Information charter 2010 concerning General Practice in the Nordic countries.

The leaders of the five Nordic colleges and unions of general practice have agreed on the content of this paper in their biannual meeting in Svalbard August 2010. The members of this assembly commit themselves to present this resolution for their national boards for adoption and to work for the implementation of the charter in their own countries.

Why an information charter?

Considering the conditions in the Nordic countries, it is not ethically justifiable, meaningful or to the benefit for public health to introduce disease risk indicators which in total assign the majority of the population an increased health risk, and thus a potential need for treatment.

It is a basic prerequisite for the patient’s informed decision to accept or reject a given treatment that real object for effect and unwanted effects of treatment are available for both the patient and the doctor.

It is recognized that, among the many factors which decide the doctor’s advice and the patient’s choice or rejection of treatment, information about the real effect of the treatment and unwanted effects is important.

Information about relative risk reduction following treatment in a given observation period, may not alone be seen as adequate or relevant object for the effect of a treatment, but must always be followed by NNT, absolute risk reduction, achieved healthy years of living, or other comprehensible terms for the effect of the treatment in absolute terms to the patient and doctor.

Information charter for general practice:

The scientific and professional networks in the Nordic countries see it as a joint task and obligation to ensure:

- That general practitioners are always presented to relevant objects for the effect of the treatment and adverse effects during the training given or influenced by the professional and scientific networks which include specific treatments.

- That publication in the journals that the professional and scientific networks publish, or have influence on which is about specific treatments, always include relevant objects for the effect of the treatment and adverse effects, expressed in absolute terms for example in a fact box in the mentioned article.
• That the professional and scientific networks will work for that knowledge about a given treatment’s real effect and adverse effects expressed in absolute terms is disseminated to the public when the treatment is discussed in the public debate.

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