In Western developed countries the most common is endometrial cancer and the biggest "killer" is ovarian malignancy. However in the developing countries (and in the whole world) the highest incidence and mortality is encountered in the case of cervical cancer.

We have available a very good screening test for cervical cancer. The retrospective data suggested that Pap smear improved detection and treatment of cervical cancer. According to certain protocols screening should be performed on annual basis in all sexually active women or in older than 18 years. However if 3 or more consecutive annual screens are negative then possibly screening can be performed less frequently (2-3 years). Due to problems with inadequate sampling and cytologic interpretation newer methods of automated Pap smears (PapNet and AutoPap 300QC) and fluid based Pap smears (ThinPrep, CytoRich) are being developed.

Endometrial cancer is usually manifested by abnormal vaginal bleeding and detected at early stage and hence there is no satisfactory screening program available.

The most controversial is ovarian cancer screening. Two possibly most useful methods in ovarian cancer screening programs seem to be measurement of CA-125 and transvaginal sonography with Color Doppler. CA-125 is elevated in 80% of patients with epithelial ovarian cancer and it correlates with stage of cancer but it is not specific to ovarian cancer and is elevated in only 50% of early stages. On the basis of tumour morphology index and Doppler flow in many clinical studies one was able to achieve very high sensitivity and specificity, however due to relatively low prevalence of ovarian cancer positive predictive value was low. The most efficient seems to be multimodal screening with initial evaluation of CA-125 levels followed by transvaginal sonography as a second-line test. Some of these studies show preliminary evidence of survival benefit, but further investigations are needed. At the present moment routine screening in general population is not recommended and in the high-risk populations (strong family history or proven genetic mutation in predisposing gene) ovarian cancer screening should be performed in the frames of clinical investigations.

In conclusion I want to stress the need for the worldwide implementation of the existing, effective screening programs for cervical cancer.

Modern perinatal care by Prof. Grzegorz BREBOROWICZ

A true effort on regionalizing the perinatal care has been made in the district of POZNAN. Maternity hospitals and paediatric departments are working on a network and the results have been distinctly improving under the past years. Better socio-economic conditions have also contributed to the perinatal progresses.

MAIN THEMES

Main theme 1: UPIGO: which are our goals? What is our international role? by A. CONZEMIUS (Luxembourg), G. SCHLAEDER (Strasbourg) and M. LINK (Dresden). Since the creation of UPIGO in 1953, many professional associations were created, a lot of them thanks to the impetus of UPIGO: UEMS (Union Européenne des Médecins Spécialisés) the monoprecialised section of OB-GYN, EBGO (European Board of Gynaecology and Obstetrics).

Recently, EBGO merged with ECOG (European College of Obstetrics and Gynaecology) to found EBCOG (European Board and College of Obstetrics and Gynaecology).

Because of this merge, UPIGO has lost a bit of the strong bounds it had with the institutions of the European Union, through EBGO. UPIGO is for the moment a little bit on its own.

This has naturally led us to think about our goals, about our international role.

In order to have a better understanding of all our professional organisations in Europe and through out the world, please read the enclosed organisation chart.

Which are our goals ? What is our international role ?

A questionnaire was sent in July 2000 to the UPIGO members in order to have an answer to these questions. Fourteen countries answered it: Switzerland, the Czech Republic, the Ivory Coast, Germany, Denmark, France, Greece, Italy, Luxembourg, Lithuania, Morocco, Rumania, Slovakia, Yugoslavia. The majority of our colleagues who answered the questionnaire then attended the meeting in POZNAN and took part in a general discussion on UPIGO's expected role.

Pr. Jan STENCL from Slovakia, Pr. Simplicie ANONGBA from the Ivory Coast and the representative of the Rumanian Society of ob-gyn were not able to attend this meeting.

In an order of priority (ranking from the most cited goal to the least cited one), the goals of UPIGO should be: quality of medicine, professional aspects, CME (continuous medical education), ethical matters, medico-legal aspects, and humanitarian aid.

For the less rich countries, the major concern is the quality of medicine, as well as a better access to medical care during pregnancy and delivery, better medico-technical equipment and more drugs.

For the so-called rich countries, administrative hassles and ever growing legal action are common concerns. A better-organised profession could face "technocracy". In this spirit, an extra-judiciary expertise bureau has been created in Switzerland as well as a workshop called "quality assurance".

The demographic distribution of gynaecologists is very heterogeneous. Some countries, like Italy or Greece, have too many. Some have too little. It is the case for the Ivory Coast, Morocco and quite surprisingly, Denmark. Other countries worry that the medico-legal strains, the poor quality of life and the plummeting of income could lead to a future lack of specialists.

In many countries, the relations with the administration and the regulating bodies are difficult.

All the consulted countries would like some help from UPIGO.

Knowing the organisation of the profession in other countries, knowing their legislation, their way of solving problems is very useful to everybody.

UPIGO has been on line for almost a year. We would like to develop this website. Each country can contribute to www.upigo.org, preferably in one of the three official languages of UPIGO: English, German or French.

Nevertheless, "classic" written communication, i.e. professional press or leaflet printing should also be developed.

UPIGO has been for many years a NGO (non-governmental organisation) officially recognized by the Council of Europe. UPIGO takes an active part in the NGO-health group, especially in the workshop "health and sexual education". Other themes could be developed within the Council of Europe structure or other international organisations (WHO, FIGO, etc...).

One should always bear in mind that UPIGO, even though historically developed in Europe, has a global vocation within its status. Hence the participation of a Moroccan delegation since the Dresden general assembly (1999). We hope to welcome, in a near future, delegations from Black Africa, especially from the Ivory Coast.

To conclude, UPIGO has several fields of interest: quality of medicine, professional life, CME, ethics, medico-legal problems, humanitarian aid, health and especially sex education.

For this coming year, our main goal will be to assess the conditions of practising ob-gyn in our countries. It is the first theme that the statutory general assembly has chosen and it is going to be the subject of a deep survey, with the collaboration of all our members.

Main theme 2: medico-legal problems.

Survey : Professional liability insurances

In front of the exponential increase of the price of the professional liability insurance in some countries among them France, it seemed convenient to us to make a survey in the various participating countries of the UPIGO.

France = 7,000E

Luxembourg = 5,000 E

Germany = between 3,000 and 8,000E

Switzerland = 1,000 E

Italy = 790 E

Slovaquie = 400 E

Greece = 300E

Denmark = 200E

The other countries have rates relatively low. In Yugoslavia, it seems that there is not professional insurance .

- The premiums begin to be in increase in almost all the countries interrogated except Yugoslavia, Slovakia, Ivory Cost, Rumania and Lithuania . Insurance premiums begin to increase in Italy, in Germany, in France, in Luxembourg.
- Except Israel, Slovakia and Denmark no other country possesses a law on the medical hazard.

Responsibility without fault (or medical hazard) by R. BELAICHE (Montpellier).

The jurisprudential evolution is very clear in France.

The medical responsibility notion is now extending to accident without fault. The real question is: Who is paying in case of an unknown therapeutic factor without fault?

We think that, the doctor is responsible for his deeds, aware of his competence and he should stick to it. He could also submit to a self-assessment, maybe even to an accreditation given by a kind a wise committee. This could cast away the grave suspicion/ presumption of guilt that always hangs on him and his deeds.

It is high time we thought about creating a guaranty fund financed:

- either by the patients by maybe increasing their health-insurance policy or their social-security contributions (100FF per year per household are enough) or maybe an appropriate insurance before any surgical intervention
- either by a participation of the pharmaceutical industry
- either by the state
- either by insurance companies, etc

Maybe good will from every part could be sufficient and would exempt the practitioner from his responsibility when there is no fault.

Having recourse to this fund should only be allowed after the prejudice of medical hazard.

Responsibility for the gynaecologist's fault by Pierfrancesco (Reggio Calabria).

As in many other European countries, the number of legal action against professional fault is rising in Italy. Gynaecologists are the most frequently sued specialists.

There is professional fault from the gynaecologist when two fundamental factors are present:

- established damage
- existence of a link of causality between the fault and the damage.

We are in favour of measures taken on a European level. We should:

1. Prevent any possibility for the patient to sue a doctor in order to deprive the injured person of an offensive instrument used against the doctor, forcing him to accept a financial compensation of the damage in order to avoid jeopardising his professional credibility.
2. Distinguish the minor fault (for which the doctor is not judicially responsible) from the serious and voluntary faults. In the latter cases, the judge will automatically take legal action against the doctor responsible for the damage caused to the patient. A commission of medical experts, officially recognised by its peers, should be in charge of qualifying the fault: minor or serious.
3. Guarantee a quick compensation from the insurance companies.

Statutory general assembly

- Reports from the secretary general and the treasurer are unanimously adopted.
- The next UPIGO bureau is composed as follow:
 - * President: Dr. Nicolas TSATSARIS
 - * Former President: Pr. Giovanni ADINOLFI
 - * Deputy President: Pr. Martin LINK
 - * Treasurer: Dr. Raymond BELAICHE
 - * Secretary General: Pr. Guy SCHLAEDER
- The next general assembly will be held in MARRAKECH, Morocco from September 28th to September 30th, 2001 and will be organised by our friend Dr. Saad AGOUMI.
- Main theme 1: survey on the conditions of exercise of ob-gyn: demographic, social, financial and medico-legal analysis of the countries represented in UPIGO. Co-ordinator: G. SCHLAEDER.
Within the framework of this survey, R. FORLEO will study what did private practise bring to ob-gyn.
- Main theme 2: social security cover of maternity. Co-ordinator: S. AGOUMI.

Other themes discussed in POZNAN:

- Ob-gyn in Yugoslavia, by Pr. Vesna KESIC (Belgrade)
The ordeal that Yugoslavia has been undergoing for 10 years have seriously damaged the sanitary and economic situation of the country. The lacks are huge: for example, the lack of alcohol or disinfectant used to wash the hands of the surgeon! Mortality, sexually transmitted diseases and complications during pregnancy have increased. The need of drugs and medico-technical equipment is enormous.
- OB-GYN situation in the Ivory Coast, by Pr. Simplicie ANONGBA (Abidjan)
Initiated by the school of Strasbourg with the creation of the faculty of medicine in 1967, gynaecology and obstetrics in the Ivory Coast are divided into two fields: education and care.
This speciality is taught to students in their 5th year of their medical studies and then, at a post-graduate level in order to obtain the certificate of special studies of ob-gyn (4 years).
On a paramedical level, education in the midwives school lasts 3 years.
Ob-gyn departments of four university hospitals, as well as maternity homes, PMI (mother and child health care centres) and private clinics are in charge of medical care through out the country.
- View on the humanitarian action by Pr. Claude COLETTE (Besançon).

Experience from humanitarian actions in Europe (KOSOVO) has taught UPIGO not to act directly, but still to propose to the colleagues that we have met to join us

as soon as they will have overcome the difficulties we have tried to help them on.

UPIGO must be at the disposal of all professional organisations of the speciality in order to support colleagues facing schemes in contradiction of ethical rules accepted by the whole national and international organisations.

- Need of a continuous education for the ob-gyn practitioner in the 3rd millennium by Pr. Romano FORLEO in collaboration with Dr. Patrizia FORLEO (Rome).

The authors write a vibrant plea for continuous medical education (CME). The specialist-to-be should not be the slave of technique, such as colposcopy, hysteroscopy or laparoscopy. Thanks to a comprehensive and broad education, he should be capable of synthesis. This versatility will allow him to adapt to future changes.

MOTIONS ADOPTED IN POZNAN.

Pr. P. TROPEA presented a motion on professional responsibility in ob-gyn. "UPIGO sees that the problems regarding professional responsibility in ob-gyn are reaching considerable proportions that threaten the exercise of the profession as well as the credibility of the practitioners. UPIGO asks for common action on an European level in order to prevent the depopulation of our speciality - especially in obstetrics - and demand the passing of a law on medical hazard in all the countries facing the real problem of ever growing cost of professional insurance for the ob-gyn practitioner".

Dr. S. AGOUMI presented a motion on social security cover of maternity by private insurance in Morocco.

"UPIGO totally support the private ob-gyn association represented by Dr. Saad AGOUMI, who will try its best to improve the medical cover in private insurance policies. A better undertaking of pregnancy and puerperality should allow a clear improvement in the health of mothers and their children".

The 2 motions were unanimously voted during the general assembly of POZNAN.

Thanks to the excellent organisation of Pr. SPACZYNSKI, we have work under optimal conditions. Discussions were numerous and very beneficial.

The following delegates represented 11 countries in POZNAN:

CH: H.J. WELTI - CZ: M. KUDELA -DK: H.H. WAGNER -
F: R. BELAICHE, C. COLETTE - GR: N. TSATSARIS ; A. KALOGEROPOULOS - LUX: A. CONZEMIUS - I: R. FORLEO, P. TROPEA - LIT: A. VAITKUVIENE - MOROCCO: S. AGOUMI - PL: M. SPACZYNSKI - YU: V. KESIC.

Members of the bureau: President: N. TSATSARIS - Treasurer: R. BELAICHE - Secretary general: G. SCHLAEDER.

Apologies for absence: Former President: G. ADINOLFI - I; J. SCHENKER - IL; S. ANONGBA - Ivory Coast; M. LINK - D; J. STENCL - SK.

Report written by G. SCHLAEDER
Secretary general
Strasbourg, December 2000

