Health professionals who suffer from mental disorders and/or addiction are, for various reasons, one of the most unattended populations with regard to treatment. This can lead to dramatic situations both for the sick doctor and his patients. Therefore, in 1998, the Official Medical College of Barcelona (COMB) set up the Programme for the Integral Care of the Sick Doctor (PAIMM) aimed at doctors’ rehabilitation and return to work. On November 8, 2001, the following experts from eight countries, A. Arteman (Spain), M. Auriacombe (France), J. Ballester (Spain), J. Bobes (Spain), E. Bruguera (Spain), A. Calafat (Spain), M. Casas (Spain), G. Cervera (Spain), J. Chick (UK), J. Colom (Spain), P. Duro (Spain), G. Fisher (Austria), A. Gual (Spain), C. Haasen (Germany), M. Krausz (Germany), P. Lusilla (Spain), I. Maremmani (Italy), L.H. Nilsson (Sweden), J. Oxley (UK), J. Padros (Spain), G. Rubio (Spain), U. Rydberg (Sweden), J. Santodomingo (Spain), G. Sierra (Spain), J. Strang (UK), met in Barcelona to launch a European working group on programs for health professionals with mental disorders. The aim of the society is the exchange of experiences in various European countries and the stimulation of research. The working group released the following ‘Manifesto of Barcelona’.

**Manifesto of Barcelona**

**Preamble**

Throughout the 20th century, the right to health has become a reality and, in the course of the last decades, mental disorders and addictive behaviors have been increasingly considered as illnesses, gradually losing the social stigmas attached to them in the past. Thanks to these changes, psychiatric care services have progressively been integrated within health systems in general, and the universal right to health as well as the accessibility of care services have become the norm throughout Europe.

Even so, specifically in the case of doctors and in general health professionals, there are a series of factors that determine, paradoxically, that they are one of the most unattended populations, in terms of health.

In recent years, it has been discovered that health professionals in general, and especially doctors, do not act properly, in the majority of cases, as patients when they are ill. Moreover, it is important to keep in mind that mental and addictive illnesses still have a strong social stigma attached to them, even within the health collective, since there is a culture that prevents seeking help lest colleagues perceive the illness as weakness. Thus, many extended sick leaves, impairments and debarments are consequences of disorders for which there are effective treatments.

In the case of health professionals, and especially the doctors that suffer from these types of problems, fear of detection by coworkers or by patients plays an important dissuasive role when it comes to seeking help and therefore to accessing the health system. In these cases, a strong tendency to experience these illnesses with a feeling of guilt and an equally strong tendency to hide the illnesses only retard the seeking of help and worsen the prognostic. It is not only an individual issue but also a general health issue.

In order to provide health professionals with access to health services, especially to mental health services, it is necessary that these programs in all countries be based on the following:
Principles

1. The health systems should guarantee health professionals the same access to health facilities that the general population has.

2. Access to confidential treatment is considered important for all patients. Special arrangements would be required in order to assure this confidentiality for doctors and other health professionals when accessing treatment, especially when their condition involves mental or addictive disorders which are still stigmatized.

3. It is necessary to create sufficient programs and care services, so that sick professionals receive appropriate treatment in suitable conditions.

4. The relevant regulatory and professional bodies should have a supportive role in the organization, management and quality control of the care programs created. Funding must be provided by the responsible institutions.

5. The objective of these programs is not only to enhance the well-being of affected physicians, but also to maintain good health care delivery and safeguard patients.

6. These programs should also have a preventive goal. They should attempt to provide all health professionals with the most favorable conditions so that problems are detected and handled as precociously and effectively as possible.

7. Research in this field should be promoted, particularly into the effects of working conditions and other risk factors on mental health.

8. Ways of promoting health, including mental health, at an individual and an organizational level, should be promoted.

Barcelona, November 8, 2001

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