



Opening speech EUMASS jubilee 50^e anniversary of its foundation. Brussels, Palais des Académies, 23rd September 2022

Ladies and Gentlemen, Dear Collegues,

It is my privilege and my pleasure to welcome you at this festive academic session as EUMASS celebrates today the 50th anniversary of its foundation.

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. It also adopted earlier this year a new logo.

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, ^{ccc}at the end of the 20th century, the proposals of Lord Anthony Giddens, who advocates the idea of a “Third Way” to modernise the post-World War II welfare stateⁱ, 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 ⁱⁱⁱⁱ. 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 21st 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.

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. (Dr. de Wind will come back to this point in her lecture). 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.

In the following lectures, health care, capacity assessment and reintegration in today's setting and in a European perspective will be presented by our distinguished guest speakers whom I thank very much for their contributions.

Thank you for your attention.

Dr Jean-Pierre Baron Schenkelaars

President of EUMASS

ⁱ A. Giddens, *The third way. The renewal of social democracy*, Cambridge Polity Press, 1998.

ⁱⁱ P. Feltesse, *Active social state and socio-economic context. What economic and social aims?* Ecospheres, 2011 (<http://www.econospheres.be/Etat-social-actif-et-contexte>)

ⁱⁱⁱ F. Vandenbroucke, *Op zoek naar een redelijke utopie. De actieve welvaartsstaat in perspectief*, Leuven-Appeldoorn, Garant, 2000.