In 2022, EUMASS, the European Union of Medical Insurance and Social Security, celebrates the 50e anniversary of its foundation.

What is EUMASS?

In Europe, about 500 million people are covered by social insurance schemes for health care, disability or incapacity that are financed or agreed by society as collective social security. Decisions on entitlement to social benefits are usually based on medical assessments which, in turn, must be based on scientific knowledge, insurance medicine expertise and an inclusive society where social security and social protection enable every citizen to take part in social life in its various forms, to be an actor in his or her own personal development, and to participate in that of his or her relatives and society as a whole, irrespective of any limitations in all areas of private, public or professional life[i] .

EUMASS is therefore a European federation of national associations or organisations of doctors involved in insurance and social security medicine in their country. It aims to provide a platform for the exchange of experience and knowledge in the field of insurance medicine, mainly in the field of public social security.

To this end, representatives of the member associations meet three times a year for scientific seminars or working groups on topics such as ethics in insurance medicine, evaluation methods and standards, multidisciplinarity, scientific literature and research, etc. These meetings have led to the drafting of :

- Rules of conduct for insurance doctors[ii] ,
- A selection of ICF criteria[iii] adapted to insurance medicine (EUMASS ICF Core Set),
- A dictionary establishing the correspondence of the main terms used in insurance and social security medicine in the different European languages, (Babylon Project[iv])

EUMASS is collaborating with the U.S. National Health Institute in the validation of a disability assessment instrument, the Functional Ability Battery (FAB). In addition, EUMASS cooperates with the Insurance Medicine Branch of the Cochrane Institute.[v]

EUMASS also participates in the work of the Standing Committee of European Doctors (CPME)[vi] which represents all doctors in the European Union and actively cooperates in the work of the Cochrane Insurance Medicine (CIM)[vii] , the insurance medicine arm of the Cochrane Institute which promotes evidence-based medicine. EUMASS is called upon as an expert by the Structural Reform Support Service (SRSS) of the European Commission.

Most importantly, it organises a scientific congress every two years in one of the Member States[viii] . The next congress will be held in 2023 in the European Parliament in Strasbourg. To ensure that these congresses are of high quality, EUMASS has a dynamic Scientific Committee[ix] (SciCo),

chaired by Dr Corina Oancea MD PhD, which includes experts and academics from all over Europe. All congresses are accredited by the EACCME[x] (European Accreditation Council for Continues Medical Education)

Its mission

The mission of insurance medicine, which EUMASS has adopted, is to guarantee fair and justified access to social security and social protection benefits aimed at restoring health, ensuring social and professional (re)integration of citizens regardless of their nationality, language, skin colour, age, sex, social origin or cultural, philosophical, religious, sexual or political orientation. and, where appropriate, to provide the right to compensation (material and financial) for impairments, activity limitations and restrictions on performance and participation[xi] .

In its new statutes, EUMASS commits to :

- Uphold ethical standards and professional conduct in relation to any outside influence in decision making or reporting and the refusal of any assignment with a potential conflict of interest, as set out in the Code of Conduct;
- To promote the highest level of medical training and practice and an excellent knowledge of health and health care systems for social security doctors in the Member States. This includes specific training which is maintained by a continuous training obligation. It is based on a scientific and clinical approach as well as on the experience gained;
- To support and develop all activities related to insurance and social security medicine and to provide members with information on all relevant issues concerning the development of good clinical practice and research in insurance medicine;
- To ensure representation at international level and to be aware of and react to relevant items on the European agenda and to strive for the recognition of insurance medicine as a medical specialisation.

Its history

EUMASS was founded in Leuven, Belgium in 1972 by the associations of Belgium, France, Germany, Italy, Luxembourg and the Netherlands. These founding countries were joined over the years by Austria, Bosnia, Croatia, Czech Republic, Estonia, Finland, Greece, Iceland, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Sweden, Switzerland and the United Kingdom in alphabetical order.

After fifty years of existence as a de facto association, EUMASS opted in 2021 for the legal status of a non-profit organisation under Belgian law and to establish its headquarters in Brussels, where the European Commission is based.

Evolution of social security and the role of the insurance and social security doctor

In its fifty-year history, social security has been in constant evolution. This evolution has also influenced the medical activity in social security.

Mainly Bismarckian from the outset, and therefore of an insurance and solidarity-based nature, access to the social protection offered was open through professional activity, the insurance financed by social contributions, and the system managed jointly by workers and employers. At that time, the doctor had to check whether the insured person had lost enough capacity to be entitled to disability benefits.

It has taken on a more universal character by opening up to social assistance according to the approach advocated by Lord William Beveridge after the Second World War. It is up to the doctor to control access to health care for all and to assess situations of disability

More recently, [eee]at the end of the 20th century, the proposals of Lord Anthony Giddens, who advocates the idea of a way to modernise the post-World War II welfare state[xii] , have gained ground throughout Europe and beyond. This school of thought advocated the concept of an 'active welfare state'. The aim was to establish a new balance between so-called passive policies of compensation and withdrawal from the labour market and activation policies based in particular on training and aimed at encouraging people to be active so as to prevent social protection from becoming an employment trap [xiiixiv] . For the doctor, it is now a question of assessing the remaining capacities to be mobilised in order to envisage reintegration into the labour market. This new approach to reintegration has revealed the need for collaboration with other disciplines. A multidisciplinary approach has been developed. Doctors, nurses, physiotherapists and occupational therapists, psychologists, other paramedics and social workers are increasingly working with the beneficiary on his or her socio-professional reintegration.

Indeed, at the dawn of the 21[e] century, a widespread emancipation movement has emerged which, in the social security system, seeks to give the citizen the first place in the care of health and work. This is also reflected in the demands for participation in the debate from patients' associations and other citizens' movements. Doctors, accustomed to a one-on-one discussion, have had to adapt to these new expectations by working in a more collegial and transparent way.

The recent Covid-19 pandemic has also had important implications for social security. New ways of working have generated new pathologies and required a new approach to assessment. In particular, the emergence of new communication technologies has changed the way consultation is conducted.

Finally, the increase in the number of people unable to work and the exponential evolution of medical techniques and treatments, combined with a growing shortage of medical staff, has stimulated the development of computer systems based on algorithms and artificial intelligence. This development presents social security medicine with new challenges to ensure a human-friendly approach and transparent decisions.

The growing shortage and ageing of insurance and social security doctors will also need to be addressed if these new challenges are to be met with confidence. Better knowledge and recognition by society of their essential role in social protection systems is essential to ensure that all citizens have access to fair, independent and personalised assessments and decisions.

Conclusion

To conclude this historical evolution, it should be noted that although in the past the insurance and social security doctor was an informed observer and expert assessor of medical facts, he remained, or even had to remain, outside the therapeutic relationship. Today it is increasingly clear that his action, particularly but not only in the policy of social reintegration, influences the therapeutic pathway of the socially insured. The overall health of the population can no longer be conceived without taking into account the place of work and social integration in the well-being and dignity of the human being. If the insistence on the assessment of remaining capacities in the context of reintegration was already a major paradigm shift, the fact that social security medicine has been given a place in the therapeutic process is a Copernican revolution for social security medicine and for the medical world in general, the importance and urgency of which has not yet been gauged but which it is not possible to develop here. This is sufficient proof that EUMASS has more than ever a place and a role to play, both in terms of renewed collaboration with the medical world as a whole and above all in terms of serving a society that is ever more open, equitable, fulfilled and concerned about the well-being of its population.

Dr Jean-Pierre Baron Schenkelaars

President of EUMASS

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[i] National College of Social Insurance Medicine in matters of incapacity for work, Belgium 2020
[ii] https://www.eumass.eu/fr/guidelines-of-conduct-for-insurance-physicians-3/
[iii] https://www.icf-research-branch.org/icf-core-sets-projects2/130-icf-core-set-manual-for-clinical-practice
[iv] http://www.eumass.eu/wp-content/uploads/2022/06/EUMASS-The-Babylon-List-of-Terms-for-Insurance-Medicine-Master-ver-2.2.xlsx
[v] https://www.eumass.eu/wp-content/uploads/2018/03/Leighton-Porcino.pdf
[vi] https://www.cpme.eu/
[vii] https://insuremed.cochrane.org/; Cochrane Insurance Medicine (CIM)/Cochrane Insurance Medicine (CIM).

[viii] Brussels 1974, Amsterdam 1978, Aachen 1980, Bruges 1983, Strasbourg 1985, The Hague 1988, 1990 Bremen, Tournai 1992, Paris 1994, Veldhoven 1996, London 1998, Ghent 2000, Oslo 2002, Lille 2004, Dublin 2003, Prague 2008, Berlin 2010, Padua 2012, Stockholm 2014, Ljubljana 2016, Maastricht 2018, Basel 2020 postponed to 2021, Strasbourg 2023
[ix] https://eumass.eu/fr/scientific-committee/
[x] https://www.uems.eu/areas-of-expertise/cme-cpd/eaccme
[xi] ICF: International Classification of Functioning, Disability and Health
[xii] A. Giddens,The third way. The renewal of social democracy, Cambridge Polity Press, 1998.
[xiii] P. Feltesse, Active social state and socio-economic context. What economic and social aims? Econospheres, 2011 (http://www.econospheres.be/Etat-social-actif-et-contexte)
[xiv] F. Vandenbroucke, Op zoek naar een redelijke utopie. De actieve welvaartsstaat in perspectief, Leuven-Appeldoorn, Garant, 2000.