EUGMS column

The success story of the European Union Geriatric Medicine Society (EUGMS)

1. Introduction: the “prenatal” history

In 2010, the European Union Geriatric Medicine Society (EUGMS) celebrates its 10th anniversary. In this article, a brief history of the Society will be presented with all its major achievements. The idea of a medical scientific society unifying European Union geriatricians came much earlier than EUGMS. In the 1980s there was already a first attempt to promote geriatric medicine within the European Union, which at that time included only 12 member states, led by some members of the European Region of the International Association of Gerontology and Geriatrics (IAGG-ER). It was clear that the model of geriatric medicine that was then flourishing in the UK should spread over other countries of the European Community. However, no funding was found to sustain this initiative. In the same period, the Anglo-French Lipha Club, with a yearly meeting in May, developed into the European Club, including more European countries. Nevertheless, this experience came to an end when Lipha merged with Merck Darmstadt.

2. The early beginning

During the fourth Congress of the International Association of Gerontology and Geriatrics-European region (IAGG-ER) in Berlin (July 1999), a meeting took place between representatives of the Clinical section of IAGG-ER, European Academy for Medicine of Age (EAMA), the Union of European Medical Specialists – Geriatric Medicine Section, and the Yuste Foundation. The discussion concerned an exchange of ideas about activities and the division of tasks.

In September 1999, Robert Moulias (Fr) and Brian Williams (UK) organized in Paris the first Transatlantic Meeting. During this meeting, there were some discussions on the possibility of creating a society of geriatric medicine in the European Union. Presidents of seven national geriatric societies supported this idea, and the American Geriatric Society (AGS) declared its support to the possibility to have a European partner to cooperate with. A meeting was therefore organized in London (17 December 1999), under the auspices of Sijmen Duursma (at that time President of the Union of European Medical Specialists - Geriatric Medicine Section - UEMS-GMS). At this meeting, the decision to create a new society was made, with the aims to promote professional development in the specialty across Europe and to have geriatric medicine represented at the European Commission level. A working group representing Belgium, UK, Spain, Ireland, France, Germany, Italy, the Netherlands, IAG and UEMS was therefore established.

A new meeting was held in Paris on 7 February 2000. At this meeting, the name of EUGMS was adopted and the main features of the EUGMS (boards, meetings, constitution…) were outlined. It was also decided that the first Congress of the new Society would take place in Paris, in September 2001. A further meeting took place in Heidelberg, on 3 June 2000. Further decisions were made about the structure, goals and organization of the Society, and the first Executive Board was appointed. The bylaws were ready and sent for official approval under the Belgian law. The reason of this choice was that the EU government is in Brussels. It was decided that the main goal of the Society, made up by physicians “who are active in the field of geriatrics in their country” [1], was “to promote specialist geriatric medicine in the European Union by organizing conferences, symposiums and personal contacts” [1].

The official signature of the bylaws finally took place in Florence, on 22 November 2000. They where published in the Belgian Official Journal on 13 September 2001 (identification number 16946 2001). The founding members where: Jean-Pierre Baeyens (B), Alfonso Cruz-Jentoft (Sp), Giulio Masotti (It), Robert Moulias (Fr), Alan Sinclair (UK), Hansjorg Werner (Ger), Brian Williams (UK). Brian Williams was appointed the first President of the Society. The EUGMS was created as a “federation” of national societies. Besides the Executive Board, it was decided that there should be a Full Board, made up by a member for each national society. Moreover, an Academic Board was established to promote the academic activities of the Society and Alan Sinclair was appointed the first Academic Director.

3. The goals of EUGMS

The goals of EUGMS are to promote Geriatric Medicine by fostering the recognition of the specialty in all the countries of the European Union (now 27, and the EFTA counties: Iceland, Switzerland and Norway), supporting the presence of geriatric medicine in the pregraduate training of all physicians in Europe, organizing congresses to disseminate geriatric knowledge in Europe and producing guidelines for important geriatric problems.

It was clear since the beginning that EUGMS would fulfill a role that was not present in the European Union at that time, i.e. that of a professional scientific society of geriatricians. Therefore, there was no overlap with other geriatric societies or bodies already operating in Europe, i.e. the IAGG-ER, UEMS-GMS and the EAMA, with which a collaboration was immediately sought. These three organizations were also invited to join the Full Board of the EUGMS.

4. EUGMS congresses and symposia

It was decided that the EUGMS would organize main scientific congresses every other year (in the years when there would have been no IAG-ER meeting), and smaller thematic symposia in the
years in between. The first Congress and official launch of the EUGMS was held in Paris in 2001 and it was a big success with 720 participants. Since then EUGMS has organized a scientific meeting every year (Table 1).

The beginnings were not always easy, and problems related with the growth and consolidation of the Society occurred, especially in the Vienna congress, mainly due to a difficult relationship with the Scientific-Practising and EUGMS secretariat (MF Congress, in Paris) and conference organizer. On the other hand, smaller symposia proved to be a very successful way to keep momentum and consolidate both the society and knowledge in specific areas of Geriatric Medicine. Recent congresses have been highly successful, and therefore the decision to have annual main congresses from 2010 on has been taken. The permanent secretariat of the society was moved, since 2004, to the British Geriatric Society secretariat in the Marjory Warren House in London.

5. Support from the pharmaceutical industry

In the first years, EUGMS received a substantial financial support from several pharmaceutical companies, including first of all Servier, and then Janssen-Cilag and Lundbeck. This funding permitted the EUGMS to organize itself until it could get funding from sources related to its activities, and was fully unrestricted. Other companies that provided some funding were Pfizer, Fournier, Novartis, Sanofi, Abbott. This support was very welcome but quite surprising for some members, since the pharmaceutical industry is until now organized at a national level and not at the European level, and in many cases it is centered in specific organ diseases and specialties (e.g., neurological diseases and neurology, cardiovascular diseases and cardiology, etc.) and finds more difficult to deal with geriatric medicine or other disciplines centered in the whole individual. This situation is now changing as the continuous increase of life expectancy implies a concentration of (chronic) diseases and disability in the oldest age group.

6. EUGMS and European Union: policy work

Since its beginning, one of the main aims of EUGMS was to establish a close relationship with the European Union (EU) Commission and Members of the European Parliament in order to bring high quality health care for older people to the political agenda and to raise the profile and recognition of geriatric medicine in Europe. These activities, which usually go unnoticed to geriatricians, have a relevant impact in the development of the discipline and on the welfare of older people. In order to develop these activities, the EUGMS established in 2004 a Policy group, with the help of an experienced professional based in Brussels, who acts as an EU liaison person, responsible for public affairs and advocacy activities. The first objective was to make the organization more visible with EU policy makers and non-governmental organizations (NGOs), and many of the activities carried out so far have been to achieve this objective. An introductory letter was sent to the most relevant Directorates General of the European Commission as well as their Advisory bodies.

During these years, several reactions and comments have been sent to the Commission on different topics such as patient mobility, Open Method of Coordination in relation to health care and long term care, eHealth, demography, EU mental health strategy, EU nutrition and activity strategy, healthy ageing, elder abuse, etc. [2].

As part of facilitating EUGMS’s participation and visibility at EU level, policy developments and upcoming events are closely monitored, and monthly updates are produced, making use of many sources of information.

Until now, three successful contact programmes between members of the EUGMS boards and relevant EU persons have been organised. The first one took place, in June 2004 with officials of several Directorate Generals. A second programme was organised in February 2005, this time with eight members of the European Parliament. It also led to an invitation to participate in meetings organised by the European Parliament Intergroup on Ageing, such as a stakeholder hearing in relation to the next EU Framework Programme on Research and Development, and a meeting on the EU consultation on demography. The third contact program took place in the autumn of 2007, and consisted of visits to a number of NGOs based in Brussels.

EUGMS members were invited to participate in numerous conferences and events, both as speakers as well as participants. At this time, after only 10 years of activity of the EUGMS, geriatricians are being actively represented in European decisions.

7. Contacts with EMEA

On 1 June 2006, the European Commission approved the Paediatric Regulation on Medicinal Products for Paediatric Use. This legislation aimed at ensuring that medicines used to treat children are subject to high quality research in children. In reaction to the publication of the decision to start a Paediatric Committee within the EMEA, in 2006 the EUGMS sent a letter to the Commissioner of Industry and vice-president of the commission, Mr Verheugen.

The letter to the Commissioner resulted in a quick reply, requesting the European Medicines Agency (EMEA) to contact EUGMS to discuss this issue in more detail. After this letter, EUGMS was invited by EMEA (now EMA) for a meeting that was successful.
11. The journals

A modern scientific society needs a journal, and this was acknowledged by the EUGMS since the very beginning. However, it was decided the Society was too young to start a new journal and the affiliation with an existing geriatric journal was considered the best choice. After extensive review of the alternatives, the “Journal of Nutrition, Health and Ageing” (JNHA) was appointed as the official journal. This publication, edited by Prof. Vellas in France, created a new section (Geriatric Science) which was launched by Prof. Stahelin, and has been working in partnership with the EUGMS for several years. However, very recently, the Society decided it was time to move forward, and this cooperation came to an end, as a new journal, *European Geriatric Medicine* (EGM), has been launched and will be completely edited under the patronage of the Society.

12. Conclusion

The successful story of the EUGMS shows that European geriatricians needed an active medical society, and have had the ability to develop it fast and efficiently. The EUGMS has come a very long way in its short lifetime, being able to promote continuing geriatric professional development, relations and research, and to become an active and recognized organization in Europe. The EUGMS is coming to adulthood as has a splendid future for the next years, to continue to improve the care of the older population in the countries of the European Union and in the world.

Conflict of interest statement

The authors declare no conflict of interest.

References


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