

Dear Friends and colleagues,

The ECPCP website and Newsletter, from the beginning of 2014, has dedicated part of its space to relevant information and news from different members of ECPCP. After Israel, it is now Italy's turn.

Therefore, on the following pages you can find:

* **Pediatric Primary Care in Italy**
* **The Present and the Future of Pediatricians in Italy**
* **A Family Pediatric handbook**
* **CME residential/ distance courses for primary care pediatricians:**
  + Neurodevelopment evaluation and the fostering of psycho-motorial development 0-3 yrs.
  + primary care and hospital stay: Diagnosis and therapy in Pediatric clinical cases.
* **Advocacy activities in primary care:**
  + **Born to Read**

http://www.natiperleggere.it/index.php?id=178

* + **Born for Music**

http://natiperlamusica.blogspot.it/

* **Clinical and collaborative research in primary care:**

Effectiveness of Nebulized Beclomethasone in Preventing Viral Wheezing: An RCT.

[Pediatrics.](http://www.ncbi.nlm.nih.gov/pubmed/?term=enbe) 2014 Feb 17. [Epub ahead of print]. [Clavenna A](http://www.ncbi.nlm.nih.gov/pubmed?term=Clavenna%20A%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), et al. [on Behalf of the ENBe Study Group](http://www.ncbi.nlm.nih.gov/pubmed?term=on%20Behalf%20of%20the%20ENBe%20Study%20Group%5BCorporate%20Author%5D).

* **oPen. From Sharing Data to a Transparent Research for the common Good**

Italian Cochrane Collaboratio annual meeting. Naples 12-13 December 2013

**http://associali.it/wp-content/uploads/2013/11/Depliant\_Riunione\_Ass\_Liberati**

* **Commitment for self-regulation of relationships with companies. The ACP Code**

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**Pediatric Primary Care in Italy - Pediatria di Famiglia in Italia**

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Since 1978 the Italian National Health Service (NHS) has provided pediatric primary care to children through the use of community based pediatricians (pediatra di base o di libera scelta), now commonly called “pediatra di famiglia ” (family pediatrician).

The Italian NHS requires that all children have an identified primary care provider, either a pediatrician or a family practitioner, depending on the patient’s age. Italian NHS pediatricians work in their own private offices, providing primary care of patients from birth to 14 years of age and are compensated under a capitation system . The NHS pediatricians are usually the sole patient entrance to NHS secondary and tertiary care in the 0 to 6 age range, while parents can choose between a pediatrician or a general practitioner for their children’s care between 6 and 16 years of age.

In Italy there are over 7,000 NHS primary care pediatricians taking care of more than four million patients from birth to 14 years of age, the majority of these patients being under six years of age. The Veneto Region in Northern Italy, where the author practices, has approximately 4.3 millions inhabitants with 562,000 less than 14 years of age and 233,000 of these are under 6 years. In this area there are 460 practicing pediatricians. In the 0 to 6 years age group 85% of patients are under a pediatrician’s care. The remaining 15% live in rural and mountain areas where only NHS family physicians are available, as most of the pediatricians are located in larger towns with more than 5000 inhabitants. The pediatric coverage drops to 54% in the total 0 - 14 years age group in the Veneto region and 44% in Italy; as in the other European countries, parents tend to utilize more general practitioners as primary care provider for their children after six years of age.

Acute, chronic and preventive care, through both office and home visits, are provided by the pediatricians, who are reimbursed under a capitated system that pays about ten euro a month per patient. The NHS pediatrician cares for an average of 750 and a maximum of 1000 patients, is available for patients from 8 a.m. to 8 p.m., Monday to Friday and 8 a.m. to 2 p.m. on Saturday and performs 4000-4500 visits a year. In addition to acute ambulatory and home care, responsibilities include coordinating the care of chronically ill patients, consulting with subspecialties, performing well baby health checks and all certifications for school activities, parent’s absence from work, indemnities, and social welfare. Pediatricians, as well as general practitioners in the Italian NHS, are not allowed by law to take care of their patients during hospital admissions. Solo practices, often without nursing or secretarial staff, account for the majority of pediatric primary care practices and the pediatrician’s expenses are mostly limited to telephone and office overhead in addition to travel expenses for home visits. Primary care pediatric group services either in one location or in separate locations are becoming more common, reaching almost 30 % of practices in some regions. Immunizations are usually performed by a different NHS community service. The NHS provides night and weekend phone coverage as well as urgent home care to all patients, utilizing on call non-pediatrician physicians. Both these services are provided to all patients free of charge.

The major advantage of this system for the community is that health care is available to all children without any out of pocket expenses: health care costs are paid by tax money, paid principally by the employer with some employee contribution. Functionally, since all health care is funded through the Government, the Italian NHS is a single payor system. This allows patients to choose their primary care physician/pediatrician, in contrast to the United States, where the employer may direct that choice. However there is some restriction on the parents’ choice of primary care providers for their children, due to the NHS limitation, by law, of a maximum of 1000 patients per pediatrician and a relative shortage of community-based pediatricians. Over the years this system has allowed the building of a trusting therapeutic relationship between parents, children and their pediatrician. In the first patient’s satisfaction survey performed in Italy, done in the Veneto Region and in Tuscany, pediatricians in the system score highest among all other NHS services.

More recently a survey, using computer assisted telephone interviews, was performed in 1000 families whose children were cared by solo pediatricians compared to 500 families who were cared by pediatricians in group practice. The average solo score was 8.2 /10 while the group practice score was 8.7/10, confirming that pediatric primary care is very well accepted in Italy and that the recent organizative changes are improving patient’s satisfaction

The Italian NHS, which accounts for approximately 7.3%\* of the Gross Domestic Product (GDP), in 2012, under the average of 9.5% in OECD countries, is trying to control the increasing costs of health care by limiting physicians’ reimbursements and applying co-pays to lab tests and NHS subspecialty consultations.The countries which spend the most on health as a share of GDP are the United States (which spent 17% of its GDP on health in 2012), followed by Switzerland and Germany (which allocated more than 11% of their GDP on health).

In Italy this has been done without offering incentives for cost saving to physicians, which may negatively affect the patient-physician relationship. As in the United States and in some European countries, it is anticipated that in the future the NHS will also implement quality assurance standards utilizing outcome assessments in primary care. As it currently functions, the infant mortality rate in Italy, as in other OECD countries, has fallen greatly over the past decades. It stood at 3.33 deaths/1,000 live births in 2013° lower than the OECD average 5 deaths per 1000 live births in 2010^. Infant mortality is the lowest in Japan and in Nordic countries (Iceland, Sweden, Finland and Norway).

Since all pediatric primary care in Italy functions under a capitated system with a single payor, Italian community pediatricians have neither had the need for sophisticated accounting and billing systems, nor, due to reduced needs for office staff, high overhead costs and administrative commitments found in the United States. In the Veneto region as well as in other regions this situation has allowed information systems experts and community pediatricians to collaboratively focus on the development of an electronic medical record system for pediatric primary care, that serves as a powerful data collecting instrument. To assess the impact that the NHS imposed demands has on practicing pediatricians, these electronic systems will link affiliated practices in the near future. Using statistical analysis modules, data will eventually be gathered to measure and analyze the quality of services provided.

In Italy all children and adolescents have a primary care provider who is fully trained as a pediatrician, who is also following CME programs in primary care pediatrics, according to the indications of the European Board of Paediatrics and of the national education curriculum in pediatrics .

The primary care pediatrician should be able to integrate with other local services, developing a long term perspective of the changing health problems of individual children and of the community as a whole.

The Italian Society of Primary Care Pediatrics ( SICuPP – Societa’ Italiana di Cure Pediatriche Primarie) is organization representing Primary Care Pediatricians within the Italian Society of Pediatrics (Società Italiana di Pediatria) the largest Pediatric Society in Italy with over 9000 members ).

The Italian Cultural Association of Pediatricians (ACP) is a Pediatric scientific association, with almost 1.200 members, mostly primary care pediatricians, but also hospital and university pediatricians.

The Italian Federation of Pediatricians (FIMP - Federazione Italiana Medici Pediatri) is the professional organization of community-based practicing pediatricians, responsible also for the development and evaluation of continuing medical education programs and research projects for its over 7500 members.

\*http://leg16.camera.it/465?area=30&tema=664&Il+livello+di+finanziamento+del+Servizio+sanitario+nazionale

°http://www.indexmundi.com/italy/infant\_mortality\_rate.html

^http://www.oecd.org/els/family/CO1\_1\_Infant\_mortality\_March2013.pdf

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**Pediatric Primary Care in Italy** (see ppt. file in attachment)

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**A Family Pediatric handbook** (see the PDF . file in attachment)

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* **National CME Residential/ distance courses for primary care pediatricians:**
  + Neurodevelopment evaluation and the fostering of psycho-motorial development 0-3 yrs.
  + primary care and hospital stay: Diagnosis and therapy in Pediatric clinical cases.

Neurodevelopment evaluation and the fostering of psycho-motorial development 0-3 yrs

As a result of the critical appraisal of the best evidence published regarding this subject, a Consensus document has been written by a multidisciplinary team (ACP, AIFI, FIMP, IOPTP, SIF, SINPIA, SIP), promoted by WHO, Regional Office for Europe and EPA / UNEPSA and coordinated by

G, Tamburlini ¹ and G. Rapisardi ².

The consensus document has been used to integrate and harmonize the existing tools for child neurodevelopmental evaluation and the fostering of health for the first 3 years of life, to establish medical education courses addressed to primary care pediatricians, currently being held in almost half the Italian Regions to standarize how well baby check ups are done.

¹ Center for Child Health , Trieste ; European Paediatric Association , WHO consultant , Mother , Newborn and Child Health ;

² Brazelton Center, Florence , Department of of Pediatrics and Neonatology of the ' Hospital s.m. Annunziata , Florence ;

**Rationale and objectives**

The Evaluation and fostering of child psychomotor development has gained increasing importance in pediatric primary care interventions. In recent years the international pediatric scientific community has emphasized the importance of a universal approach, particularly when addressed to the socio-educational needs of the most vulnerable population groups. Therefore, a multidisciplinary team, focused on primary care pediatricians (PCP), including different specialists such as neuropsychiatrists and physiotherapists, is needed, for two reasons:

1 . To develop a common model of neurodevelopmental assessment for primary care pediatricians, in order to recognize normal devolopment and detect in a timely manner signals indicating the need of a short term revaluation or the consultation of a specialist.

2 . To develop a common model for PCPs to give information to parents to support them in fostering their child's psychomotorial development

These two objectives are indeed connected: the neurodevelopmental evaluation during the well baby check-up gives the pediatrician the opportunity to educate the family regarding useful activities for healthy child development . At the same time it is a chance to observe the child reactions, due to the pediatritian suggestions, in the family context.

The group prepared a consensus document, not a guideline, because the topic complexity and the extreme heterogeneity of the available studies have made impossible the approach for a systematic review.

* Pelto, G, Dickin, K., Engle, P., and Habicht, JP. A Critical Link: Interventions for physical growth and psychological development. Geneva, Switzerland: Department of Child and Adolescent Health and Development, World Health Organization 2000.
* Eshel N, et al. Responsive parenting: interventions and outcomes. Bulletin of the World Health Organization. 2006; 84(12): 991-8.
* Shonkoff,, J. The Science of Child Development. Center for the Developing Child, Harvard University, Mass. 2007.

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* **ACP CME- Distance Education**

http://www.acp.it/fad-acp

Between primary care and hospital: Diagnosis and therapy in Pediatric clinical cases. 2nd edition.

Interactive clinical cases, tutor online, no sponsor.



**Born to Read**



http://www.natiperleggere.it/index.php?id=178

**Nati per Leggere**(Born to read) is a program to enhance the inclination to read in children from a very early age. Born to read, established in 1999, is promoted by the professional and cultural organizations of librarians and paediatricians: **Associazione Culturale Pediatri** (ACP), **Associazione Italiana Biblioteche** (AIB) and **Centro per la Salute del Bambino** (CSB).The Cultural Association of Pediatricians (ACP) made up of 1500 Italian paediatricians, who share common cultural aims. The Italian Association of Libraries (AIB) links more than 4000 librarians, libraries, information services. The Center for Child Health (CSB) is a non profit organization engaged in training, research and solidarity towards childhood.

**The project**Born to read is a nationwide program which aims to constantly involving the community in order to give children a better chance to develop from an intellectual and emotional point of view.  
The child ‘s cognitive development is strongly stimulated by parents through simple activities such as reading aloud to them and the creating of a familiarity with books and reading from a very early age.  
Reading children a story is an emotionally involving activity for both parents and children, because it ensures exclusive quality time together. Looking at the same pictures, imagining the same situations at the same time, sharing emotions creates pleasant moments of very rewarding empathy for both.  
The organization of the project is based on a strong decentralization, on the establishment of a network which aims to became ever more widespread in order to reach the greatest possible number of local realities.  
**The network includes librarians, paediatricians, educators, teachers, associations**willing to put their energies into the project. At a local level a commitment is undertaken to implement the project with the greatest flexibility and adaptation to the different situations.  
There are **more than 500 local projects** covering about 35% of the national population, with the participation of 8000 professionals including librarians, paediatricians, social/health professionals, nurseries' and playschools' educators, [Quaderni ACP](http://www.quaderniacp.it/" \t "_blank" \o "Opens external link in new window) is the publication of informative and promotional material, handling the mailing list npl-bib@aib.it which links over 2000 people interested in the project.

The training of the local project promoters and caring for and producing **bibliographical tools to direct readers** to age appropriate books, are the most important tasks of the national committee.  
This activity has also been oriented towards increasing and updating library collections for children, kindling an interest in many libraries and in public opinion for the need of public cultural services for children.   
The **primary care paediatrician** has a strategic and positive role. Whereever paediatricians are active in the project (around 700, which means 10%), the most suitable moment to communicate to parents the importance of stimulating early literacy seems to be during the well baby health check ups. The paediatricians give the "Born to read" materials and advise families to visit libraries regularly. The repeated and personal relationship between the paediatrician and the family facilitates the transmission of information regarding the importance of early reading, which should be further strengthened in all possible environments begiinning with libraries.   
**The [video](http://vimeo.com/16266256" \t "_blank" \o "Opens external link in new window)** shows varius daily situations: mothers and children sharing books, paediatricians talking to mothers about books and how to begin to read with their babies, parents talking about the experience of reading with their children.

**The [videoclip](http://vimeo.com/58543393" \l "at=0" \t "_blank" \o "Opens external link in new window)** The story of your child starts from your words. Reading together, grow up together. **Concrete actions of partnership with local agencies and creative reading projects:** providing  multilingual information to local communities including more and more families with languages different from Italian. Some Regions have begun to do just that, like [Emilia Romagna](http://www.bibliotecheromagna.it/main/index.php?id_pag=53" \t "_blank" \o "Opens external link in new window) and Piemonte , involving preschool institutions teachers and voluntary trained readers in special *Little stories week* in twin cities of the World Book Capital, Turin and Rome.    
The subscription to Born to Read is deliberately bureaucracy-free, it is enough to fill aut the [online form.](http://www.natiperleggere.it/http://" \t "http//www.natiperleggere.it/index.php?id=13" \o "external-link-new-window)  
The condition required is to share the mission of the project and the willingness to support locally the activities to promote and enhance the experience of reading within the family, making parents and all the adults who take care of early childhood aware of this initiative. **The financial support** The most important public Institution that gives financial support to Born to Read is the **Centro per il Libro e la Lettura of the Ministry of Culture** at national level and at local level the Province (30%) followed by the City Council (23%). Banks and Foundations provide funds in the 10%.  
**Research: monitoring the parents attitude to reading**23% of the pediatricians involved in Nati per leggere  took part in a study that monitors the parents' reading attitude. The [study](http://www.natiperleggere.it/fileadmin/user_upload/documenti/Ronfani_La_promozione_della_lettura_ad_alta_voce_in_Italia_2006.pdf" \t "_blank" \o "Opens external link in new window) was based on a questionnaire administered to parents during the well-child visits to children between 6 months and 6 years, before and after the Nati per Leggere intervention.  
**Collaboration with the Government**

Nati per Leggere was awarded a prize by the Ministry of  Culture as*Best national reading and book promotion event in 2001* and the prize *Premio Miglior Amico della Famiglia* in 2011.  
In 2013-2014 a collaboration with the Centro per il Libro e la Lettura will promote NpL in 5 provinces an a region to all newborn.

**International collaborations**

International collaborations and sharing of experiences help us to be more effective in promoting early literacy. **Nati per Leggere is especially grateful to the American project Reach Out and Read** [http://www.reachoutandread.org](http://www.reachoutandread.org/" \t "_blank) that inspired our action.

We also helped our colleagues in Spain to get started with a similar program ?Nascuts per llegir? [http://www.nascutsperllegir.org/](http://www.nascutsperllegir.org/" \t "_blank), in Switzerland [http://www.natiperleggere.ch/buchstart/it/kontakt/index.asp?navanchor=2510902](http://www.natiperleggere.ch/buchstart/it/kontakt/index.asp?navanchor=2510902" \t "_blank).

In Croatia the collaboration started in 2008 thanks to the interest of dr. Radonic? and the mayor of Dubrovnik. We had the pleasure of presenting the scientific backgrounds and guidelines of Nati per Leggere program to the city.

In Croatia the program is called "Rođeni za čitanje". They translated and printed the book "Guarda che faccia" (Gledaj ova mala slatka lica, Giunti Kids publisher) for all the newborns in 2009 and in 2010 we translated another book for the age of two yrs old children from the special catalogue to use as second book  "Vado a dormire" (Idem spavati, Editoriale Scienza Publisher). This year we will choose the book for the age of four years. (Information: OPĆA BOLNICA DUBROVNIK - DJEČJI ODJEL Mr.sc. Marija Radonić, dr.med. - marijarado@bolnica-du.hr).

**In March 2013 we represented Italy in an international conference "Prepare for Life! Raising Awareness for Early Literacy Education" in Leipzig.** The conference developed the Leipzig Recommendations on Early Literacy Education, a whole set of recommendations on how to improve Early Literacy Education (ELE).



**Born for Music**



http://www.natiperlamusica.it/npm/

http://natiperlamusica.blogspot.it/

Born for Music is an educational project sponsored by ACP (Cultural Association of Pediatricians www.acp.it), IEM (Italian Society for Musical Education www.siem-online.it), CSB (Center for Child Health www.csbonlus.org)

The project aims are:

-To expose children, early on in life, to music and help parents understand the benefits of early music introduction

-To educate pediatricians about the link between music and the neuro-cognitive development of the child.

-To Inform and sensitize parents, pediatricians and educators about the importance of the e sound expression/ music and musical practice during the growth of the individual as a whole.

-To provide guidance and empowerment on how to propose a non-occasional music in the early months of a child's life and prenatally,

-To encourage musical experiences with very young children



* **National Clinical and collaborative research in primary care:**

The latest clinical research published, realized by 40 Italian PCPs with Italian Drugs regulatory Agency public funding in collaboration of Mario Negri Institute is:

**Effectiveness of Nebulized Beclomethasone in Preventing Viral Wheezing: An RCT.**

[Pediatrics.](http://www.ncbi.nlm.nih.gov/pubmed/?term=enbe) 2014 Feb 17. [Epub ahead of print]

[Clavenna A](http://www.ncbi.nlm.nih.gov/pubmed?term=Clavenna%20A%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), [Sequi M](http://www.ncbi.nlm.nih.gov/pubmed?term=Sequi%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), [Cartabia M](http://www.ncbi.nlm.nih.gov/pubmed?term=Cartabia%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), [Fortinguerra F](http://www.ncbi.nlm.nih.gov/pubmed?term=Fortinguerra%20F%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), [Borghi M](http://www.ncbi.nlm.nih.gov/pubmed?term=Borghi%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24534400), [Bonati M](http://www.ncbi.nlm.nih.gov/pubmed?term=Bonati%20M%5BAuthor%5D&cauthor=true&cauthor_uid=24534400); [on Behalf of the ENBe Study Group](http://www.ncbi.nlm.nih.gov/pubmed?term=on%20Behalf%20of%20the%20ENBe%20Study%20Group%5BCorporate%20Author%5D).

Abstract

OBJECTIVE:

The goal of this study was to evaluate the effectiveness of nebulized beclomethasone in preventing the recurrence of viral wheezing.

METHODS:

The study was designed as a randomized, double-blind, placebo-controlled trial. Outpatient children aged 1 to 5 years with at least 1 episode of viral wheezing in the last 12 months, presenting to any of 40 Italian pediatricians for an upper respiratory tract infection, were randomly allocated to receive beclomethasone 400 μg or placebo twice daily for 10 days. Medications were administered through a nebulizer. A clinical evaluation was performed by the pediatrician at the start and end of the treatment period. A subjective evaluation of symptoms and efficacy of treatment was performed by the parents. The primary endpoint was the incidence of viral wheezing diagnosed by the pediatricians during the 10-day treatment period.

RESULTS:

A total of 525 children were enrolled in the study, 521 of whom were visited at the end of the treatment period. Wheezing was diagnosed by the pediatricians in 47 children (9.0% [95% confidence interval: 6.7 to 11.3]), with no statistically significant differences between treatment groups (beclomethasone versus placebo relative risk: 0.61 [95% confidence interval: 0.35 to 1.08]).The treatment was considered helpful by 63% of parents (64% in the beclomethasone group vs 61% in the placebo group). In all, 46% of children still had infection symptoms at the end of the treatment period, with no differences between groups.

CONCLUSIONS:

The findings from this study confirm that inhaled steroids are not effective in preventing recurrence of viral wheezing. Moreover, no benefits were found in reducing symptoms of respiratory tract infections.

KEYWORDS:

beclomethasone, physicians, preschool-aged child, primary care, randomized controlled trial



**oPen. From Sharing Data to a Transparent Research for the common Good**



**Italian Cochrane Collaboration annual meeting. Naples 12-13 December 2013**

http://associali.it/wp-content/uploads/2013/11/Depliant\_Riunione\_Ass\_Liberati.pdfPresentazione

12/12/13 Morning Workshop

**Health fostering in the first 1000 days of life.**Paolo Siani ACP President, Naples  
Laura Reali ACP Research and Education referent, Rome

**Reproductive health and child health: Best practices in neonatal care.**

Evidences at the challenge. Interactive Session

Carlo Corchia, Alessandra Lisi International Center on Birth Defects and Prematurity and ACP, Rome.  
Luigi Gagliardi, Dipartimento Materno Infantile, UO di Pediatria e Neonatologia, Ospedale della Versilia, Lido di Camaiore (LU).

**Early child development interventions: evidence of effectiveness**

Giuseppe Cirillo, ACP Naples

**Beyond: the counselling role in health promotion.**

Michele Gangemi, ACP Verona

**Is Reading aloud useful?**

Stefania Manetti, ACP Napoli

**Listening to the music can give cognitive skills?**

Maria Francesca Siracusano, ACP Messina

The purpose of this workshop, organized by Paolo Siani and Laura Reali, was to focus on the relationship between good medical practices in neonatology, preconceptional health and the related infants/children outcomes within the first 1000 days of life.

We have endeavoured to establish an operational definition of "best medical practices " with regard to the most relevant child health outcomes which have been identified. The impact of evidence based medicine on neonatal care and the possibility of improving neonatal / child health through preconceptional health counselling have also  been examined. The health outcomes of an integrated support to families, especially disadvantaged ones , with  tools like " Born to read" and "Born for Music", along with counselling as defined in the national Project "Genitori più", can help to improve parenting skills.



* **Commitment to self-regulation regarding relationships with companies**

*Impegno di autoregolamentazione dei rapporti con l'industria.*

*http://www.acp.it/wp-content/uploads/Impegno-di-autoregolamentazione-approvato-in-assemblea-2014.pdf.* 26 MAR 2013 print

The new ACP commitment of a relationship with companies wich is self-regulating (also called theCode), was approved in the ACP General Assembly of the last 11 /10 /2013.

The first commitment regarding a self regulating relationship with industries was written and approved by the ACP in 1999.

In 2013 ACP reaffirmed the importance of adopting this commitment and updated the code in light of the events that in the last 15 years have characterized the relationship framework between physicians and industries, in medical education, clinical research and institutional relationships particularly.

The adoption of a Code regarding relationships with companies does not aim to demonize the relationship between industry and physicians, but rather to establish clear rules for both physicians and industries .

The pharmaceutical industries tend to support a substantial part of the costs of doctors’ postmedical education. This practice, although widespread, is inconsistent with the principle that medical education is an integral part of medical practice and should therefore be pursued independently of the interests of the companies (Drugs and Formula companies particularly).

On the other hand, public funding for medical training and clinical research is not always available or easily obtainable, even when you would spend for good quality assets .

A conflict of interest can arise when funds are used by private companies.

The ACP is aware that the conflict of interest is a typical problem of our times, often involving our profession and that it cannot be eliminated by a simple handbook of rules only.

Nonetheless, it is necessary to prevent and avoid interference with the doctor's freedom of judgment and choice, to give patients the certainty that every action of their doctors is free from constraints and is the best possible for their health .

The key points of the problem of conflict of interest outlined in the Code can be summarized as follows:

a. A conflict of interest occurs when there is a reasonable presumption that individuals or organizations in relation to each other can, more or less deliberately, put aside their primary interest (health advocacy of patients and public health) in favor of their secondary interests or of others' interests (eg . , a personal advantage or personal or commercial companies financial gain).

b . The declaration of a conflict of interest is only the first step towards the limitation of commercial constraints. Although it is often considered enough, it may be falsely reassuring, since it can give the impression that relationships between physicians and industry have been properly adjusted in order to avoid influencing judgment, but frequently this is not true. It is therefore necessary to go beyond the simple statement of the presence of a conflict of interest and move towards the adoption of preventive mechanisms and rules.

c . It is possible, and indeed is the most frequent event, that a conflict of interest exists even though there are not legal violations. Conflicts of interest, professional ethics and laws must be distinguished from each other

d. A medical organization may be in conflict of interest if it receives funding from a commercial company, which may wish to influence the public position of the organization until it diverges from its primary aims. A conflict can exist even though secondary interests don’t prevail over primary ones,. Therefore the presence of conflict does not automatically mean that there is one, or that there has previously been unethical behavior

e. Medical organizations stand for the public face of the medical profession and their actions largely condition the degree of respect and trust placed in them by the citizens, society and public opinion. Undermining this trust with unethical behavior means eroding the trust of citizens in medical professionals and companies.

f . The absolute absence of any relationship, including economic, between researchers and industry is not always considered advisable because this may limit the possibilities to take advantage of researches’ experience for the development of effective and useful tools for the population.

g . With regard to the drafting of guidelines and recommendations , the current trend worldwide is to suggest , as a optimal solution , the exclusion of people with conflicts of interest by panel of experts , or at least to take measures to limit the possible occurrence of improper influence by panel members who have conflicts of interest.

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