

Report on the Symposium "Neurology and Public Health in Europe", organized by the WHO and the EFNS, Marseille, 15 September 1995

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The symposium "Neurology and Public Health in Europe" was organized by the Unit of Neuroscience, Division of Mental Health, of the WHO (Acting Chief Dr L. Prilipko) and by the EFNS, Task Force on European Co-operation (Chairman Professor Dr F. Gerstenbrand). The purpose of the meeting was to gather further information on the organization of the medical speciality of neurology within each European public health system, including patient care, therapeutic and diagnostic possibilities for neurological diseases, organizational structures of neurological hospitals and neurological departments, post-graduate medical education for specialists, and the fee system. The symposium was held within the framework of the global initiative of the WHO "Neurology and Public Health", which aims at drawing the attention of the general public and all those involved in health care to the great importance of neurological diseases. The initiative will be carried out in several phases. The first phase concentrates on the development of a knowledge base on the current situation in the different European countries. So far, 11 workshops have taken place, one of them within the framework of the EFNS Congress in Berlin (December 1993) on neurological management in German-speaking and East European countries.

All European ministries of health were informed about the organization of the symposium in Marseille. The Swedish ministry sent a delegate. Several European ministries asked for a final report.

Professor Dr F. Gerstenbrand reported on the increasing neurological tasks in health care and stressed that, thanks to modern neurodiagnostic techniques and results in basic research, ranging from neurobiochemistry to genetics, neurology has new possibilities for the treatment of neurological disorders. Whereas, in former times neurology was mainly concerned with the medical management of chronic diseases, it has developed into one of the most important medical specialities, with possibilities for rehabilitation and restoration even after very severe ill-

nesses. Some 15-20% of all patients suffer from a primary neurological disease, a further 20% present neurological complications due to their basic disease. The institutions for medical management of neurological patients have to be widely extended; this is true for acute management as well as for neurorehabilitation.

The papers presented at the symposium showed that there is a considerable difference in the medical management of neurological patients due to the differing organization of the public health system in the various European countries. Dr Godwin-Austin reported that in the English system patient management is normally overseen by the general practitioner and in the hospital by the general physician. The neurological patient can be referred by the general practitioner or the general physician to the neurological consultant; the referring physician is responsible for therapy and follow-up treatment. A continuous monitoring by the consultant neurologist is possible.

The report of Professor Binder on neurological management in Austria showed that in the Austrian system the neurological specialist and the neurological departments are responsible for the neurological patient during the acute stage, follow-up treatment in the hospital, as well as during outpatient after-treatment. If necessary, cooperation with other medical specialities as well as the general practitioner is possible. The neurological management in central European countries such as Slovenia and the Slovak Republic is very similar.

In several European countries neurology shares the responsibility for the neurological patient with neighbouring specialities such as neurosurgery and internal medicine, and the consultant system plays a minor role. So far, in most of the European countries a considerable number of neurological patients have been treated at non-neurological departments or at departments without adequate facilities or experience. This concerns, in particular, patients after a stroke, the most frequent neurological

illness with a very high death rate. It is well known that stroke patients who are not treated at specialized departments have longer hospitalization periods and poorer treatment results. Also for other neurological illnesses, especially brain injury and spinal cord injury, the question of who should be responsible for treatment has not been satisfactorily answered.

Speakers from Italy, Slovenia, Slovakia and Croatia reported on the neurological service and the existing neurological institutions in their countries. A paper by Dr Kirbas, Turkey, was at hand and excerpts from it were read. In the general discussion Professor Vereshchagin spoke about neurology in Russia, and Docent Kalvach about the neurological service in the Czech Republic. Further discussion remarks were made by Dr Olsson, the Swedish delegate, Dr Aarli from Norway, Professor Davaki, the Greek delegate and Dr Kruja, the delegate from Albania.

It was stressed that the establishment of a European database is necessary and should be achieved in co-operation between EFNS and WHO.

Several national delegates reported on the post-graduate education system for specialists in neurology. There are remarkable differences due to the different goals of post-graduate education, either training for the work of a consultant or for the position of the head of a neurological department or clinic with direct responsibility for the patient during acute and follow-up phases. The number of neurological practitioners varies widely between the different European countries: approximately 200 in Great Britain, 600 in Austria, 2000 in Italy, and 10,000 in Russia. In relation to the population, the number of neurologists is especially high in Slovakia.

The duration of post-graduate education and the curriculum differ widely. In the EU-countries, a final examination is required after a minimum of 4 years training in neurology and additional training in internal medicine and other specialities related to neurology, with a total of 6 years.

Neurological hospitals or neurological departments at general hospitals exist in most European countries. The number of available neurological beds, however, does not meet the demand. Considerable improvements are needed in the field of neurorehabilitation. In most cases, neurorehabilitation is carried out in combination with rehabilitation for other diseases. There are only very few centres for neurorehabilitation, especially for patients after brain injury. Several European countries, e.g. Austria and Turkey, have graduated plans for the enlargement and improvement of neurological departments and other neurological services, but their implementation depends on the economic conditions. In Turkey, the first of three

phases, i.e. the creation of independent neurological departments, has already been started.

Professor Federico of Italy reported on neurological projects sponsored by the EU. The possibility of submitting project proposals was discussed and it was pointed out that the EFNS organizes workshops providing information about application procedures chaired by Professor Amaducci of Florence, chairman of the EFNS Committee on European Affairs.

Professor Gerstenbrand presented the activities planned by the EFNS with a view to extending and improving neurological services in Europe. He reported on the newly established Task Force for European Co-operation of the EFNS, of which he was appointed chairman. The primary requirement is the establishment of a database of existing neurological services in the different European countries, including departments for acute treatment, follow-up and neurorehabilitation as well as research centres and their fields of interest with possibilities for co-ordination and consultation between neurological departments and research centres. It was stressed that close co-operation between related specialities, above all with neurosurgery, but also with internal medicine, is necessary. Furthermore, there is an urgent demand for specialized neurological units, e.g. for neurointensive care, which should be available at each major neurological department.

It is the joint intention of the EFNS and WHO to co-operate with other European institutions for the purpose of standardization and harmonization of post-graduate training and continuing medical education systems in all European countries. Furthermore, the EFNS wants to co-operate with European and non-European neurological institutions in arranging post-graduate education opportunities in subfields of neurology.

In his paper concerning WHO activities in the field of neuroscience, Dr Prilipko placed particular emphasis on the already existing advancement programme in the field of psychiatry and the current efforts in order to strengthen the WHO activities in the area of neurology. The Unit of Neuroscience of the WHO is developing programmes for international projects for the global registration of neurological diseases. The WHO Unit of Neuroscience is interested in a close co-operation with the EFNS regarding the enlargement and improvement of neurological services; future joint activities are planned.

It was decided to elaborate and publish a joint report on the proceedings of the symposium. The abstracts of the reports and discussion remarks will be used to prepare a joint report which will be sent to the ministries of health in the different European countries.

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