



RĪGAS STRADIŅA UNIVERSITĀTE

PSIHOSOMATISKĀS MEDICĪNAS UN PSIHOTERAPIJAS KATEDRA

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Dear Wolfgang,
Dear Colleagues,

Thank you for your letter (Nuremberg, April 15, 2011) defining the problem and your position. We note with satisfaction that the majority of our points of view of the situation and position match. At the same time, we want to draw your attention to some, in our opinion, important details, which may prevent future success of the new organization and our profession as a whole.

This is a list of our propositions, which are the logic development of our ideas and our position, verbalised by Dr. Vladimirs Voicehovskis in Warsaw in January 2011:

1. We cannot agree with second paragraph of the first proposal (Nurnberg, Nov.2010).
We consider that this part of the text highlighted with yellow to be excluded:
 - «The new organisation should be interdisciplinary including psychiatrists, psychosomaticists, physicians of other specialties (like internists or gynaecologists etc.), **psychologists, nurses and other health care workers** active in the field of C-L psychiatry and Psychosomatic Medicine.
2. Resulting from the a.m. - membership definitions first paragraph (Vienna, March 2011). We consider that this part of the text highlighted with yellow should be excluded, red font colour – our “adds”:
 - The new association should offer full membership to **all professions** **Medical doctors (physicians?)** being active in the field of C-L psychiatry and psychosomatic medicine. However, board members of the new association will need an academic **PhD MD** degree as well as track records in the field of psychosomatic medicine/C-L psychiatry.
3. Regarding the **advantages** of the new association (first and second paragraphs).
Red font colour – our “adds”:
 - Creating a larger European **Medical doctors (physicians?)** association including researchers, teachers and clinicians active in the field of psychosomatic medicine and C-L psychiatry;
 - Broadening the scientific collaboration by creating an interdisciplinary **Medical doctors (physicians?)** association;
4. Regarding possible **points of attention**. We suppose, the second paragraph should be deleted due to fact that anyway, the qty. of non-MD will be higher, acc. to the existing health care structure (1 MD : 2-3 nurses : 3-5 ? psychologists etc.).
 - **Physicians could fear to become a minority in the association if it is opened for non-physicians active in the field of PM and C-L psychiatry. However, the Board felt that such a fear is not realistic since such a new association will attract physicians to become members.**

Hope to your understanding and looking forward to the future collaboration for our – psychosomaticists (m.b psychosomatists ? or psychosomatologists ?) – speciality successful development.

We'll be glad to discuss those and other actual issues in Budapest in July,

Sincerely yours,

Asoc. Prof. Dr. Gunta Ancane,
Head of the Psychosomatic medicine
and Psychotherapy dept.,
Riga Stradiņš university;

Dr. Vladimirs Voicehovskis,
Clinic's Scientific Board Director,
Psychosomatic medicine
and Psychotherapy dept.,
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Riga, 20/06/2011.