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Exchange of war cripples between member countries of the Council of Europe for medical treatment

Report
Social, Health and Family Affairs Committee
Rapporteur: Mr René RADIUS, France

A. Draft Recommendation

The Assembly,

Considering the improvement of thei'apeutic methods to be an important aspect of social progress, the furtherance of which among the member countries is mentioned in the Preamble and Article 1 of the Statute as one of the primary aims of the Council of Europe ;

Having regard to the principle of equal social and medical treatment for nationals of member countries, which has inspired the signature of the Interim Agreements on Social Security and the European Convention on Social and Medical Assistance ;

Responding to suggestions in the field of medical assistance put forward by the Governments of certain member countries and repeated in the Message of the Committee of Ministers transmitting the Programme of Work of the Council to the Assembly ;

Desirous of ensuring that all available therapeutic methods in any member country may be placed at the disposal of any European ex-serviceman disabled by war, and hoping therefore that the European nations will introduce a system of mutual exchanges, covering not only the disabled but also technical methods and medical personnel;

Developing the conclusions of the Brussels Treaty War Pensions Committee which noted that some countries had evolved specialised forms of treatment for certain types of particularly serious disablement and expressed the hope that such treatment might, in exceptional cases, be placed at the disposal of ex-servicemen belonging to any of the five signatory countries of the Brussels Treaty ;

Considering that such a system of exchanges would be of great assistance in promoting a spirit of solidarity and European-mindedness,

Recommends that the Committee of Ministers :

Prepare in co-operation with the International Labour Organisation and other international organisations concerned, and submit to the Member States of the Council of Europe for ratification, a Convention for the exchange of certain of their nationals disabled by war, with the object of placing at the disposal of particularly serious cases of disablement specialised forms of treatment and rehabilitation perfected by one of the fifteen member countries.

Such exchanges would be based on the following principles :

a. they would be restricted to cases which could only be treated with difficulty or with partial success in the country of origin.

b. they would be available not only to those who are actual military casualties but also to civilian victims, so that the scheme would apply comprehensively to all military personnel, prisoners of war, deportees, internees, political prisoners, members of resistance movements, victims of bombardment or other act of war, or of accidents caused by occupying forces, persons compelled to work as civilian auxiliaries, etc.

c. unless otherwise laid down, the cost of treatment would be borne by the country of origin.

Furthermore, the Convention would embody an undertaking by the Contracting Parties to carry out a regular exchange of information on questions of common interest connected with the medical treatment of the disabled.

Finally, arrangements would be made to exchange medical personnel, in order to introduce new methods in all the participating countries and thus progressively reduce the need for exchanges of patients.

B.

1.

1. Advance in therapeutic methods is undoubtedly one of the important aspects of social progress, the furtherance of which among member countries is mentioned in the Preamble and Article 1 of the Statute as being one of the primary aims of the Council of Europe. Representatives who, in September, 1952, asked the Assembly to include in its Agenda the question of the exchange of war cripples for medical treatment were mainly influenced by this section of the Statute. This scheme would give European war cripples the advantage of access to all therapeutic facilities available in Europe, irrespective of the member country in which they might be found.

2. The authors of the motion rightly added that such measures would go a long way towards promoting a spirit of solidarity and mutual responsibility among the peoples of Europe.

3. It should be noted that the two Interim Agreements on Social Security and the European Convention on Social and Medical Assistance, which treat nationals of all member countries alike, constitute an admirable precedent for new social measures inspired by the spirit of nondiscrimination.

4. Finally, this proposal, is in complete harmony with suggestions put forward by the Governments of certain member countries, and repeated in the Message of the Committee of Ministers of May, 1954, transmitting the Programme of Work. Their purpose is to encourage the development of European co-operation in the field of public health by exchanges of information, the co-ordination of research, the standardisation of methods and the pooling of resources.

5. When embarking on the study of this question, the Committee decided first of all to discover whether any action had already been taken by international organisations which might have approached this problem from various angles, such as the World Health Organisation, the International Labour Organisation, UNESCO, the European Office of the United Nations and the Brussels Treaty Organisation.

6. An enquiry by the Secretariat-General revealed that no practical steps had yet been taken. Although the exchange of scientific and technical information on the treatment and rehabilitation of the disabled clearly falls within its province, the World Health Organisation has never turned its attention to the exchange of war cripples, its contribution being confined to spreading knowledge of the most up-to-date methods of prevention, treatment, re-adjustment and rehabilitation, as regards not only war cripples but all physically handicapped persons, whatever the origin of their disablement. I.L.O., on the other hand, deals mainly with the vocational rehabilitation of cripples and disabled civilians but has carried out no research into the international exchange of disabled ex-servicemen for medical attention. This specific problem has been studied only by the Brussels Treaty Organisation.

7. As early as 1950, indeed, its War Pensions Committee recommended the exchange of disabled ex-servicemen among the five signatory countries with a view to making special forms of treatment evolved by any one of the five countries available to such persons in the other four. This was no more than a recommendation to the Governments concerned, and no convention has as yet been signed.

8. Furthermore, in April, 1950, this Organisation's Joint Committee on the Rehabilitation of the Disabled rejected the recommendation of the War Pensions Committee for the following reasons :

a. The process of rehabilitation was too closely linked with the local labour market position ;

b. In certain countries, there were already long waiting lists of local patients ;

c. Re-education was frequently carried out by private organisations, and it would be difficult to force them to accept patients from other countries ;

d. An exchange of patients might result in less advanced countries making no further effort to adopt new methods themselves ;

e. Since rehabilitation was a continuous and local process, it would be technically inadvisable to interrupt it.

The Committee in question preferred to encourage exchanges of medical staff as a means of introducing new therapeutic techniques into the various countries, considering this to be more practicable than the exchange of patients.

9. However, certain points were left outstanding. First, there was the question whether a limited number of such exchanges which might provide useful experience had not already taken place. Secondly, what should be the precise scope of such exchange ? Should consideration be given only to serious cases or should they extend to all the disabled, including those whose disablement was due to other causes than war ? What would be the needs and facilities of each country and what would be the best method of financing the scheme ? Finally, were there also grounds for contemplating an exchange of medical personnel ?

10. As the Committee on Social Questions was assuming responsibility for answering all these questions, it issued the following Questionnaire to the competent authorities of member countries :

10.1. What bilateral or multilateral schemes already exist for exchanging disabled ex-servicemen or civilian war casualties for medical treatment ? (Please supply details).

10.2. How could such exchanges be increased in number and scope ?

10.3. Please state approximately the number of disabled ex-servicemen and civilian war casualties in whose case such exchanges . would be desirable.

10.4. Should the scheme be comprehensive or limited to serious cases for which treatment in the home country is difficult or not entirely effective ?

10.5. What are the most serious difficulties and handicaps met with by your country in the treatment and cure of disabled ex-servicemen and civilian war casualties, and in what categories might an exchange be beneficial ?

10.6. Should such a system of exchanges be extended to cover all.disabled persons, i.e. cases of employment injury and incapacitated persons in general ?

10.7. What arrangements would be necessary and how would the scheme be financed (expenses borne by the home country, or a clearing system) ?

10.8. Do the laws and regulations in force discriminate between the material conditions obtaining for war ciipples, persons injured in course of their employment and other casualties ?

10.9. What facilities in your country (special equipment, sanatoria, specialised hospitals, health resorts, etc.) would be available for the exchange scheme ? What number of foreign patients could be accommodated 1

10.10. Should the possibility be considered of exchanging certain classes of disabled persons with a view to their obtaining prosthetic or orthopaedic appliances ? How, in your view, could such a scheme be financed ?

10.11. If you consider preferable an exchange of medical personnel and methods of therapy, please give your reasons.

11.

11.1. Stricly speaking, there have so far been no exchanges of the proposed type, but three facts should be noted. Statements by the French delegate to the meeting of the Joint Committee on the Rehabilitation of the Disabled reveal that certain French war pensioners have been equipped with artificial limbs in the United Kingdom. There is an agreement between the United Kingdom and Ireland, whereby disabled Irish nationals Avho formerly served in the British Forces and who are suffering from tuberculosis receive treatment in Irish sanatoria with the agreement of the United Kingdom Ministry of Pensions, which pays their expenses at an agreed rate. Finally, the Luxembourg War Damage Office reports that the Grand-Duchy makes special provision for disabled ex-servicemen to be treated, as private patients, in specialised hospitals abroad.

11.2. Replies to the Questionnaire suggest that, generally speaking, only a limited number of disabled ex-servicemen and civilians are in need of such an exchange system: less than a hundred in Luxembourg and about thirty a year in the Federal Republic. These exchanges would be confined to serious cases which can only be treated with difficulty or with partial success in the country of origin. On the other hand, some replies suggest that they should not be restricted to war victims, for those disabled by all types of accidents, and particularly cases of employment injury, should be entitled to benefit.

11.3. The results of this enquiry do not make it possible to give a precise estimate of the respective needs of the member countries. The following facts can, however, be given.

Greece. The Disablement Section of the Army General Staff states that there is lack of specialised medical equipment and of institutions for dealing with neuro-surgical illnesses and plastic surgery.

Luxembourg. The War Damage Office draws attention to the inadequate number of institutions specialising in neurology, plastic surgery, lung and head splinter wounds, special appliances and the rehabilitation of difficult amputation cases.

The Netherlands delegate to the Joint Committee on the Rehabilitation of the Disabled claims that his country needs to send a few disabled persons to the United Kingdom for certain types of treatment.

German Federal Republic. The Ministry of Labour states that the country lacks climatic centres suitable for the treatment of certain forms of renal complaints and tuberculosis.

11.4. Similarly, only partial information was received with regard to the special facilities which the member countries could offer for an exchange system.

Denmark. The Danish Minister for Social Affairs pointed out that, at present, national legislation does not allow this country to take part in a system providing for the free treatment of aliens in Denmark in exchange for the treatment of Danes living abroad.

France. The French delegate to the Joint Committee on the Rehabilitation of the Disabled stated that there was a special centre in France for the rehabilitation of children suffering from infantile paralysis which might accept foreign children in exceptional cases.

Greece. This country would offer the use of its sulphur and brine baths for hydropathic treatment. Such establishments could receive about a hundred foreign patients. It could also accept patients requiring heliotherapy.

Ireland seems to possess no facilities which are not available in the other countries.

Luxembourg possesses a spa recommended for the treatment of diseases of the liver and the intestine (Mondorf-les-Bains). About sixty beds could be provided for foreign patients.

The Netherlands. The Netherlands delegate to the Brussels Treaty Joint Committee stated that this country would be glad to receive foreign patients on an exchange basis needing treatment which had become specialised in the Netherlands.

German Federal Republic. The Minister of Labour reports that all the medical centres and therapeutic facilities of this country would be available for an exchange system restricted to about thirty patients a year.

11.5. With regard to the method of financing such exchanges, the Luxembourg War Damage Office and the Netherlands delegate to the Brussels Treaty Joint Committee would both like expenses to be borne directly by the country of origin. This is also the opinion of the Irish authorities, who state that this is the best method of dealing with the few cases where they might wish to send a patient abroad for medical treatment.

11.6. Finally, there seems to be a body of opinion in favour of an exchange of medical personnel and information on therapeutic methods. This was supported by the Belgian delegate to the Brussels Treaty Joint Committee on the grounds that it would permit the introduction of new methods into the countries concerned, and also by the French Ministry for Ex-servicemen and War Victims, whose reply to the Questionnaire urged an exchange of medical personnel rather than of war-disabled. The Disablement Section of the Greek Army General Staff doubts whether i t has sufficient opportunity for exchanges and thinks that this method might also be adopted. Likewise, the Luxembourg War Damage Office considers that the foreign training of medical personnel, even on a limited scale, would enable many more special cases to be treated in the Grand-Duchy and so result hi considerable economy. Finally, the Ministry of Labour of the German Federal Republic considers that, though such exchanges would not be feasible on a large scale, they might be a useful means of providing short periods of training in certain specialised therapeutic methods.

12. On the basis of this information and after careful examination of all aspects of the question, the Committee considers that an exchange of disabled ex-servicemen and civilians among the member countries of the Council of Europe would give such persons access to all treatment available in Europe and therefore lo

the best therapeutic methods. I t would thus go a long way towards ensuring their recovery. The Committee also accepts the idea of exchanging information and medical personnel as a means of improving the therapeutic methods available to patients in the various member countries, but does not look upon this system.as an immediate and complete substitute, though it would be more economical than an exchange of the disabled. An exchange of information and personnel could only achieve results after a certain length of time. What is more, it could not overcome difficulties caused by a lack of suitable climatic conditions for certain treatment, by the absence of thermal or mineral springs or by inadequate hospital facilities and financial resources in certain countries. The Committee therefore hopes that a convention will be prepared, whereby each member country will undertake to offer the disabled of the other countries every opportunity of undergoing special treatment and rehabilitation on its territory where methods are more advanced than in the other countries. The Committee considers that it should be possible to limit such exchanges to cases of a somewhat serious nature which could be treated only with difficulty or with partial success in the country of origin. On the other hand, these facilities should be available not only to military casualties but also to civilian victims, so that the scheme would apply comprehensively to all military personnel, prisoners-of-war, deportees, internees, political prisoners, members of resistance movements, victims of bombardment or other act of war, or of accidents caused by occupying forces, persons compelled to work as civilian auxiliaries, etc. Furthermore, subject to bilateral agreements to the contrary, the cost of treatment should be borne by the country of origin. Finally, the Convention might provide for a regular exchange of information and medical personnel, which would do much to spread the knowledge of new methods throughout the signatory countries and so progressively reduce the need exchanges of patients. For these reasons, the Committee proposes that the Assembly adopt the following draft Recommendation :