

compartir.

ISSUE 107
2017
JULY

ESPRIU FOUNDATION

THE MAGAZINE OF HEALTHCARE CO-OPERATIVISM

GOODBYE TO DR CARREÑO.
**EFFICIENT, RIGOROUS
AND A WONDERFUL PERSON**

HEALTH

Summer trips: check up on your water intake!

CO-OPERATIVES

Health cooperatives, on the G-20 agenda

CULTURE

Awards for the 8th ASISA International
Photography Competition



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WE LIVE TO DO,
NOT WHAT WE
DO FOR A LIVING.**

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Founded in 1989, the Espriu Foundation is made up of organisations that follow the co-operative healthcare model created by Dr Josep Espriu. These organisations are: Autogestió Sanitària, Scias, Lavinia and Asisa, which together form Grup Assistència and Grup ASISA



Autogestió Sanitària

Lavinia, S. Coop.



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readers' letters.

Thanks from Cuba

I have been receiving the magazine **compartir.** for some years now. I have always had an interest in the different articles dedicated to health, cookery and other fascinating subjects. And so I would like to congratulate you on the variety of valuable articles that you provide your readers with, and which are of great interest.

I write these words in huge gratitude for all the people who, in one way or another, collaborate to create such an interesting publication.

Kind regards,

Eduardo Pérez Martínez
Gibara. Holguín. Cuba

editorial.

A remarkable legacy



Teresa Basurte

President of SCIAS and
the Espriu Foundation

**President of
the Espriu
Foundation from
1996 to 2000,
Dr. Carreño
developed the
International
Health
Cooperative
Organisation at
the heart of the
International
Cooperative
Alliance**

His friends' first recollection of him is his joyfulness. Dr Francisco Carreño was a good-humoured man of generous ideas. For those of us who, over the years, heard so many stories of his energy and his strength of conviction in the service of better medicine, it is a pleasure to contribute to the tribute paid to him by this issue of **compartir**. Because the sadness of his recent death goes together with so many positive memories and a remarkable legacy.

At the Espriu Foundation, as we look back over the past we see a history covering the creation of Assistència Sanitària Col·legial and Autogestió Sanitària by Dr Espriu; the spread of the co-operative health movement throughout Spain, through the creation and dramatic growth of ASISA and Lavinia, courtesy of Dr Carreño; the founding of SCIAS in Barcelona as the first cooperative venture by healthcare users, and lastly the international expansion of the project through the creation of the International Health Co-operative Organisation... And centre stage throughout this history we always see two friends talking, working and celebrating together: Dr Espriu and Dr Carreño.

Dr Carreño was the accomplice that Dr Espriu needed to allow his co-operative healthcare to extend beyond the boundaries of the province of Barcelona. An internal medicine specialist, he understood from the very outset the importance of his friend's venture: a medical organisation placing at its heart the doctors themselves, and absolute dignity for the patients visiting them, with this doctor-user relationship at the very core of the healthcare model.

He was a man of vision: between 1980 and 2003, as President of ASISA-Lavinia, he turned the company into the health insurance market leader, with more than a million and a half insured clients. And it was he who promoted the creation of a hospital group owned by ASISA, with the aim of guaranteeing the quality of care received by its insured clients, while also improving the working conditions of healthcare professionals. A network that resulted in the 13 outstanding hospitals that now belong to the ASISA structure.

I cannot help but link the two recent deaths of Carreño and Dr Guisado. Dr Carreño, President of the Espriu Foundation between 1996 and 2000, was the great driving force behind the International Health Co-operative Organisation (IHCO), within the International Co-operative Alliance. And it was Dr Guisado who then took up the presidency of the IHCO, heading the network of health co-operatives around the world with a momentum that will endure. The loss of both of them within the space of a year brings them together in our memory, and makes us value even more the amazing journey they took together.

When I was elected as President of the Espriu Foundation, I was very much aware of the fact that for the first time a patient would be heading our Foundation. But I was also aware of the legacy that I had been handed by the doctors who had preceded me in my post: it was they who were the standard-bearers of a co-operative project that prioritises the relationship between doctor and user. Dr Carreño was truly loved by his patients. And through that intimate experience of caring for others, he was able to develop a health project that has spread Dr Espriu's venture worldwide. We will always remember him with affection. ●

“Summer otitis” is one of the terms used to refer to the typical episodes of otitis externa that occur during this period of the year, largely as a result of the long time we spend in the water.

Summer otitis

Dr. Adolf Cassan

The summer season tends to prompt the emergence of certain characteristic conditions, some of them caused by the prevailing weather conditions at this time of the year, while others are the result of the types of activity we normally indulge in during the hottest months.

The former, caused by the heat and the direct effect of the particularly intense solar radiation in the summer, include above all heatstroke and sunburn as a result of inappropriate exposure to the sun. Meanwhile, among those conditions that arise as a result of summer pursuits, primarily in the water, the most significant of these is a form of infectious ear inflammation: diffuse otitis externa.

So much so that the condition, which is more common among those who bathe in the sea or a swimming pool, is known as “swimmer’s ear”. A condition that occurs in particular among children who spend a long time in the swimming pool or take constant dips in the sea, but which can affect any keen bather or swimmer. The condition involves an inflammation of the outer ear, and specifically an infection, normally of bacterial origin, of the skin of the ear canal, the tube that runs from the opening in the ear flap to the tympanic membrane, which separates it from the middle ear.

CAUSES

Under normal conditions, the outer ear duct can protect itself against any germs that might enter from the outside. To this end, among other mechanisms, the skin in this area has glands with the specific function of producing earwax, a dense, yellowish substance that covers the surface in a fine layer, lubricating it and providing effective

protection against any possible microbial attack. Any particles from the outside are “trapped” in the wax, which slowly flows out of the ear to expel them. It should be emphasised that the defensive mechanisms of the outer ear duct are highly efficient, and as a result for most of the year, external otitis is not common. However, during the summer typically there are specific factors at work that alter this situation, and which are heightened by aquatic pursuits.

Exposure to moisture, or rather direct contact with the water; above all when this is prolonged, alters the balance of the skin of the outer ear duct. The wax softens, because it tends to retain water, and the unprotected skin soaks this up, creating the perfect medium for microbes to settle and develop, and they are the most typical cause of diffuse otitis externa, which often affects both ears.

SYMPTOMS AND EVOLUTION

When it becomes inflamed, the skin of the ear canal will normally redden and swell. There will often be a more or less acute itchiness, which typically becomes painful, at times intensely so, and will be constant, exacerbated when chewing. In fact, this painful discomfort is the main sign of otitis externa. On occasion there may be a discharge, not particularly abundant, and it will normally be of an unpleasant odour, not especially dense, and with a yellowish or greenish colour. And if the inflammation is so intense that the swollen walls of the ear canal block off the opening, then this may cause a loss of hearing, or deafness, though this is highly uncommon, and hearing is normally unaffected.

The infection will normally progress spontaneously,



HOW TO PREVENT IT

The defensive mechanisms of the ear are not the same for all individuals, and there are undoubtedly some people who are more predisposed to suffer this type of otitis. For example, just as there are people who produce enough earwax as to block their ears, there are others who have little such protection of the outer ear. The fact is that many people suffer repeated episodes of otitis externa with some frequency once the summer bathing season begins. In order not to undermine the ear canal's defences, this needs to be remembered where cleaning the ear: do not use highly detergent soap, and do not over-clean the ear canal, since otherwise it will be left with little wax and the protective barrier could be breached.

As the root cause of the problem is the long exposure of the outer ear to moisture, one way of preventing it is to avoid this factor. Some therefore suggest the use of earplugs when bathing, of which there are various types, in different shapes and sizes, and made from differing materials. However, many specialists do not see this as a good way of preventing the problem in those with a predisposition. Firstly, because the plugs are unlikely to prevent absolutely all water from entering the ear canal, and secondly because using them can cause the skin to become macerated, ultimately making a potential infection more likely. The most important measure is to dry the ears well after bathing, and avoid any water being retained, for example by tipping your head first to one side and then to the other. Those who regularly suffer from this problem can also adopt another effective preventive measure: after leaving the water, apply a few drops of boric acid alcohol to each ear canal, as it is a good antiseptic.

until the defensive mechanisms can bring it under control. The problem will therefore normally sort itself out, even if no remedy is applied. However, although it typically follows a benign course, with only exceptional complications, it does cause great discomfort, including in particular highly acute pain. Action should therefore be taken, and the appropriate treatment applied.

A SIMPLE TREATMENT

The treatment is straightforward, based on the local application of antibiotics, and careful cleaning of the ear canal. If the pain is particularly intense, then anti-inflammatories and painkillers may need to be taken. It is important for the diagnosis to be made as early as possible, so as immediately to begin treatment, since the sooner it begins, the quicker the infection will be brought under control. If it has already developed, then while you wait for the medication to take effect, the symptoms can be alleviated by applying heat to the ear, for example with compressors, or an electric pad.

However, the prompt application of treatment is just as important as using the right remedy. It is essential for a doctor to specify the most appropriate antibiotic and the dose, since, for example, medication that is not effective against the germs responsible, or one that does not combat them adequately, may not only prove ineffective, but even worsen the situation or cause it to become chronic. The same should be said as to proper care for the inflamed ear, which requires that the ear canal be properly cleaned of secretions and detritus, without scratching the swollen skin, which could cause the infection to intensify. ●

Transformation under way at Barcelona Hospital Cardiology Department

The Cardiology Department at Barcelona Hospital has been given a real new lease of life, with the aim of offering first-class cardiological care, using all the equipment of a highly complex hospital.

Daniel Romani

If there is one service at the “heart” of Barcelona Hospital, it is unquestionably the Cardiology Department, where a transformation is currently under way. The Department is now being given a real new lease of life, with the aim of offering first-class cardiological care, using all the equipment of a highly complex hospital, along with the recruitment of a new Head of Department, Dr Faustí Miranda, who previously worked as a clinical cardiology and haemodynamics specialist at Barcelona Clinical Hospital, Catalonia General Hospital and the Hospital del Mar, where he was head of the haemodynamics department from 2010 to 2015.

PERSONNEL AND EQUIPMENT

The Department has a Clinical Cardiology Unit, made up of three physicians who handle patients admitted to the hospital for any cardiovascular condition, and who coordinate the cardiological care provided by the different units and specialists. The admissions ward, on the ninth floor of the hospital, has 30 beds with the possibility of remote cardiac rhythm monitoring (telemetry) for 16 of them. Three nurses and two assistants care for the patients admitted during the morning and evening shifts, while the staffing level is reduced to two and one, respectively, at night.

One of the aspects that the Cardiology Department focuses on in particular is cardiac insufficiency. It therefore has a cardiologist specialising in this condition, as well as two particularly experienced nurses. Cardiac insufficiency is a common and increasingly prevalent complaint as the population ages, with new treatments increasing survival rates after a cardiovascular disease. These professionals deal with patients suffering cardiac insufficiency from the moment when they arrive at ER, and take care of them throughout their hospital stay, offering specific and detailed care that includes an overall assessment of the patients and their various associated pathologies, in collaboration with other medical specialities, and the introduction of specific education to help patients understand their condition and collaborate as effectively as possible in the treatment process.



Activity at the Barcelona Hospital Cardiology Department 2016

| | |
|--|-------|
| CORONAROGRAPHS | 428 |
| CORONARY ANGIOPLASTIES | 178 |
| PERCUTANEOUS VALVE REPLACEMENTS (TAVI) | 6 |
| HEART SURGERY AND PACEMAKER IMPLANTS | 200 |
| ELECTRIC CARDIOVERSIONS | 59 |
| ECHOCARDIOGRAMS | 2.653 |
| TRANSOESOPHAGEAL ECHOCARDIOGRAMS | 156 |
| STRESS ECHOCARDIOGRAMS | 87 |
| HOLTERS | 94 |
| OTHER (2015) | 1.051 |



The service includes a Clinical Cardiology Unit made up of three doctors who handle patients admitted for any cardiovascular condition, coordinating the cardiological care provided by the different units and specialists

DAY HOSPITAL

So as to avoid the abrupt interruption of hospital care upon discharge, over the following months a cardiac insufficiency walk-in programme will be instigated as a day hospital format. This new service will guarantee ongoing care and allow for first-hand monitoring of patients after they have been discharged from the hospital, helping to adjust their medication and provide early detection of any incipient decompensation. This day hospital programme will also allow intermittent endovenous treatment of patients with chronic cardiac insufficiency who would otherwise need to be regularly admitted to hospital to deal with decompensation, and will be open to all Assistència Sanitària cardiologists, who can refer their patients whenever they may need.

Meanwhile, a number of cardiology specialists have been recruited over recent months to cover the duty shifts for this speciality, allowing first-class cardiological care to be delivered non-stop, 24 hours a day, 365 days a year. Since no one chooses when they fall ill, Barcelona Hospital is in this way striving to have the same treatment capacity available at any time of the day.

The Cardiology Department also works closely in unison with the Intensive Care Unit to handle patients with critical cardiological conditions (acute myocardial infarction, acute and serious cardiac insufficiency, immediate post-operative care following cardiac surgery).

COMPLEMENTARY TECHNOLOGY AND EXAMINATIONS

The Complementary Image and Examination unit is made up of two first-class specialists performing trans-thoracic and trans-oesophageal two-dimensional and three-dimensional echocardiogram studies, as well as stress echocardiograms. A second trans-oesophageal echocardiogram sensor has now been purchased,

allowing for the monitoring of myocardial and valve function during cardiac surgery operations in the operating theatre itself. The unit also handles cardioversions, to treat highly frequent arrhythmia, along with auricular fibrillation and ECG Holter studies.

Together with the Radiology Department, Barcelona Hospital performs cardiac magnetic resonance and cardiac coronary CAT scans.

The Cardiac Haemodynamics Unit has also been expanded over recent months, performing catheter, stent and prosthetic procedures to deal with coronary and valve pathologies without surgery. The unit employs seven of the leading specialists in Barcelona, who now have access to a wide range of technologies to conduct highly complex procedures, such as rotational atherectomy, intravascular ultrasound and flow reserve studies. Thanks to this technology, the unit has positioned itself as one of the leading facilities anywhere in the Catalan private health sector. Over recent years, percutaneous treatment of valve conditions has likewise successfully begun, using trans-catheter aortic valve implants and percutaneous treatment of mitral insufficiency. The haemodynamics team provides cover 24 hours a day, 365 days a year, so as immediately to address conditions such as acute myocardial infarction.

The Cardiac Surgery Unit is made up of a number of highly reputed teams specialising in all manner of procedures: bypass revascularisation, valve replacement and repair, aortic aneurysm, etc., as well as handling pacemaker implants. As with the rest of the department, its specialists provide 24-hour cover, 365 days a year. The final point to be emphasised is that over the coming months electrophysiology and arrhythmia treatment will begin, with a unit specialising in these conditions. ●

When travelling to certain countries, in particular in Africa, South America and Southeast Asia, precautions need to be taken. As well as finding out in advance about the need for vaccinations, once travellers have arrived at their destination they need to take particular care with food, and above all water.

Travelling safe: remember to take on water!

Dolors Borau

An adult needs to drink at least 1.5 litres of water a day, although needs will vary depending on age, gender, state of health, level of physical activity and temperature. It should be borne in mind that in the summer, when the weather is hot, it is more important to take on water, which must always be safe to drink. Water is held to be potable when the physical, chemical and microbiological characteristics make it fit for human and animal consumption, to ensure that no disease is contracted either immediately or in the long term.

THREE TYPES OF CONTAMINATION

It is important to bear in mind the different ways in which water can be contaminated: microbiological, chemical and radiological contamination. Microbiological is the most common, and refers to the presence of protozoa, bacteria, parasites and viruses. Chemical contamination is caused by the presence of heavy metals, pesticides, fertilisers, waste oil and other toxic products in the water. Some pollutants cause acute toxicity with a rapid impact, while others are long-term and cumulative. Radiological contamination occurs in areas where there have been radioactive leaks or accidents. Before travelling it is essential to seek out information about your chosen destination in terms of history, geography, climate, culture, food and drink, as well, of course, as hygiene conditions and potential health hazards. Such information is particularly necessary when travelling to developing countries.



Golden rules for travellers

- Drink only bottled juice, soft drinks and water, or hot drinks like tea or coffee.
- Do not use ice cubes, or brush your teeth with tap water.
- Eat only hot, cooked food, and avoid meat that is at room temperature.
- Do not eat raw fish, seafood, or raw or undercooked eggs.
- Avoid fruits with damaged skin, and always peel them.
- Do not add mayonnaise or sauces.
- Only drink packaged milk and dairy produce, and avoid ice creams.
- Do not buy food from street vendor carts.
- Make up a rehydration formula by adding to a litre of boiled water a teaspoon of salt, 4 tablespoons of sugar, one of sodium bicarbonate and the juice of one lemon. Water from boiling rice can also be used.
- Request information from Assistència Sanitària and ASISA for access to the cover provided when abroad.

The quality of drinking water is governed in all European Union countries by EU regulations based on the recommendations of the World Health Organization (WHO), implemented in Spain by means of Royal Decree 140/2003. This Decree establishes the control of 3 parameters which the various health departments and local councils oversee by means of the required monitoring programmes. The pH level, which indicates acidity or alkalinity, is one of the parameters to be taken into account. Water should have an alkalinity level of between 6.5 and 8.5 (on a scale of from 0 to 14). One other parameter is the minimum quantity of residual chlorine (throughout the supply network), as chlorine is capable of keeping microbiological levels within safe margins. The mineral content must also be measured, and this can vary from one place to another.

TRAVELLERS' DIARRHOEA

In regions where these controls are not applied, one of the consequences of chemical contamination of the water is travellers' diarrhoea, causing loose or liquid stools passed three or more times a day. The destinations generating the greatest risk are Africa, Southeast Asia, Central and South America and, to a lesser extent, the Caribbean and Eastern Europe. The stools will not be accompanied by blood, but sufferers will feel abdominal pain, weakness, and on occasion high temperature, nausea and vomiting. Despite the considerable discomfort, the condition will clear up on its own after 4-7 days. It is very important to take on liquids and minerals, but to do so safely.

These tips could be useful when travelling to destinations where the quality of drinking water is not guaranteed: drink only bottled juice, soft drinks and water, or hot drinks like tea or coffee; do not use ice cubes, or brush your teeth with tap water; eat only hot, cooked food, and avoid any at room temperature; do not eat raw fish, seafood, or raw or undercooked eggs; avoid fruits with damaged skin, and always peel them; do not add mayonnaise or sauces; only drink packaged milk and dairy produce, and avoid ice creams; do not buy food from street vendor carts.

HOW TO REHYDRATE

Depending on the circumstances, you can make up a rehydration formula by adding to a litre of boiled water a teaspoon of salt, 4 tablespoons of sugar, one of sodium bicarbonate and the juice of one lemon. Water from boiling rice can also be used.

We are so lucky to enjoy the safety standards that we have, that we cannot imagine what it means not to have safe drinking water, but when travelling it is essential to source information and make use of the services provided by Assistència Sanitària and ASISA when abroad. ●



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It's summertime, the holidays have started, and it's time to get the logistics up and running to organise work, the kids' free time and family life: my knees have gone weak already!

In the summer, bugs get busy

Dolors Borau

Last year, our youngest son spent a few days at a summer camp doing watersports. He had a really good time, but when he got home we had to take him to see the dermatologist a few times. On the last day of the camp he was stung by a jellyfish at the beach, and the poison in the tentacles gave him a really severe itch. Although it is vital not to scratch the area, to remove the remnants of the tentacles with tweezers and clean the wound just with salt water, never fresh water, Martí did scratch and splash fresh water all over the sting, leading to a dramatic inflammation. They applied a cold compress to the affected area, and prescribed an antihistamine.

SKIN TO SKIN

To make matters worse, a few days later he also came out in round, pink lumps: molluscum contagiosum. This is a viral complaint suffered above all by youngsters who spend time in the swimming pool, and is caught by skin to skin contact, or from infected items, such as rubber rings, towels... Once the infection has broken out it is difficult to stop it from spreading, as the virus acts through self-inoculation. He was covered in bumps, and in the end they removed them with a kind of spoon, scraping the lesions one by one under local anaesthetic. Martí was adamant that he had really enjoyed himself at the camp, but this year we have chosen a mountain activity centre, and already know what he needs to avoid insect bites: long-sleeved clothing and insect repellent which he will need to use if he doesn't want to find himself itching again.

ATHLETE'S FOOT AND MOLES

The dermatologist already knows us, as my older son, who is also a watersports fan, suffered a fungal infection known as athlete's foot. The space between his toes turned white, became really itchy, and little cracks appeared in the skin between the toes. The infection needs heat and humidity to develop, and so swimming pools and the whole surrounding area (changing rooms, showers...) provide the perfect setting. We treated him with a specific medicinal powder, and had to take care to make sure his feet were properly dry, and avoid sharing towels or wearing closed footwear that would make his feet sweat.

Summer holiday tips

Jellyfish: don't scratch where you have been stung, use tweezers to remove the remnants of the tentacles, and the wound with salt water, never fresh water. Go and see a doctor.

Molluscum contagiosum: this is a viral infection suffered above all by youngsters who spend time at the swimming pool, and is caught by skin to skin contact or from infected items such as rubber rings, towels... Go and see your dermatologist.

Athlete's foot: an infection caused by a fungus in the space between the toes, which turns white, itchy and cracked. The infection needs heat and humidity to develop, and so can easily be caught in swimming pool changing rooms and public showers. It can be avoided by not walking barefoot in such places.

Moles: focus on moles that are asymmetrical, with irregular edges, that change colour, have two or more colours, and a diameter of more than 6 mm. Avoid exposure to the sun, and use sunscreen.

Candidiasis: this is an infection caused by a fungus, and antibiotic treatments, low defences, heat and humidity all make an outbreak more likely. Avoid wearing a wet swimsuit for too long, and don't sit on the edge of the swimming pool splashing your feet in the water.

And so he has suggested spending a few days at the beach, where there are no changing rooms or enclosed spaces, and which we all love, although my husband has very pale, moled skin and so should not spend too long in the sun: we will just have to adapt.

Common moles, which are an accumulation of melanocytes (the cells that produce pigmentation) are small, benign skin lesions, which very infrequently can give rise to a malignant melanoma, which could appear anywhere



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on the skin. The ones to focus on are asymmetrical moles with irregular edges, which change colour, have two or more different colours, and a diameter of more than 6 millimetres. My husband is very strict about going for his annual checkups, stays out of the sun in the middle of the day, whether at the beach or in the mountains, and always uses sunscreen. We all do, in fact, as we are well aware that sunburn has its consequences.

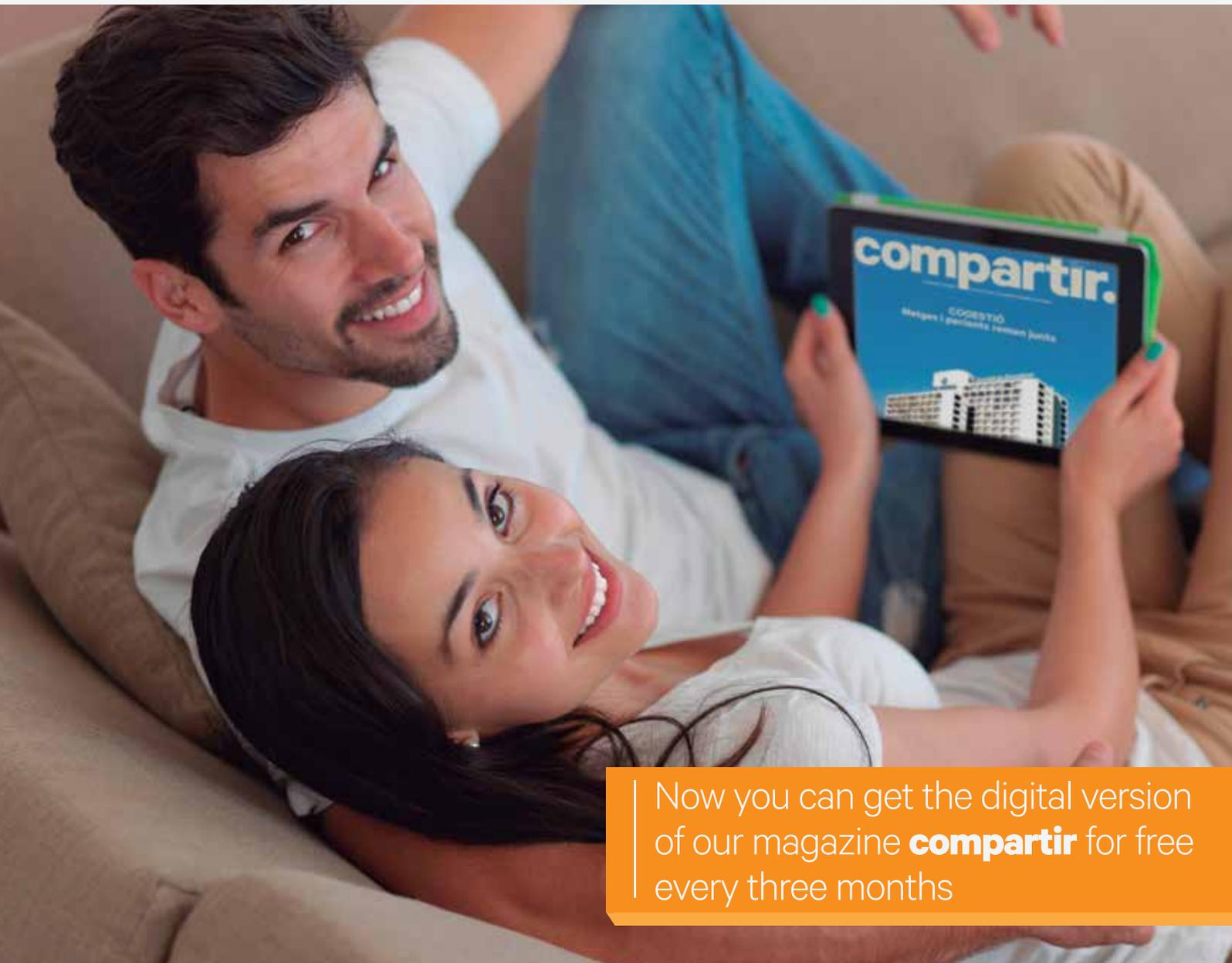
HEAT AND HUMIDITY

As for me, before heading off on holiday I will be going for my annual gynaecological check-up. I like to go before the holidays because for the last couple of years I have suffered vaginal candidiasis every summer. A couple of years ago I was worn out by stress at work, my defences were low, and in the end I fell ill. I had to take antibiotics,

and it was after this that I became infected with the fungus *Candida albicans*, which the gynaecologist treated and cleared up, but it then returned during the holidays. Heat and humidity also tend to bring it on, and so I need to take care not to spend long in a wet swimsuit, or sit on the wet edging of the pool splashing my feet in the water, or on the sand where the waves break. I try now not to let myself get so completely exhausted, and also go for my check-ups to prevent the infection.

I am really looking forward to the family holiday, getting away from it all at the seaside and in the mountains, going for a swim or a walk, nice relaxed meals, with time to read, unwind and just enjoy the holiday. All I need to do is to make sure I don't stress myself out getting everything ready! ●

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Strawberries are one of almost everyone's favourite fruits, and also have significant properties that are often overlooked.

Strawberries: much more than a delicious flavour

Núria Jané and Dra. Montserrat Montraveta

A fruit that is pleasing on the eye, sweet to the tooth, juicy in the mouth and with just a touch of sharpness, strawberries are grown in temperate regions all round the world. The United States is now the leading producer, followed by China and Spain. Although strawberries originated in America (the Native Americans used them in many dishes), all the varieties grown today are the result of the blending performed 250 years ago between the tasty strawberries from North America (Virginia), and the larger strawberries from South America (Chile). Not long after, in the 19th century, strawberries and cream became a sophisticated desert in Europe.



NUTRITIONAL PROPERTIES

As a fruit, strawberries offer considerable benefits for few calories. They are rich in fructose and other carbohydrates, and also contain a large amount of vitamins C and E. Vitamin C, or ascorbic acid, assists in the absorption of iron from the food we eat, strengthens the immune system, and also has a slightly antioxidant effect, as does vitamin E. This antioxidant action helps eliminate the feared free radicals that cause cell ageing. Strawberries are also rich in minerals, such as the potassium and magnesium that are essential for our bodies, and are a source of folic acid, which is vital for a number of cellular functions.

Freshly picked strawberries are a delight, but they can also be enjoyed in tarts, ice creams, jams and gazpacho. ●



Strawberry and mint gazpacho

Ingredients (for around 12 glasses)

- 3/4 kg of ripe tomatoes
- 1/2 kg of strawberries (set 12 aside for decoration)
- Salt
- Black pepper
- Mint leaves
- Olive oil
- 4 tablespoons of Mascarpone cheese

Method

- Crush the fresh mint leaves in the oil, and set aside for a while.
- Peel, chop and de-seed the tomatoes.
- Clean and chop up the strawberries.
- Blend them all together, and add salt and pepper to taste.
- Strain, and keep in the fridge until serving.
- Add salt and pepper to the Mascarpone cheese.
- Fill 12 glasses with the gazpacho, place a ball of cheese on top, add a dash of the mint-infused oil, and decorate with a strawberry.

Dr. Eudes de Freitas Aquino

President of the International Health Co-operative Organisation (IHCO)

“We need one single health policy focused on those in need”

Dr Eudes de Freitas Aquino, who was elected in March as the new President of the International Health Co-operative Organisation (IHCO), has behind him a career covering more than three decades dedicated to health co-operatives. He is the President of Unimed do Brasil, the largest health co-operative in the world, and is also a member of the Global Council of the International Co-operative Alliance. In this interview he recalls not only his early career, but also explores in greater depth the specific features of the co-operative movement in his own country, Brazil, and addresses what he sees as his main challenges at the head of the IHCO.

What priorities will you have as the new President of the International Health Co-operative organisation?

It is a task of huge responsibility, as it involves interpreting different cultures and different continents through health co-operatives, based on a model of integration that respects the differences among them and the differing degrees of technological progress at each of them, while at the same time aiming to deliver healthcare for the neediest populations in economic and social terms.

There is, though, another aspect that must be taken into account. Despite the diversity among the different co-operatives, based on numerous factors, the illnesses that affect the population are exactly same. The need for early prevention through integrated health initiatives is a constant all round the world, and that is where we need to work, where we need to act. We need one single health policy focused above all on the neediest individuals, as part of a profile of ever-increasing responsibility. The role of co-operatives is to re-socialise people in terms of economics, society, and integrated, early, preventive healthcare. And to develop resources that allow us to cure illnesses and reduce suffering as part of this set of responsibilities, this aim for re-socialisation.

You have spent your career within the co-operative health movement. How did you start out? What was your inspiration?

Mi carrera en el cooperativismo empezó muy temprano, My co-operative career began very early on, straight after I completed my medical training. After my residency, I joined a university where I had a teaching role. I then completed my doctorate, specialising in Nephrology and Intensive Care. Both at the university and in my social life, I was always bothered by the lack of integration between large sections of society and the privileged minority, both in economic terms and as regards opportunities for employment and personal progress.

I realised that, as a citizen, as a doctor and as a human being, I needed to embrace a parallel approach that would give me an active role in the integration of these people within the society where they live, not all at once, which would be impossible, but progressively, providing them with access to the levels of citizenship that the wealthier classes already enjoyed. And I realised that co-operatives provided the only structure, the only philosophy, the only ethical, distributive, equitable and socially committed means to achieve that inclusion, and



Being the head of the world's largest health cooperative

Born in 1948 in Pau dos Ferros, in the Brazilian state of Rio Grande do Norte, Dr Eudes de Freitas Aquino is a nephrology specialist. His co-operative career dates back to 1982, when he joined Unimed in the city of Piracicaba. Increasingly involved in the co-operative movement, he became one of the founders of the Federação Intrafederativa das Unimeds do Centro Paulista, serving two terms as its president. In 2005 he took up the presidency of the Federação das Unimeds for the state of São Paulo, which under his management saw its number of clients rise from 100,000 to 300,000. In 2009, Dr Freitas became President of Unimed do Brasil, the largest health co-operative in the world. In parallel with this appointment, he was elected Vice-President of the IHCO, before taking over the presidency in March this year, following the death of his predecessor in the role, Dr José Carlos Guisado.

that I could make some kind of contribution through my professional sphere in medicine, and subsequently through management. And that is what introduced me to the co-operative movement, through motivation, through understanding, and as a part of a life project that I began at that time.

My relationship with the co-operative movement began more than three and a half decades ago. Since when, I have increasingly felt that my initial idea was on the right track to achieve the goals that I always set myself. Through my work as a doctor within the communities where I have the opportunity to practise medicine, as well as the art of curing, providing remedies, avoiding illnesses, what I managed to do was to convey notions of

cooperativism.

citizenship, allowing people to find strength and support to receive training and achieve inclusion in the world of work, in social activities, in communities, to allow them to develop basic skills so as to enjoy this experience of social integration. And I think that with the help of plenty of other people who thought likewise, we have managed to give a lot of people a level of success.

Over recent years you have been at the head of Unimed do Brasil, the largest health co-operative in the world. What advances have there been in the co-operative health movement in your country?

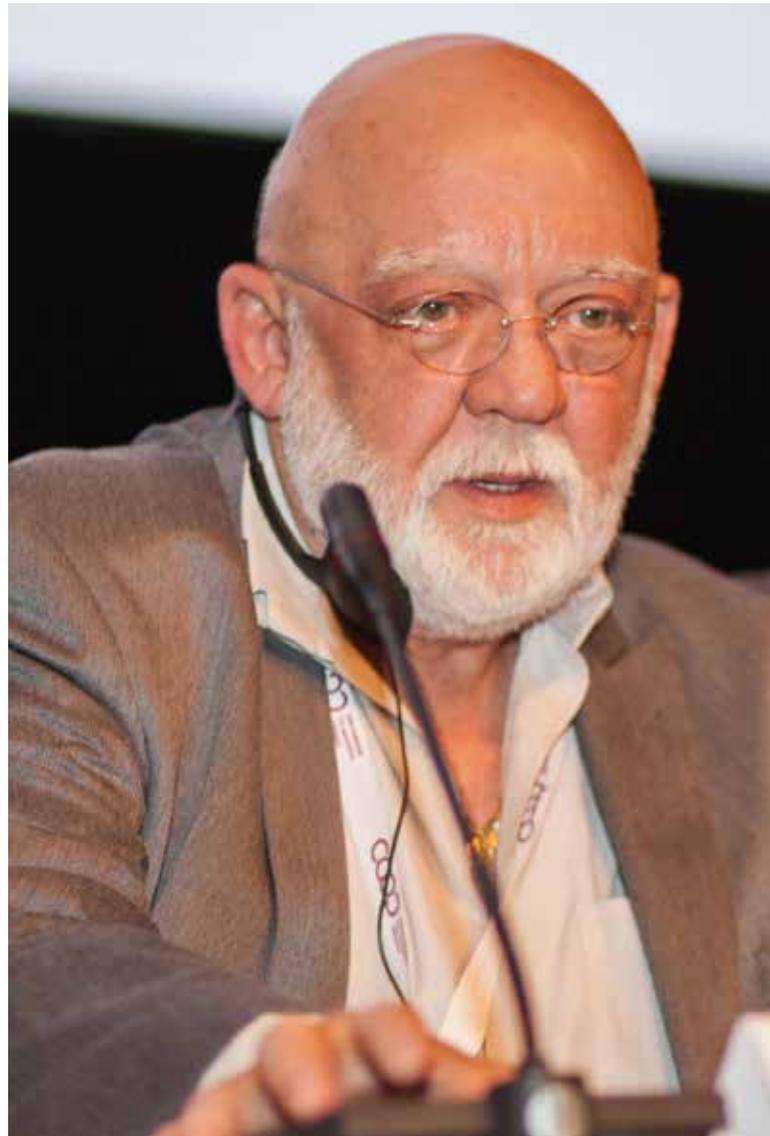
It started out in the world of co-operatives as Vice-President of a Unimed co-operative in Piracicaba, the city where I live, some 160 km from São Paulo. Later on, as I gained a better understanding of co-operatives in theory and practice, I rose to become Director of the State Unit, through the Governing Council. Later on, it fell me to found and launch a regional federation covering 15 Unimed co-operatives in my own region. At that time, the state of São Paulo had 75 co-operatives and 6 regional federations, and I founded and became president of one of them. Later on I was elected as Director of Educational and Healthcare Programmes at the São Paulo State Federation. After a few years I was promoted to president of the same federation, and further on was elected President of Unimed do Brasil, where during all my terms of office I have had the chance to contribute a little of

“I REALISED THAT CO-OPERATIVES PROVIDED THE ONLY PHILOSOPHY, THE ONLY MEANS TO ACHIEVE THAT SOCIAL INTEGRATION OF LARGE SEGMENTS OF THE UNDERPRIVILEGED POPULATION”

the knowledge I have built up and the experience I have gathered throughout the whole world of national health co-operatives.

I also had the opportunity to serve at state and national co-operative organisations in different operational branches, which was another highly enriching experience. And subsequently I was put forward as Brazil's representative at the ICA in Latin America, of which I am Vice-President, and the global ICA. These last two experiences really developed my co-operative baggage, giving me a broader base of projects, proposals and attitudes, extending co-operative health benefits to a larger section of the population.

In Brazil the co-operative movement celebrates 50



years in operation on 17 December this year. Over that time we have made huge progress in terms of social presence. The Unimed health co-operatives themselves cover 115,000 doctors, nearly 20 million clients, and account for 38% of private medicine in the country. Unimed is a winning project, and will remain so through the effort and creativity of all those of us who make up the system.

To what extent does Unimed collaborate with the Brazilian public health system?

Unimed has a very important role in Brazil's health system. Brazil has a population of 205 million, and some 10% of them are clients of the Unimed system. I believe we have a great deal to offer public health care, improving its level, rationalising costs, eliminating the chain of corruption and other factors that undermine it, and lead to funding shortfalls. We can offer Brazil's population better care, greater quality, more effectiveness, more experi-



“UNIMED IS A WINNING PROJECT, AND WILL REMAIN SO THROUGH THE EFFORT AND CREATIVITY OF ALL THOSE OF US WHO MAKE UP THE SYSTEM”

to the health of their insured clients over the course of half a century.

Since 2013 you have been a member of the International Cooperative Alliance’s Global Board. What challenges does the international co-operative movement currently face?

CI believe that by joining the International Co-operative Alliance as a member of the Board, at the assembly staged in South Africa, that gave me the opportunity to develop a global vision of the co-operative movement as a whole, rather than just in the health sector. The debates, the seminars, the assemblies that I have attended alongside people from different origins, visits to different countries around the world, broadened my vision of the co-operative movement and its importance as a catalyst for the stability, sustainability and balance that it offers a society that runs co-operatives, through their standards, principles and the foundations that govern and guide them.

It gave me a much broader, much more complete vision. The different countries have different views of the concepts and their own distinctive methods of putting the co-operative movement into practice. They run co-operatives in accordance with their own culture, and often deviate a little from the overall approach dictated by their philosophy and founding principles. The pursuit of one single identity, a shared image in any country, in any language, in any population, anywhere on the planet, would undoubtedly make us much stronger, and establish us as a living and integral force in society, just like the armed forces, universities or great social movements, giving co-operatives the profile they deserve, for all they have provided everywhere they exist.

No one can survive for long unless their identity is recognised, accepted and consolidated. I believe that this is the main task that needs to be completed, to channel all the actions we can deliver for all of society, any human grouping, any community, in any place, anywhere that people live together. I hope that we will manage to achieve this great goal, global recognition of the role of co-operatives and their potential to strengthen societies, to standardise, to give everyone the same rights to health, to security, to housing or to schooling, irrespective of their colour, religion, origins, or where they live. That is my hope, and my desire. ●

ence... We will not give up on that idea, and will continue to work in that direction.

Do you believe that co-operative healthcare is a genuine alternative to the development of national health systems? Why?

It is an absolutely genuine and real alternative. First, because the co-operative movement is a hugely successful venture, and secondly because of its unrivalled track record, which has delivered comfort, safety, and above all high-quality healthcare across the country.

In accordance with its philosophy, the co-operative movement becomes stronger by joining forces in pursuit of shared goals and objectives. It is specifically this unity, focused on progress, improvements and quality, with a strong social leaning, that has achieved public recognition within Brazilian society of the strength and development of health co-operatives, and their contribution

ASISA Foundation and HLA Hospital Group publish “Manual of Vascular Pathology”

The work, coordinated by Dr Gabriel España, has its origins in the preparation of classes for medical students at the European University, who receive their training at the HLA Moncloa University Hospital.



Left to right: Dr Gabriel España, Director of the Angiology and Vascular Surgery Unit at HLA Moncloa University Hospital; Dr Enrique de Porres, CEO of ASISA, Dr María Tormo, Director of Planning and Development at ASISA, and Dr José Ramón Vicente Rull, HLA Moncloa Hospital Manager.

The ASISA Foundation and the HLA Hospital Group have published the Manual of Vascular Pathology, coordinated by Dr Gabriel España, Director of the Angiology and Vascular Surgery Unit of HLA Moncloa University Hospital, and also authored by Dr María Rubio, Dr Victoria García-Prieto and Dr Benito Cubo.

Publication of the book is the result of the preparation of the classes that Dr España delivered to medical students at the European University completing their second cycle of training at HLA Moncloa University Hospital.

The book was launched at an event staged at HLA Moncloa, attended, among others, by Dr España himself, ASISA CEO Dr Enrique de Porres, the Hospital Manager, Dr José Ramón Vicente Rull, and the ASISA Director of Planning and Development, Dr María Tormo.

“What started out as a guide to assist in an understanding of the topics and the basic principles of physical and instrumental vascular examination ultimately turned into a manual,” explains Dr España. “It is not, and doesn’t aim to be, a comprehensive treatise,” he adds, “but a work that can be of use for both students and general practitioners and other specialists wishing to explore some specific aspect of vascular illnesses.”

The educational nature of the work, its aim being to assist students in their learning, and to refresh or extend the knowledge of doctors turning to its pages, was praised both by Dr Vicente Rull, who described it as an “excellent manual”, and Dr Enrique de Porres, who emphasised that the “Manual of Vascular Pathology is an outstanding work, educational, completely up-to-date, showing how technology has evolved to allow us to do things that were unthinkable just a few years ago.”

The publication of this book marks the start of an editorial adventure by the ASISA Foundation, which will continue with the publication of other new works connected with the sphere of Medicine and Healthcare. ●

Introduction to the world of work at HLA Moncloa

A group of 4th year secondary school students visited HLA Moncloa University Hospital, spending four days observing daily activity in the field of healthcare. The students’ visit forms part of the 4th year + Enterprise programme run by the Directorate-General for Infant, Primary and Secondary Education of the Autonomous Region of Madrid, which aims to give high school students an introduction to the world of work.

The scheme is undertaken voluntarily with an extracurricular activity agreement, using educational placements at companies and institutions to better prepare young people for when they make decisions about their academic and professional future. There are few healthcare centres involved in the project, and this year for the first time HLA Moncloa University Hospital has been involved, welcoming around a dozen students for an enriching experience with a view to their future vocational training.



A group of students watching a cataract operation.

ASISA, HLA Moncloa University Hospital and the European University held the ceremony to mark the graduation of the second year of doctors trained at the HLA Group establishment. The 16 new doctors belonging to this year's group were on hand to take their Hippocratic oath.

Second graduation of doctors trained at HLA Moncloa University Hospital

The event, staged at the RANM (Royal National Academy of Medicine) was presided over by Miguel Gómez Navarro, Rector of the UEM (Madrid European University) and Dr Enrique de Porres, CEO of ASISA. Also in attendance were Dr José Ramón Vicente Rull, Managing Director of HLA Moncloa University Hospital; Elena Gazapo, Dean of the UEM Health Sciences Faculty, and José Ramón Menéndez, Director-General for Economic Administration of the Madrid Health Service.

The newly graduated doctors began their training at HLA Moncloa University Hospital in the 2014-2015 academic year. Headed by a team of professionals at the hospital, since then they have undergone practical training in a range of fields, thereby consolidating Moncloa's commitment to research and the training of health professionals.

DIFFERENT, FUNCTIONAL AND EFFECTIVE TRAINING

In his address, the Director of the European University congratulated the new doctors, thanking them as their graduation is the result that "gives meaning to their activities", and reminding them that "belonging to a profession such as this is a privilege, but also a huge responsibility". He also thanked ASISA for its partnership with the European University in developing "a different, functional and highly effective training model, as demonstrated by this year's residents' results".

For his part, ASISA CEO Dr Enrique de Porres, congratulated the new doctors and the professional staff of the European Hospital and HLA Moncloa University Hospital who played a part in their training. He also reminded them that "being a doctor means membership of one of the most highly rated and respected groups in society, a status that they must strive every day to maintain".

Dr de Porres went on to explain to these new doctors the future that awaits them. A future in which "thanks to new technologies they will be able to research, and even succeed in eradicating diseases, and be at the cutting edge of events". Dr de Porres emphasised the "enriching life experience that medical practice represents", which must always be "from person to person".

For his part, Dr Vicente Rull took the opportunity to thank the more than 150 professionals, who have been involved in training the doctors, for their efforts, emphasising the quality of HLA Moncloa University Hospital as the flagship of the HLA Group.



The members of the second graduation of doctors trained at Moncloa University Hospital stand alongside ASISA executives, academic dignitaries and representatives of the Madrid Health Service.

THANKS FROM THE STUDENTS

Dr Rocío Fernández-Montells Rodríguez, the year group delegate, gave thanks on behalf of her peers for the training received at HLA Moncloa University Hospital, and took the opportunity to emphasise that "the story is only just beginning" and that "thanks to the demanding teaching process at Moncloa, we have made the transition from students to doctors, and are ready to give of our very best".

The students also took part in a video emphasising that HLA Moncloa University Hospital "gives you the chance to work side-by-side with doctors, one to one, which means that you can do many more things than in any other context".

For his part, Dr Enrique Galindo Andújar, Deputy Medical Director at HLA Moncloa, as the representative of the Hospital's teaching staff, thanked the new doctors for their positive attitude during the three years of their training, conveying the pride that one feels in dedicating one's life to caring for others.

Along similar lines, José Ramón Menéndez, the Director-General for Economic Administration of the Madrid Health Service, congratulated the new doctors, stressing that "this oath is just the starting point for a whole life of success". ●

Agreement with the Women for Africa Foundation to offer research bursaries at Spanish universities

The ASISA Foundation will be funding the postgraduate studies of an Epidemiology and Public Health researcher at its Humanitarian Medicine Chair at King Juan Carlos University.



Dr Francisco Ivorra, President of ASISA, and Dr María Tormo, ASISA Director of Planning and Development, alongside Maria Teresa Fernández de la Vega, President of the Women for Africa Foundation, and Dr Enrique de Porres, CEO of ASISA.

Maria Teresa Fernández de la Vega, the President of the Women for Africa Foundation, and Dr Francisco Ivorra, President of the ASISA Foundation, signed a framework agreement to allow the two institutions to work together in the public health sphere.

Under the agreement, the ASISA Foundation and Women for Africa declare their aim to work together on joint projects to help achieve Sustainable Development Goal 3: ensure healthy lives and promote well-being. In this regard, the two organisations aim above all to promote initiatives in the sphere of maternal and infant healthcare in Africa, and to promote knowledge, training and research in health-related areas, and in particular women's health.

The first result of this partnership, which came at the signing ceremony itself, was the signature of a further specific agreement under the terms of which the ASISA

Foundation will be joining the Learn Africa programme, which provides bursaries for African students and researchers at Spanish hospitals.

Specifically, the ASISA Foundation will, within the context of its Chair of Humanitarian Medicine at King Juan Carlos University, be providing a bursary for an African researcher on the Inter-University Epidemiology and Public Health Doctorate Programme, lasting between 3 and 5 years.

The studies will essentially be conducted at distance, although the bursary holder will spend one month a year studying in Spain.

Women for Africa thanked the ASISA Foundation for its generous collaboration through this bursary, addressing a sphere of particular interest to researchers on the African continent, namely epidemiology. ●

A recent survey conducted by ASISA revealed that 7% of the adult Spanish population interrupted their sleep because “they need to check their mobile at night”. This dependency, which is more frequent among women, affects the quality of sleep and causes health problems.

7% of Spaniards interrupt their sleep at night to check their phone

Dependency on mobile devices is increasing among all sections of the population, but in particular among women, with those who admit to feeling the need to check their mobile and interrupt their sleep accounting for 62%, as opposed to 38% for men, according to the survey involving more than 600 adults conducted by ASISA in March.

This is a paradoxical habit if one aims to properly enjoy a good night’s rest, since exposure to both artificial light and noise, before and during sleep, can alter the quality of rest and give rise to health problems. The light given off by electronic devices (mobiles, tablets and computers) mistakenly informs our brain that it is daytime, delaying or preventing the secretion of the sleep hormone, melatonin. When secretion is interrupted by light, it takes us longer to sleep, we wake up much more often during the night, and our sleep is of lesser quality.

RELAX AND UNWIND FIRST

Meanwhile, these devices also demand our concentration, prompting brain activity, which is exactly the opposite to the needs of sleep and rest, which demand prior relaxation and disconnection from daily activities. Therefore, Dr Paula Giménez Rodríguez, Director of the Sleep Unit at HLA Vistahermosa Clinic in Alicante, and ASISA representative for the province, recommends “switching your mobile off and leaving it outside the bedroom at night”, instead of the established habit among the Spanish population of leaving their mobile switched to silent mode in the bedroom (56% of survey respondents).

The dizzying pace of modern life also hinders proper sleep. Stress, and long working hours which need to be balanced with household chores, mean that we often do not

have time to unwind. In this regard, Dr Giménez points out that “our brains don’t have an ‘off’ switch that we can press when we want to fall asleep. Ideally you should go to bed when you feel tired, and to achieve that you need to spend a little time relaxing and unwinding from the daily grind first of all, to create a helpful atmosphere”.

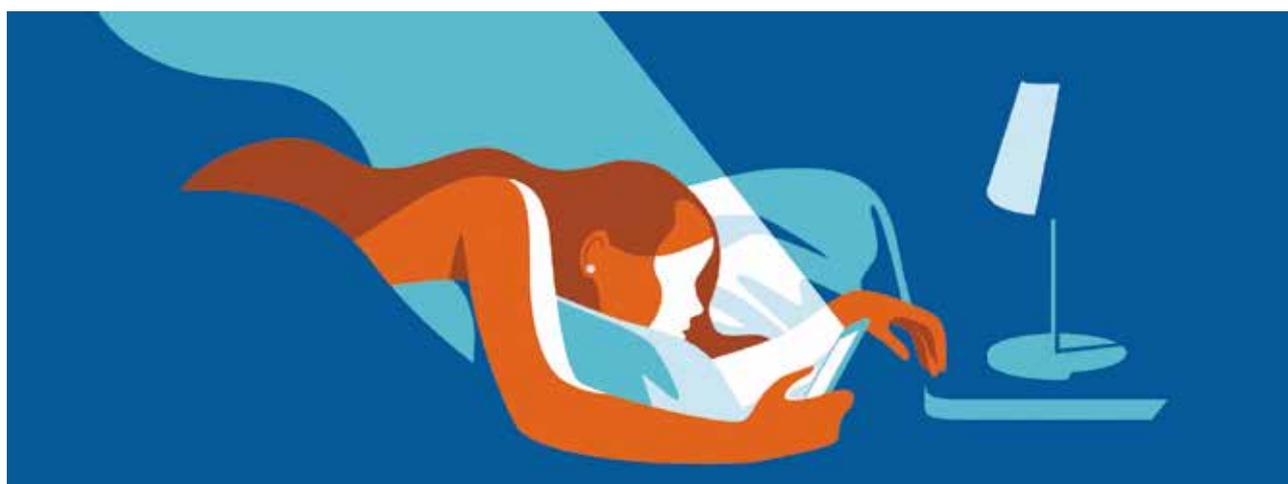
KEEP PROBLEMS OUT OF THE BEDROOM

“However, if despite carry out a relaxation ritual you still can’t sleep, it is better not to stay in bed tossing and turning, as this typically leads to anxiety and more frustration, and exacerbates the problem,” advises Dr Giménez, once again contrary to the typical practice among the Spanish population, since the most common reaction according to the survey conducted by ASISA is to become anxious and start thinking about problems (46%).

48% of respondents acknowledged that the main factor preventing them from falling asleep is thinking about their worries for the next day. Among the respondents, young people (aged 18 to 35) and adults (36 to 65) acknowledged that work was their main concern, ahead of their health, which is the most common worry for the people aged over 65 taking part in the survey.

Given this situation, Dr Giménez advises “getting out of bed to perform some monotonous and relaxing activity: reading with soft lighting could be a good option”.

The results of the survey conducted by the insurer confirm the need to continue fostering healthy habits so as to prevent illness, through campaigns such as #Sleep-1MoreHour, launched by ASISA in November 2016, and covering a range of actions intended to raise popular awareness of the importance of rest at night to maintain good health. ●



Boi Ruiz analyses the role of private healthcare at the “Monday Sessions”

The former Catalan Health Minister took part in the series of healthcare conferences organised at Barcelona Hospital, with an address on the function of private healthcare in the origins and future of the Catalan health system.

On 3 April, the former Catalan Health Minister once again recognised the important role carried out by the SCIAS cooperative and Barcelona Hospital. In front of a packed auditorium, he delivered the address *Private healthcare in the origins of the Catalan health system, and in its future*, an extensive analysis of the distinctive model governing the care delivered to the population of Catalonia, and the importance of public-private partnership in this structure.

To begin with, Dr Ruiz set out a historical account covering the causes in the late 19th century that led to the creation of the different bodies responsible for providing public social and health care. The theoretical design drawn up from 1914 onwards was gradually put into practice with successive laws and governments, up to the systematisation of the organisation of health services and social care, in which the private health network supplements publicly owned facilities by means of long-term arrangements.

Nonetheless, the former regional minister went beyond this historical perspective, to end by outlining the challenges that will now shape the development of private health in the 21st century. From increased life expectancy and chronic conditions, the emergence of information and communication technologies, and doubts as to the sustainability of the public sector, to strategies for the consolidation of the business, along with the value of information and communication.

The “Monday Sessions” are a series of health conferences staged every week at Barcelona Hospital, co-



From right to left: Dr Gerard Martí, Deputy Medical Director of Barcelona Hospital; Teresa Basurte, President of SCIAS; Dr Boi Ruiz, former Catalan Regional Health Minister; Lourdes Mas, Managing Director of SCIAS, and Dr Genís Carrasco, attached to the ICU and President of the Barcelona Hospital Teaching and Training Committee.

vering a range of issues connected with medicine, the cooperative movement, the management of charitable initiatives and organisations connected with the social and health sector. On this occasion, Dr Boi Ruiz, who was Health Minister in the Catalan Government between 2010 and 2016, was welcomed by SCIAS President Maria Teresa Basurte, along with the other members of the hospital’s management team. ●

Members of Autogestió Sanitària and SCIAS stage their assemblies

On 22 May, following the required preparatory meetings, the general assembly of the Autogestió Sanitària co-operative took place with the exclusive presence of the doctors belonging to Assistència Sanitària’s who are obliged to attend. This permits all the members to exercise their equal voting rights and reach key decisions about the organisation, addressing the most significant issues and plotting the course for its management.

SCIAS, the co-operative made up of Assistència Sanitària insured clients, and the owner of Barcelona Hospital, had its busiest period in the period before summer during the organisational process for the assemblies, a programme that remains as innovative today as always. The preparatory assemblies were held between 22 May and 1 June, prior to the annual general assembly, staged on 10 June.

SCIAS Social Participation Department Activities

During the second quarter of the year, the SCIAS Social Participation Department continued its busy schedule by organising open-air visits and outings, as well as health and cultural conferences, opera and cinema evenings, along with board game competitions and courses.

One new feature in May was the start of the “Documentary of the Month” series, with recent award-winning feature-length investigative works being screened each month. In April, prizes were handed out for the children and young people’s short story competition, traditionally staged to mark St George’s Day and the book festival. One of the most popular events with members on the Social Participation Department calendar, though, was undoubtedly the cultural visit to the Elna Maternity institution and the Cathedral of Saint Eulalia and Saint Julia, the day’s outing being rounded off with a stroll around the town of Collioure in Roussillon.

Barcelona Hospital Oncology Department premieres new facilities

Since the remodelling of the third floor of Barcelona Hospital, the new Assistència Sanitària Oncology Department facilities are now in operation, with the aim of offering insured clients an exclusive service delivering the very best diagnosis and care possible.



The third floor of Barcelona Hospital has undergone an ambitious and comprehensive remodelling process, improving both the equipment available and the premises themselves, now divided into two large areas: for consultations with the oncologists and other specialists who visit the patients, and the oncology day hospital, where the prescribed treatments are administered. Those insured clients who have already visited the new floor after completion of the work give it a very positive rating, with everything having been completed to deadline with minimum disruption.

However, the transformation of the Assistència Sanitària oncology area has not just affected the interior architecture, but has also led to a further development in the care offered to insured clients over recent months.



The creation of the Oncology Department, comprising a multidisciplinary team of renowned specialists, divided into pathology-based sections, has improved the coordination and continuity of care between the walk-in and hospital admissions areas, a fundamental aspect in successfully tackling the disease.

HIGHEST QUALITY STANDARDS

According to Dr Ignacio Orce, President of Assistència Sanitària, “the oncology service, promoting treatment with the very highest quality standards, places the organisation at the forefront of oncological medicine in Catalonia”. It is a pioneering response in the field of health insurance to what is a huge problem, and is also an exclusive service available to insured clients, with an expert team drawn from the most advanced establishments in cancer research and treatment, but here within the quality context that characterises private medicine at Assistència Sanitària.

To provide expert support in the very latest treatments for cancer, Barcelona Hospital is also home to the Assistència Sanitària BIOPAT laboratory, a flagship institution transferring scientific and technological advances in molecular biology to the field of patient care. Following agreement with the Oncology Department, it provides insured clients with access to diagnostic tests to facilitate decision-making as to the best possible treatment. ●

Health professional bursary programme enjoys record application numbers

The number of applicants for Assistència Sanitària bursaries for the 2016-2017 academic year was 48% up on the previous year.



A total of 359 students applied for an Assistència Sanitària bursary.

The ninth edition of the Assistència Sanitària Health Professionals Bursary Programme, corresponding to the 2016-2017 academic year, once again confirms the standing of this initiative which is promoted independently by the organisation, and seen its reputation grow year after year. As indicated by the 359 applications received, an increase of 48% compared with the record for the previous edition. Upon conclusion of the period for the presentation of documentation, and following the painstaking process of evaluating each of the applicants, the 30,000 euros of funding is distributed amongst those who receive the highest ranking. On this occasion, there were 34 students selected to perform a master's or postgraduate course to help them improve their professional practice.

As an organisation made up of doctors, Assistència Sanitària has always held that, over and above any other factor, quality care is based on the professionals who make it possible. That is why our organisation offers all students in the field of health a bursary programme to supplement their training and improve their professional practice. Since it was first set up in 2008, the Assistència Sanitària programme has received 1,740 applications, awarding 264 bursaries worth around 250,000 euros.●

Assistència Sanitària office in Sabadell refurbished

As was recently carried out at the regional offices in Vic and Vilafranca del Penedès, Assistència Sanitària has put into action its customer service and proximity improvement plan in the city of Sabadell. The refurbishment of the premises in Sabadell meant adapting them in accordance with the latest trends in interior architecture. Meanwhile, at a time when new technologies provide access to many of the services delivered by Assistència Sanitària via a smartphone app, the redesign of face-to-face service involves initiatives such as longer opening hours, compatible with the working hours of our insured clients, customer service points located at the heart of towns, and staff recruitment to fill vacancies, among other aspects. The Sabadell office can handle the regular procedures, both operational and contractual, connected with Assistència Sanitària activities.



Chronic patient care programme reduces hospitalisation and saves resources

Six years after it was first launched, the results could not be more positive. The 'PAPPA' Assistència Sanitària Pluripathological Patient Care Programme, set up in 2011 by doctors at Barcelona Hospital, was a pioneering initiative that has proved its effectiveness in improving the quality of life of patients and their relatives, whilst also reducing the days spent in hospital and saving resources.

The PAPPA programme was developed as a pioneering venture with the twofold aim of guaranteeing continuity of care by adapting services to the characteristics of chronic patients, while maintaining or improving clinical efficacy. A precise method and the work performed by a multidisciplinary team are generating very positive results: greater patient comfort and support for carers and family, expert assistance for general physicians, reduction in hospital admissions from 4.7 to 0.9 days per patient, and more rational medication. PAPPA represents an evolution of the medical speciality system, and is more effective than conventional hospital admissions for chronic patients, achieving a resource saving of some 63%.

A PIONEERING AND UNIQUE SYSTEM

PAPPA, a unique system for the coordination of different levels of healthcare to look after chronic patients at home, represents a considerable development in care for patients with chronic conditions which involve multiple hospital admissions, as it improves the efficacy of treatment and care, avoiding the inappropriate use of other services. Its design is a result of the current increase in such cases, and the aim to improve the satisfaction levels of patients and their relatives. The system, developed by doctors at Barcelona Hospital and Assistència Sanitària, is the first such experiment in the country, and is based on multidisciplinary work and the use of new technologies to access the information required for decision-making.

The process begins with the detection and evaluation of cases at the hospital, and the signature of the informed consent form by the patient or relatives. 24 or 48 hours after hospital admission, the intervention team (geriatric specialist and nurse) perform a comprehensive assessment of the patient's condition at home, establish a treatment plan and assign a general physician and nurse to perform monitoring in the case of clinical stability. The patient is also provided with a telephone number for daily contact.

The evolution of the cases incorporated within PAPPA (which selects patients with a diagnosis of COPD, cardiac insufficiency, dementia or pluripathology) which have been treated to date, reveals that patients receive flexible and decisive care using resources appropriate to their needs, whilst they also register a high level of satisfaction



Patients are treated in a more responsive and decisive manner, with the right resources for their needs.

among patients and their relatives. Hospital admission levels have dropped from between 3.5 and 4.7 days per patient to just 0.9 days per patient per month.

THE KEY TO SUCCESS

According to Dr. Anna Vilà who specialises in internal medicine and geriatrics at Barcelona Hospital and is a PAPPA supervisor, "contact among professionals, the exchange of the information required to take decisions, access to infrastructure such as remotely accessible electronic clinical records and the possibility of employing complex healthcare resources for the home treatment of complications are the cornerstone of its success". Home care programmes like PAPPA go beyond the traditional focus based on medical specialities, and provide a solution for the medical problem involved in caring for the health of elderly patients in Western societies, with patients living longer and in better condition, as conventional structures find it difficult to adapt to the problems associated with chronic conditions. ●

For the first time since the body was founded, the agenda of the G-20 established by Germany's rotating presidency included public health issues. The Health Ministers of the 20 countries with the most powerful economies in the world met on 20 May to address issues that have a far-reaching impact on the economy and civil society.

The Policies of the G-20 towards Health co-operatives



Family photo of the G-20 health ministers, alongside Angela Merkel.

The G-20, or Group of 20, is an international cooperation forum bringing together 19 countries and the European Union, as an economic bloc. Spain, although it is one of the 20 largest economies in the world, is not an official member of the group, but regularly takes part as a permanent guest.

Following the financial crisis triggered in 2007, the summits of Heads of State and Government of the G-20 focused on issues connected with global economic growth, international trade and the regulation of financial markets. Efforts were made in particular to strengthen the global financial system and improve the supervision and regulation of participants in the financial markets, including what is known as the shadow banking system. The aim is to guarantee that no market and no

THE HEALTH SECTOR IS ONE OF THE MOST IMPORTANT BUSINESS SECTORS IN THE G-20 AND A MAJOR DRIVING FORCE FOR ECONOMIC GROWTH



financial product is left unsupervised.

Alongside these annual summits, a process of meetings and debates takes place, addressing different topics and involving companies, business associations and international bodies, with the aim of drawing up recommendations for economic policy, which are passed on to the governments of the participating countries. This is known as the B20, which has the mission of supporting the G-20 through a consolidated representation of different political proposals and interests. Meanwhile, the B20 also fosters dialogue between legislators, companies and civil society.

THE B20 HEALTHCARE INITIATIVE

The health sector is one of the largest business sectors of the G-20, and an important engine for economic growth. It has, however, never been forced to deal with as many challenges as it faces at present. Demographic change, an ageing population and increased life expectancy, alongside the growing demand for health services and products, mean an ever greater burden for the health system of many countries, and for both public and private financing systems.

Given the far-reaching impact that health problems have for societies worldwide, companies in the sector are essential in order to ensure that healthcare systems contribute to economic growth and to sustainable, inclusive and forward-looking development. In accordance with this argument, the rotating presidency of the G-20, which in 2017 falls to the German Chancellor, Angela Merkel,

has established healthcare as one of its priorities, launching the B20 Health Initiative, in which Dr Carlos Zarco, CEO of the Espriu Foundation, is participating

The members of the B20 health group drew up recommendations addressing such issues as antibiotic resistance, preparations to deal with pandemics, the fight against unattended tropical diseases, digital health, and healthcare innovation. It was in this last aspect that health co-operatives were recognised as an enterprise structure facilitating access to healthcare on the part of nearly 100 million households around the world.

THE ROLE OF CO-OPERATIVES

At the conference of companies and organisations from the health sector, including the Espriu Foundation, staged in Berlin on 18 May, German health minister Hermann Gröhe was presented with a document setting out the sector's economic policy proposals, including the reference to health co-operatives, which were debated at the conference of health ministers held on 20 May.

However, not only was the role of co-operatives recognised within the scope of healthcare, but also the recommendations addressed to the governments of the G-20 in such spheres as small and medium enterprises, employment, and education, include references to the co-operative enterprise model.

It is down to governments to respond to the B20 recommendation, and commit to co-operatives as a healthcare enterprise model that has proven its sustainability and its social location. ●

Students and teachers from Vimmerby University visit Barcelona Hospital



Teresa Basurte, President of the Espriu Foundation, welcomed the Swedish students.

On 25 April, a group of Swedish students from Vimmerby University took part at an information session at Barcelona Hospital, where they were welcomed by the President of the Espriu Foundation, Teresa Basurte. The group of 20 Medical Administration students and lecturers were given the chance to learn at first hand about how the hospital works, the co-operative structure of Scias, the hospital's owner, and its interrelationship with the Autogestió Sanitària co-operative, together with which it makes up Grup Assistència.

Gerard Martí, Trustee of the Espriu Foundation and Deputy Medical Director of Barcelona Hospital, explained to the students how the centre is organised in accordance with its specific characteristics, and the fundamental basic practices that govern its daily operations. Meanwhile, Jordi Martí, the Hospital Admissions Supervisor, explained to the Swedish University students how the administrative processes are handled.

To draw the session to a close, the students were taken on a tour of the premises, allowing them to see,

STUDENTS WERE WELCOMED BY THE PRESIDENT OF THE ESPRIU FOUNDATION, TERESA BASURTE

among other aspects, the administrative management of the laboratory and the clinical information archive process.

Vimmerby University, which was founded in 1956, specialises in healthcare studies, and provides its students with the skills required for their professional development in this field. ●

On 27 and 28 April, Malta was the host to the annual assembly of Cooperatives Europe, at which the Espriu Foundation was represented by its Managing Director, Carlos Zarco. On this occasion, the main event at the assembly was the renewal of the organisation's Board.

Europe's co-operatives gather in Malta



Voting during the Cooperatives Europe assembly.

France's Jean-Louis Bancel was unanimously chosen as the new President, along with the 13 members who will make up the Board for the next four years. Mr Bancel is the President of Coop FR, the organisation that groups together the co-operative movement in France, and is also President of the co-operative bank Crédit Coopératif and a member of the Global Board of the International Co-operative Alliance.

GENDER-EQUAL BOARD

The new President, who expressed his satisfaction at the strict gender equality of the new Board, stated on taking up his position that his aim is to promote a pride in belonging to the co-operative movement among members, to maintain their dedication to building a better world, and to work alongside Europe's institutions. "We will be working to submit proposals to the European institutions (Parliament, Commission and governments) to help establish a new future for Europe, which is going through a difficult period because of a lack of trust and the decline of democratic processes," Mr Bancel asserted.

Malena Riudavets was chosen as Spain's representative, and will sit on the Board of the European organisation. Ms Riudavets is a member of the Executive Board of CEPES (the Spanish Confederation of Social Economy Enterprises), and Vice-President of COCETA (the Spanish Confederation of Workers' Co-operatives).



Doctor Carlos Zarco, director of the Espriu Foundation, casts his vote.

TOPICS DEBATED

The assembly also debated other important topics, such as the relationship between co-operative enterprise and the sharing economy, opportunities for co-operatives in the field of development co-operation, the need for the co-operative movement to be included in educational curricula and to reach out to young people, along with the challenges of co-operative governance.

Cooperatives Europe is the European regional organisation of the International Co-operative Alliance representing European co-operative enterprises. With 86 affiliate organisations in 34 countries, it upholds the interests of the 140 million co-operative members who own more than 176,000 co-operative enterprises, generating employment for close on 4.7 million European citizens. ●

On 23 May, the governments of 11 European countries signed the Madrid Declaration, calling for a lead role for the social economy in the EU. The Declaration was agreed at an event staged in Madrid (the largest held to date in Europe to address the social economy), bringing together more than 400 representatives of Europe's institutions and 16 of its Member States, along with 200 social economy representatives from 18 countries.

The Madrid Declaration: Eleven European countries call for a European social economy action plan

On 23 May the governments of 11 EU countries signed the Madrid Declaration, calling for the social economy to be given a strong European impetus on the political agenda of the EU, seeing this as a priority business model for a sustainable future that places the emphasis on social and economic cohesion.

The Madrid Declaration was signed by the governments of Spain, Luxembourg, Portugal, Greece, Italy, Romania, Slovenia, Malta, Bulgaria, Cyprus and Sweden, at the summit The Social Economy, a business model for the future of the European Union, organised by CEPES, Social Economy Europe and the Spanish Government.

The signatory countries, who will soon be joined by others, called on the European Commission to ensure a priority position for the social economy within EU policies, and the adoption of specific measures to foster its development.

The social economy comprises two million enterprises in Europe, generating 8% of EU GDP, and employing nearly 14.5 million people.

The Madrid Declaration asserts that “the common values of the social economy, such as the primacy of people and the social objective over capital, democratic and/or participatory governance, reinvestment of most of the benefits to ensure the long-term sustainability of the enterprise and the provision of services to their members and local communities, actively contribute to social cohesion and hence to an innovative, smart, sustainable and inclusive growth, in addition to the creation of quality employment”.

The Madrid Declaration also calls for the social economy to be promoted through schools, along with the creation of shared coordination mechanisms at the highest level within the context of the EU, and the inclusion of one 2018-2020 single action plan for the social economy as part of the European Commission's working plan for 2018.

SOCIAL ECONOMY AS THE SPAIN BRAND

The Spanish Minister of Employment Social Security, Fátima Báñez, signed the Madrid Declaration as the

promoter of the Informal Group of Governments in Favour of the Social Economy, which she defined as “a standard-bearer of the Spain Brand, given its capacity to create and maintain employment, to innovate, compete and make social cohesion the foundation of its key values”.

Ms Báñez asserted that this business sector is a “model for the present and the future, as it places the emphasis on the importance of people”. She added that “it is an integrating and inclusive model” that has proved itself “vital” both at times of growth and in periods of “deep crisis”, since “it has served to protect people and to maintain social cohesion”.

The Minister also stressed that the social economy is a model that successfully creates “more sustainable enterprises”, citing the example that job destruction in the sector was seven percentage points lower than the overall average for other forms of business.

Meanwhile, the Minister of Employment and Social Security announced that the Government is working on the design of a Spanish social economy strategy.

CORNERSTONE OF COHESION

The President of CEPES (the Spanish Social Economy Enterprise Confederation), Juan Antonio Pedreño, declared that “social economy businesses generate positive economic prospects for all citizens of the Union, thereby safeguarding our way of life, and offering better opportunities”.

Mr Pedreño further recalled that the social economy, according to the European Parliament's own declarations, “is a cornerstone in terms of social cohesion and employment in Europe, and an engine for change in response to the challenges facing the European Union”. “Therefore,” he added, “it is a consolidated and shared project that we must maintain, and that now needs to be more united than ever”.

Social economy businesses, Mr Pedreño explained, “provide a response to the challenges faced by Europe's citizens, contribute to sustainable economic growth for all, generate quality jobs, help reduce social inequali-



Family photo of the Madrid Declaration signatories.ñ

ty, underpin solidarity among Europeans, and take an interest in innovation in every one of their business projects”.

TOP-LEVEL SUMMIT

The European Conference, the largest held to date, was attended by more than 400 representatives of European governments (including various ministers), along with representatives of the European institutions, social economy entities and businesses, and various Spanish public authorities (central government, autonomous regions and local councils).

The signatories of the Madrid Declaration were the Spanish Minister of Employment and Social Security, Fáiima Báñez; the Minister of Labour, Employment and Social Security of Luxembourg, Nicolas Schmit; the Minister of Labour, Solidarity and Social Security of Portugal, José Antonio Vieira da Silva; the Minister of Public Administrations of Sweden, Alrdalan Shekarabi; the Deputy Minister of Labour, Social Security and Social Solidarity of Greece, Rania Antonopoulou; the Secretary of State of the Ministry of Labour and Social Policy of Italy, Luigi Bobba; the Secretary of State of the Ministry of Labour and Social Justice of Romania, Daniela Gheorghita Barbu; the Secretary of State of the Prime Ministerial Office of Social Economy of Slovenia, Tadej Slapnik; the Maltese Ambassador to Spain, Mark Anthony Micallef; the Bulgarian Ambassador to Spain, Ivan Kondov, and the Director of the Department of Employment of the Ministry of Labour, Welfare and Social Security of Cyprus, Alexandros Alexandrou. ●



25 years promoting the social economy

In 2017 CEPES, the Spanish Social Economy Enterprise Confederation, will be marking its 25th anniversary as the leading organisation in this sector in Spain, which includes more than 43,000 companies, representing 10% of GDP and 12.5% of the workforce.

To mark its anniversary, CEPES will be organising a range of events throughout the year, including an extensive agenda of events and institutional gatherings.

“The 25th anniversary of CEPES is an unrivalled occasion to showcase the successes achieved and the strengths of the social economy,” says CEPES President, Juan Antonio Pedreño. “When we talk about the social economy in Spain, we are talking about competitive and sustainable businesses, committed to jobs, in which people count for more than capital,” he emphasised. Over the coming months CEPES will publicise the major milestones that have marked its history, and which are, in short, a reflection of how the social economy has gradually evolved and adapted to the changes seen in Spanish and European society.

“Looking back, over the past 25 years the social economy has acquired a prominent position in macroeconomic terms, and at CEPES we aim to look to the future so as to build a new economic model in which the general interest and the collective good prevail, which is what the social economy proposes,” affirms Mr Pedreño.



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Programme of Activities

ASSEMBLY OF THE INTERNATIONAL HEALTH CO-OPERATIVES ORGANISATION

13 November 2017

The general assembly of the International Health Co-operative Organisation (IHCO) will be held in Kuala Lumpur, Malaysia, on 13 November 2017. On this occasion the members of the IHCO will be called on to elect the President and the individuals who will make up the Board for the next four years.

GLOBAL CONFERENCE OF THE INTERNATIONAL CO-OPERATIVE ALLIANCE

14 to 17 November 2017

The Global Conference that the International Co-operative Alliance will be holding in Kuala Lumpur, Malaysia, will provide an opportunity to bring together co-operative leaders from all round the world, to learn and exchange opinions. Organised with the collaboration of the co-operative movement in Malaysia, the debates at the conference will focus on the general topic of *Placing people at the heart of development*.

6TH GLOBAL CONGRESS OF SOCIAL ECONOMY RESEARCHERS

29 November to 2 December 2017

From 29 November to 2 December 2017 CIRIEC will host a congress under the general title of *Social and Solidarity Economy, Sustainability and Innovation: facing up to old and new social problems* at the Federal University of the Amazon, in Manaus, Brazil,

8TH EDITION OF THE MONT-BLANC MEETINGS

6 to 8 December 2017

In Archamps, France, the International Social and Solidarity Economy Forum will bring together the leaders of the Social Economy, to reflect and share initiatives focused on the topic “The Social Economy: the new efficiency”

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Goodbye to Dr Carreño. Efficient, rigorous and a wonderful person

On 8th May health cooperativism lost one of its early champions, Doctor Francisco Carreño, in Malaga. He was a gifted student and inseparable colleague of Doctor Josep Espriu, the founder of health cooperativism in Spain. Thanks to this close collaboration, which helped lead to the independent organisation of health professionals and users of cooperative assistance services, Dr Carreño became president of ASISA-Lavinia, which he directed from 1980 to 2003, and of the Espriu Foundation (1996-2000) where he was honorary president at the time of his death.



Dr Enrique de Porres joined the management team of ASISA and Lavinia courtesy of Dr Francisco Carreño, making him an exceptional witness to the personal and professional virtues of a man whom he does not hesitate to describe as “fundamentally good”. Of all of these virtues, he highlights his sense of loyalty, honesty and personal dedication, which were the foundations on which Dr Carreño’s based his tenure at the head of ASISA.

DR. ENRIQUE DE PORRES, CEO of ASISA and Secretary and Trustee of the Espriu Foundation

The value of responsible leadership

Not long ago, too recently in fact, I wrote on these same pages about the pain felt at the loss of a friend. Above all when the end comes suddenly and unexpectedly, and earlier than the typical life expectancy of our modern society. The emptiness that is left is lasting, albeit alleviated by the memories that true and enriching friendship always creates. They provide the refuge we need so as to be able to carry on without our loved ones, and to preserve and treasure them.

These deep sensations of loss, of a wound to the heart of our emotions caused by the certainty of the definitive absence of a person who represented a fundamental value in our life and in our personal development, and the melancholic recollection of so many shared experiences, have made their presence felt again with all their intensity over recent days, following the death of Dr Carreño; Paco Carreño, for those of us who spent years working at his side.

PERSONAL DEDICATION

For more than twenty years, our institutions benefited from his commitment, going beyond the call of any duty; his personal dedication; his good humour; his loyalty to principles and values, to keeping his word, and above all to people. I enjoyed his virtues and his talent from a privileged position, which not only marked my pathway in the co-operative movement and at ASISA, but allowed me to appreciate in all its breadth the value of responsi-

For more than twenty years, our institutions benefited from his commitment, going beyond the call of any duty

ble leadership; the exemplary honesty of a person who, exercising the responsibility of leading a collective project, considers not his own personal benefit, but only that of those he represents.

It was he who gave me the chance to join the team dedicated to the management of the enterprises that have ASISA as their backbone and Lavinia as their ideological heart. As his assistant, I was a privileged witness to his closeness with everyone, his way of showing respect for others, whoever they were and irrespective of their status. The sincere straightforwardness with which he dealt with others forced them to set aside any



His gift of reconciliation always prevailed, along with his pursuit of areas of common ground

I was a privileged witness to his closeness with everyone, his way of showing respect for others, whoever they were and irrespective of their status

affectation and protocol, and elicited sincerity in their approach, despite any distance or difficulty in reaching agreement. His gift of reconciliation always prevailed, along with his pursuit of areas of common ground. He was, fundamentally, a good man.

SENSE OF LOYALTY

His sense of loyalty was expressed to the fullest in his relationship with our shared teacher, Dr Espriu, a man of irresistible personality and a character forged in the constant and continuous pursuit of an ideal to which he dedicated his life, prompting in others the sensation of never being fully satisfied with the job that they had done. That is why I always lived with the sincere and painful feeling of not having achieved Dr Espriu's full satisfaction with the policies developed at the head of ASISA. In the same way that I felt joy every time I received a gesture of his contentment.

I believe that emotional pain, in this case the tragic death of his own right hand, his confidant and truest friend, Dr Fernando Martín Aparicio, and the death of

Dr Espriu himself, his guiding light, his spiritual "father", his teacher in the co-operative movement and his natural leader, prompted the loss of his intellectual clarity, and robbed us of his company many years before this final curtain.

THE FINEST EXAMPLE OF DEDICATION

I remember as if it were yesterday his words on the death of Dr Espriu, which he began by recalling their first meeting. That first time, seeing how positive the message was, nothing short of helping others, namely doctors, to launch an ambitious enterprise (and for nothing in exchange!), he asked him with his typical sincerity and directness: "*Espriu, are you on the level?*". On losing him forever, he included among the words he wrote: "*You were on an unimaginable and unreachable level!*" Something for us all to look up to!

All I can add is that both of them represented the greatest privilege one can have in life, to be given the finest example of dedication to serving others, in exchange only for fraternal friendship. ●

The President of Assistència Sanitària recalls in this interview his first meetings with Dr Francisco Carreño, when the two of them were working in close partnership with Dr Josep Espriu on the expansion of his healthcare model. What he recalls of the late first President of ASISA is his friendliness, his enthusiasm and his huge capacity for hard work, qualities that made him an effective and meticulous leader during the insurer's stage of growth.

INTERVIEW WITH DR. IGNACIO ORCE, president of Assistència Sanitària

“He led the period of growth at ASISA in a highly effective and meticulous way”

Daniel Romani

Do you recall how the relationship between Dr Francisco Carreño and Dr Josep Espriu came about

Dr Espriu's aim was for doctors to have their own health insurance company. In Spain, during the Franco era, there were only provincial medical associations. He travelled around Spain in his little SEAT 600 with his wife alongside to convince as many doctors as he could of his initiative. That is how ASISA was founded, with its headquarters in Madrid, and a few provincial offices. In Malaga there was already a doctors' insurance company, the Igualitario de Málaga, and one of the leading figures at the organisation was an up-and-coming internal medicine specialist with a real human touch: Dr Paco Carreño, who as soon as he met Dr Espriu struck up a very close professional and personal relationship with him. Francisco Carreño was the first President of ASISA. To begin with, ASISA was a very small company, but it gradually grew... thanks above all to one of the last decisions taken by Franco's Parliament, which gave State employees the freedom to decide whether they wished to receive public or private healthcare. ASISA submitted a bid to be one of the companies providing civil servants with healthcare, and it was successful. That gave us a real

boost. Thanks to the State becoming a client, ASISA took a huge leap forward: in just a short while it grew from having a few thousand clients in more than a million. Today, 82% of State civil servants who still have the choice between public and private healthcare opt for private.

What role did Francisco Carreño play as President of ASISA?

He led this whole stage of growth in a highly effective and rigorous way. He was President of the Board of Directors, and also of the co-operative's Steering Council. He implemented the management systems that remain the same today to a great extent, and was responsible for appointing the provincial medical delegates. I think he did a really good job.

With all that work to do, was he able to continue practising internal medicine?

Yes, he had a real capacity for hard work, and combined both aspects. At ASISA he forced through considerable investment in technology, purchasing equipment to perform scans, magnetic resonance... He also believed that the company could compete better with its own network

of clinics, and set up as many as 13: Moncloa, in Madrid, and many others in different provinces. Huelva, Murcia... Dr Carreño made sure that ASISA establishments had excellent facilities and outstanding technological resources. ASISA grew to as many as 25,000 doctors. He was always concerned with the well-being of doctors, to ensure that their work was decently remunerated, and that they could reach decisions about their patients. And also that patients could decide which doctor should treat them. He always had an interest in everything to do with people's lives, whether they were doctors, nurses or lecturers.

You were appointed President of the Assistència Sanitària Group. Did you have much of a relationship with Dr Carreño?

Yes, both of us felt ourselves to be like Dr Espriu's "sons", although Dr Carreño was 20 years older than me... so that meant I was the "younger son". And we both had to deal with our "father", of course, who was really stubborn, but always acted in good faith. We always agreed with his healthcare model, and the point that, aside from the doctor, the other key figure in every medical act is the user, which is why he set up another co-operative for clients, SCIAS, which is the owner of Barcelona Hospital.

Dr Carreño was also President of the Espriu Foundation, wasn't he?

Yes, and he used that to continue promoting co-operative healthcare and to put into practice the ideas of Dr Espriu, who believed in the importance of doctors and users being involved in decisions at the centre where they work or are treated. While Dr Carreño was President of the Foundation, it became part of the International Co-operative Alliance, where there was no branch to deal with health. And we set that up. There were other countries there alongside us: Japan, Belgium, Sweden... Japan's Shoji Kato was appointed President of the IHCO (International Health Co-operative Organisation), and Dr Carreño was Vice-President.

What were the goals pursued as part of the IHCO?

We wanted to explain that it was possible to organise healthcare systems where groups of professionals and groups of users could resolve the health issues affecting them together. We travelled a great deal, to Latin America, where there were vaccination problems, to Eastern Europe... There were, and in fact still are, clinics where you have to take your own light bulbs and sheets. One of the people who particularly assisted Dr Carreño on these journeys was Dr José Carlos Guisado, who was later to become President of the IHCO, and sadly also passed away not long ago. Today, the Espriu Foundation continues to enjoy considerable prestige, and receives numerous visits from people with a real interest in its co-management system. ●



Left to right, doctors Espriu, Carreño and Orce.

“Dr. Carreño made sure that ASISA establishments have excellent facilities and outstanding technological resources”

Full of life, intelligent and honest: that is how the current President of ASISA defines his immediate predecessor at the head of the insurance company. The human qualities of Dr Carreño, he asserts in this article, fully matched his great professional skills and tireless dedication to his job, and made an equally significant contribution to making ASISA the sound and prosperous enterprise it is today.

DR. FRANCISCO IVORRA, president of Asisa

A remarkable man

I knew Francisco Carreño (Adra, Almeria, August 1934 - Malaga 8 May 2017) very well, and not only for professional reasons. We worked together for many years (I was his Director, CEO and Vice-president at ASISA, and later on he assisted me in the handover of the presidential role), and he always made me feel special. Nonetheless, where my friendship with him was really forged, as often happens in life, was away from the office. We were both dedicated partridge hunters, and in February would head out to the country with a group of friends. It was there, spending time in the countryside, that I came to appreciate his outstanding facets as a person. Paco was, in truth, a remarkable man. His human qualities, shared generously among his friends, relatives and colleagues, rivalled his professional skills and his tireless dedication to his work. He was intelligent and honest to the bone. As a good card player, he was also intuitive and inventive. A tireless conversationalist, he operated best when close at hand, his persuasive capability being well known to all those of us who spent time with him (business leaders, public officials, politicians, journalists...), whom he would regularly surprise with his liveliness and profuse discourse. Emilio Botín, who was President of the Santander bank up to his death in 2014, and Julián García Vargas, Health Minister in the 1980s, became close friends with him, and also helped him make ASISA a more prosperous and stable enterprise.

“Intuitive, inventive, and a tireless conversationalist, he operated best when close at hand, his persuasive capability being well known to all”

ACOLYTE OF DR ESPRIU

Francisco Carreño was the leading acolyte of Dr Josep Espriu, the inspiration of the co-operative health movement, whom he viewed as a second father. Firmly convinced of the virtues of Espriu's theories, he dedicated his whole life to spreading the word and putting them into practice. The two of them complemented one ano-



Dr Carreño, Dr Espriu and the current president of Asisa, Dr Ivorra, at the Asisa general meeting in Alicante in 1984.

ther well. Espriu was the teacher, the thinker, a theoretical and reflective individual. Carreño, meanwhile, had a more executive vision of organisation. His practical sense allowed him to professionalise the management of ASISA and make it more competitive within Spain's complex private health market.

During his extensive tenure as president, from 1980 up to 2003, he normalised ASISA's relationship with money (Espriu, concerned above all with the social impact of medical activities, had little time for material ambitions), and enshrined the principle that the profits obtained through the organisation's operations had to be reinvested in ASISA itself, in its services and its facilities, so as to build loyalty among doctors and patients.

OWN HOSPITAL NETWORK

That provided the natural germ of the idea of creating the company's own hospital network, so as to guarantee proper care for our insured clients. Both of us came from a hospital background (Paco had served as a doctor at Carlos Haya Hospital in Malaga, and I began my career at Alicante General Hospital), and that shared sensibility towards hospital practice crystallised with the acquisition of Sant Carles Hospital in Denia, and the opening in 1982 of the El Angel Clinic in Malaga. That sowed

the seed of what is today the HLA (Hospitals Lavinia ASISA) Group, comprising 15 institutions owned by the enterprise itself, the largest hospital network of any insurer in Spain.

Thanks to his lengthy and brilliant professional management at the head of ASISA, Francisco Carreño is worthy of a place in the history of Spanish healthcare. I, though, will always treasure his legacy as a person and a friend. A fond farewell, Paco. ●

“Thanks to his lengthy and brilliant professional management at the head of ASISA, Francisco Carreño is worthy of a place in the history of Spanish healthcare”

First as Vice-President, later as President, the figure of Dr Francisco Carreño was decisive in the international journey of the Espriu Foundation, and its co-operative health model.

Key figure in raising the international profile of the Espriu Foundation

The history of the Espriu Foundation, stretching back nearly three decades, is intrinsically tied to the personal and professional role of Dr Francisco Carreño. As a leading acolyte and inseparable colleague of Dr Josep Espriu, the founder of the co-operative health movement in Spain, Dr Carreño was a key figure in the international development of the Espriu Foundation.

In 1989, when the Espriu Foundation was first established, Dr Carreño became the Vice-President of the organisation, successfully setting out its vision of co-operative healthcare, the same vision that defined his leadership as President of Asisa-Lavinia between 1980 and 2003, when he developed a healthcare structure with a co-operative basis, allowing the independent organisation of medical professionals.

His dedication to the co-operative movement saw him become President of the Espriu Foundation between 1996 and 2000, a term shaped by the aim of taking the co-operative formula that had proved so successful in this country, beyond its borders. During this stage, he lent his support to the creation of the International Health Co-operative Organisation, the IHCO, as the health branch of the International Co-operative Alliance, taking over responsibility for the European region.

In the year 2000, the Espriu Foundation Trustees chose to pay tribute to his huge efforts at the head of the organisation by naming him Honorary President. ●



Geneva, 15 and 16 September 1997. General meeting of the ICA.

Dr. Carreño was one of the driving forces behind the creation of the international Health Co-operative Organisation, or IHCO, the health branch of the International Co-operative Alliance.



Dr Carreño was an inseparable colleague of the founder of the co-operative health movement in Spain, Dr Josep Esriu.



1. Dr Carreño opens the Health and Co-operative Seminars. Seville, 1984



Dr Carreño during a tribute to Dr Esriu. Barcelona, 1986



Dr Carreño presents an award to Dr Esriu during a ceremony in his honour. Barcelona, 1986.



10th National International Health Co-operative Seminar Madrid, November 1998



From the positions of responsibility that he held throughout his career, Doctor Francisco Carreño never gave up in his quest to promote and develop the principles of health cooperativism both at home and abroad. During his presidency of the Espriu Foundation he was one of the founders of the International Health Cooperative Organisation (IHCO) in 1996, as well as being the president of its European branch. Whilst within Spain he focused his efforts on consolidating ASISA within the health insurance market and promoted the creation of its hospital group in order to offer better services to its 1.5 million policy-holders and better working conditions to its health professionals. ●

Skater

She was all in black but for a yellow ponytail that trailed from her cap, and bright blue gloves that she held out wide, the feathery fingers spread, as surely she stepped, click-clack, onto the frozen top of the world. And there, with a clatter of blades, she began to braid a loose path that broadened into a meadow of curls. Across the ice she swooped and then turned back and, halfway, bent her legs and leapt into the air the way a crane leaps, blue gloves lifting her lightly, and turned a snappy half-turn there in the wind before coming down, arms wide, skating backward right out of that moment, smiling back at the woman she'd been just an instant before.

Ted Kooser

Published in; Ted Kooser, *Locell matiner i altres poemes*, Catalan translations by Miquel Àngel Llauger i Jaume Subirana, Palma, Moll, 2017.



© Mar Aguilera

Echoes of the world of yesterday



Technical details

Title: **Stefan Zweig. Farewell to Europe**

Year: **2016**

Duration: **106 minutes**

Country: **Austria**

Director: **Maria Schrader**

Screenplay: **Maria Schrader and Jan Schomburg**

Music: **Tobias Wagner**

Photography: **Wolfgang Thaler**

Cast: **Tómas Lemarquis, Barbara Sukowa, Nicolau Breyner, Charly Hübner, Lenn Kudrjawizki, Ivan Shvedoff, Josef Hader, Harvey Friedman, Nahuel Pérez Biscayart, André Szymanski, Matthias Brandt, Nathalie Lucia Hahnen, Oscar Ortega Sánchez, Vincent Nemeth, João Cabral, Márcia Breia and Arthur Igual**

Production: **Coproducción Austria-Alemania-Francia; X-Filme Creative Pool / Idéale Audience / Maha Productions**

Enric Sòria

Stefan Zweig was one of Europe's most popular writers between the wars, which may be why the self-absorbed critics in these parts foolishly disregarded him for some time. Nonetheless, he wrote such great novels as *Beware of Pity* and *Chess Story*, as well as the outstanding memoir *The World of Yesterday*. Exiled from Austria during the Nazi era, he tried to maintain a stalwart attitude and help his colleagues, while inside he fell apart. The European civilisation he believed in had been destroyed; the Jewish people to which he belonged was being annihilated, while the Nazis advanced from triumph to triumph. Zweig could not stand the destruction of his world, and committed suicide together with his wife in the Brazilian city of Petropolis in February 1942.



Maria Schrader's film aims to depict this devastating process through a handful of vignettes running from the PEN Club Congress of 1936 up to the discovery of their lifeless bodies. A small-scale mosaic of fragments with a semi-documentary air shows us the writer's growing disorientation and anguish, as he attempts to maintain an honest position while feeling himself increasingly impotent, as the shame of the persecution of the Jews and the war continue.

The film, mostly spoken in German, but also in Portuguese, French, English and Spanish, successfully reflects the cosmopolitan and at the same time depressing milieu surrounding the author. The direction is easy-going and aims for subtlety. The problem is that this chosen approach, very much distanced and more evocative than strictly narrative, pays too little attention to dramatic construction, and does not ultimately map out a sustained story. We feel through intuition the writer's drama, but in the end it fails to move us. What is really lacking is the synthetic and incisive vision of an Axel Corti, to cite one director capable of handling this tone to devastating effect.

Nonetheless, a few scenes are striking, such as the visit to the rural mayor in Brazil, and the local orchestra's pathetic attempt to play "The Blue Danube". Here, the polished irony of the scene borders on the grotesque humour of Mikhalkov, and effectively suggests the sad build-up of incongruences that embitter the writer's forced stoicism. Josef Hader offers a distinguished lead performance, while in one of the scenes we see the wonderful Barbara Sukowa, who is always worth watching, playing the writer's first wife. ●

Prize-winning images





© José Ramón Luna de la Ossa

For the eighth year running, the ASISA Foundation has handed out the awards for its International Photography Competition. This year, the jury selected the winners in the various categories from out of a total of 2,735 works submitted by 348 photographers. The prizewinners were: Mingo Venero, winner of the ASISAFoto Best Photographer and “Open” category awards; José Ramón Luna de la Ossa, in the “Maternity and Infancy” category; Felipe Foncueva Rodríguez, in “Nature”, and María Cristina Gómez Martínez, in the “Smiles” category. These pages present a small sample of the quality of their work.



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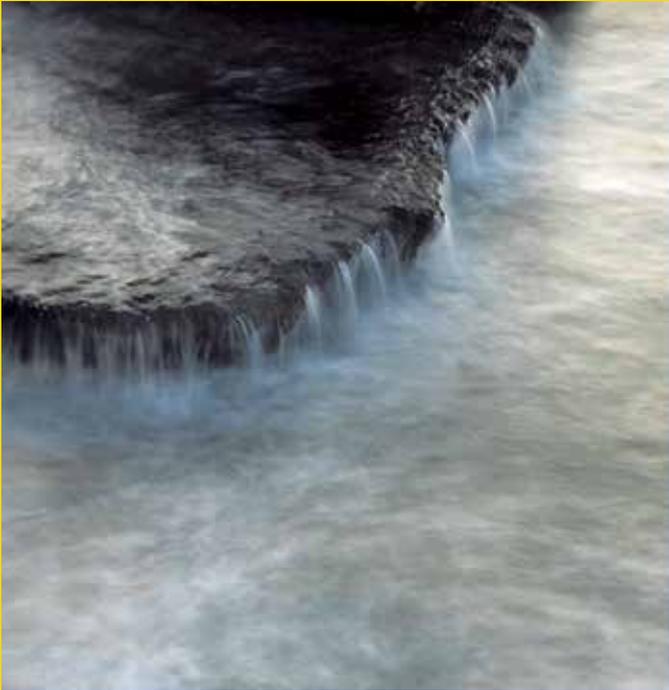




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Salvador Espriu and Robert Frost

Josep M. Jaumà

In the last issue of **compartir**. I discussed Salvador Espriu's poem "De tant senzill, no t'agradarà" from the work *El Minotaure i Teseu*. As I said at the time, it struck me that the poem could serve as a backdrop to all of Espriu's work, not only his tragic output, but also his satirical and cabalistic creations. It reflects, I suggested, his personal drama during the country's dark days, but also the drama of our civilisation, bereft of centuries-old points of reference, and left with no terra firma beneath its feet (the now famous "liquid reality").

Readers may be surprised that I should now place that dramatic poem alongside one with such an apparently commonplace theme as "The Armful", by the popular American poet Robert Frost. The differences in theme, tone and language are so great that the two texts seem to have practically nothing in common. What I aim to show here is where they coincide.

The armful

*For every parcel I stoop down to seize
I lose some other off my arms and knees,
And the whole pile is slipping, bottles, buns-
Extremes too hard to comprehend at once,
Yet nothing I should care to leave behind.
With all I have to hold with, hand and mind
And heart, if need be, I will do my best
To keep their building balanced at my breast.
I crouch down to prevent them as they fall;
Then sit down in the middle of them all.
I had to drop the armful in the road
And try to stack them in a better load*

What we have here is a poem stripped of all the "intellectual" concerns of Espriu: The "poems that offer no company", the "Emperor quite naked", the "sigh of the wind", the triumph of "injustice"... "The Armful" exists on a different level, more down to earth, in specific everyday life. It draws (in this and other aspects) on the avant-garde example of William Carlos Williams, "no ideas but in things": the images must be striking in themselves, making any "abstract" explanation superfluous.

I think that readers will easily recognise themselves in this character, unable to put in order the pile of things that life has burdened them with. Objects without importance ("nothing I should care to leave behind"), but that, through their own surfeit, cause him to lose his balance, time and even dignity: "sit down in the middle of them

all". And not because the individual in question does not try: "with hand and mind, and heart if need be, I will do my best". The result, though, is there for all to see. Are we not here faced with the "objective correlation" of finding ourselves trapped in a trick that, because it is so close, is invisible to us? Systematic deceit beneath the glossy appearance, quasi-obligatory commercial bulimia: is that not what governs every corner of our lives, leaving us flat on the floor amid everything that was, in theory, "ours"?

Frost's protagonist, the victim of an unimportant incident, offers us a "Chaplinesque" image of an ordinary man, filled with pathos. This is not, though, so very different from how his contemporary, Espriu, felt, concerned with the established lie or the coldness of the poetic lines of "excellent wise men", and ultimately he himself also defeated ("decided friend now of the last injustice").

Both of them defeated by the "great sigh of the wind, that old adversary", by undercurrents that seem uncontrollable. humour. With Espriu, his tragic and satirical poems are kept separate. Frost combines the two visions, with one aspect heightening the absurdity of the other:

The way of understanding is partly mirth

he says in a poem, "Not Quite Social", about the need to escape this world. And in another, "The Door in the Dark", the protagonist steps forward in the shadows, his arms stretched out in front, and all of a sudden smashes into a door that has slipped between them. The caricature goes hand-in-hand with a reflection:

[...]

*A slim door got in past my guard,
And hit me a blow in the head so hard
I had my native simile jarred.
So people and things don't pair anymore
With what they used to pair with before.*

Espru and Frost, two different voices who nonetheless present us with a similar message, and one that is hard to ignore. Flaubert himself, in fact, nearly a century earlier, expressed the same idea: "the setting in which my characters move is so abundant that they run the risk of disappearing with every line". Poetry is the voice that opens a way into the overarching darkness, to offer confirmation of who we really are and what we feel, to ensure that we do not disappear ●



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I lose some other off my arms and knees.
And the whole pile is slipping.
I lose some other off my arms and knees.
And the whole pile is slipping.
I lose some other off my arms and knees.
And the whole pile is slipping.

Extremes
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I lose some other off my arms and knees.
And the whole pile is slipping.



Tanna

horizon

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