Pressure mounts over European Working Time Directive

Tony Sheldon *Utrecht*

Pressure is mounting across the European Union for changes to the European Working Time Directive before the 1 August deadline requiring junior doctors to work an average 58 hour week.

A United Kingdom House of Lords committee report warned last week of a potential staffing crisis equivalent to losing 3700 junior doctors.

The Dutch government is calling for changes "before the summer" if it is to avoid spending €100m (£66m; \$122m) on extra staff. Germany has said that the directive could mean increasing doctors' numbers by nearly a quarter, costing €1.75bn.

These views have been fed into the European Commission's "consultative review" of the directive, which closed on 31 March.

Concerns centre on two rulings by the European Court of Justice, covering resident on-call duties and compensatory rest periods. In 2000 the *Sindicato de Médicos de Asistencia Pública* judgment in Spain ruled that doctors can count hours spent asleep on-call as working time.

Last year's Jaeger ruling in Germany added that doctors are allowed immediate compensatory rest after resident on-call duties, even if they have been able to rest while on-call (*BMJ* 2003;327:640). The UK government believes this could be "massively destructive," because it could prevent doctors working the following shift on rota.

Lord Williamson of Horton, chairman of the House of Lords Select Committee on the European Union, called on the UK government as "a matter of urgency" to indicate what it proposed to do. The Lords believe the court rulings mean the NHS "cannot possibly comply with the directive by August."

A BMA representative, who gave evidence to the committee, told the Lords that the United Kingdom "would be in real trouble."

The Royal College of Physicians warned of "serious long term effects" on continuity of care, patient safety, and training.

Although welcoming the innovative national programme of pilot projects to reduce doctors' working hours, the Lords emphasised that the United Kingdom was particularly vulnerable because of its relative shortage of doctors. The ratio of junior to senior doctors is 1.4:1 in the United Kingdom; the EU average is 1:4.

Lord Williamson said: "The UK government and the commission must work out a practical solution that improves conditions over a realistic timescale." James Johnson, chairman of the BMA's council, welcomed the report, arguing that more needs to be done to prepare hospitals for the "massive impact" of the directive.

The Netherlands is demanding that EU member states "must have the possibility to determine themselves how far on-call duties should be considered as part of working time." If all on-call duties are included then it fears this could mean 10 000 extra healthcare staff at a cost of €400m a year.

The Irish government too has said "full compliance may be very difficult within the time available." In particular it has highlighted difficulties in granting immediate compensatory rest when rostering hospital doctors on duty where round-the-clock medical cover is required.

Irish MPs were last week (6 April) told that a majority of junior doctors will meet the 58 hour limit but the Irish Medical Organisation fears compliance with the directive will mean lower standards of training.

Other EU member states have complained about the Jaeger ruling. France and Spain have chosen to apply for their health sectors to opt out of the

directive. Slovenia has applied for this option even before it joins the union on 1 May.

The commission has since launched a consultation on "possible future modification of the directive." It accepts the need to consider how best to define working time so that a "flexible legislative framework" does not create "unnecessary burdens."

A commission spokeswoman said that there was a "consensus" that changes were needed and that Jaeger was a "key point in discussions." All views now

needed be considered, she said.

Doctors in training were originally excluded from the 1993 directive, but since 2000 the European Union has sought to set a timetable in which junior doctors would work an average 58 hour week by August this year, falling to 48 hours by 2009. □

The Working Time Directive: A Response to the European Commission's Review, Lords Select Committee on the European Union can be accessed at www.parliament.uk

Exploring perspectives on death

This picture is one of several different types of visual media depicting death and decay in an exhibition entitled *Dust to Dust*, which has been organised by students of the MA Gallery Studies course at the University of Essex.

The different interpretations of memento mori in the installations, paintings, sculpture, film, photography, and jewellery on display are intended to raise awareness of our own mortality and challenge preconceptions about it.

The exhibits "represent forms of decay in either physical or metaphorical terms," say the organisers, who make the point that the average life expectancy runs to 394 000 minutes, while the average length of a gallery visit is a rather more modest 21 minutes.

Laura Letinsky painted the picture above, which is one of a series called *I Did Not Remember That I Had Forgotten*.

Caroline White *London*

Dust to Dust runs from 20 April to 15 May at Square 5, University of Essex, Colchester CO4 3SQ