THE SLOVENIAN MEDICAL ASSOCIATION
AT ITS 145-ANNIVERSARY

SLOVENSKO LIJEČNIČKO DRUŠTVO –
U PRIGODI 145. GODIŠNJICE

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SUMMARY

Physicians throughout the world began to form associations in the first half of the nineteenth century, in order to realise their common interests more easily through them. A medical society was formed among the Slovenes in 1861. The contribution on the occasion of the 145th anniversary describes the development in the various periods of turbulent national history conditioned mainly by the socio-political arrangement.

Key words: History of medicine, 19th, 20th century, Medical Association, Slovenia

INTRODUCTION

Medical associations were founded in the international space in the first decades of the 19th century. Their main aim was to provide better cooperation among physicians and to spread medical knowledge. Among the earliest associations, L’Académie de medicine et de chirurgie was established in 1820 in Paris, the British Medical Association in London in 1832 and the American Medical Association [1] in Chicago in 1847. Gesellschaft der Ärzte in Wien was founded in Vienna in 1837 [2, pp 437-442, 451-454]. In Styria, the first medical association was established in Graz in 1862, but among the Slovenes in Lower Styria in Maribor in 1876 and in

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Celje in 1877. Among the Croats the first medical association Zbor liječnika kraljevine Hrvatske i Slavonije was founded in Zagreb in 1874.

UNIFYING OF DOCTORS AMONG SLOVENIANS

The organised association of physicians in Upper Carniola in the Austrian Monarchy began in Ljubljana with the establishment of the Medical Reading Association (Ärzte Leseverein in Laibach) on October 28, 1861. This association ranks among the oldest civil, voluntary and professional associations among Slovenes. Over the course of a year the association outgrew the needs of Ljubljana and expanded to cover the whole of Carniola by changing its name into the Association of Medical Doctors in Carniola (Verein der Ärzte in Krain). The first president of both associations was Dr Konstantin Schrott. The association stemmed from the need to broaden expert learning, the common arrangement of professional and social medical affairs, as well as a desire for co-operation among medical doctors, military doctors and healers of that time. In 1885, veterinarians were also accepted as members. Some medical doctors from Styria, Karnten and the Gorizia region also joined the Association of Medical Doctors in Carniola. The association had a Central European orientation. Its codex was also used in 1874 by the newly established Croatian associations in Zagreb and Sisak [3].

The Association operated at the start in the German language, but at the turn of the century the Slovene language was ever more frequently used, together with a striving for a Slovene medical terminology [4, pp. 21-76].

The mission of the Association, enshrined in their statute, was gradually enlarging: they alerted the official authorities of local hygiene conditions, promoted vaccination, encouraged the building of medical and social institutions through their representatives on the city medical council, etc. During the first decades of its existence, the association founded three trusts for the support of disabled doctors and their widows and families [5].

In the last decade of the 19th century, in 1891, the Medical Chamber of Carniola was established, with the basic purpose of taking care of the professional and financial affairs of physicians. Since general conditions were unfavourable, the chamber never really came to life and stopped working in 1903. All the problems of the medical society again became a burden on the shoulders of the Association. In search for more successful
solutions to the professional and social problems of physicians, two new unions were established in 1906: the Free Organisation of Doctors of Carniola and the Organisation of Country Doctors. However, both organisations were short lived [6].

From 1893, the association published Slovenian contributions in the Croatian Medical Bulletin *Liječnički vjesnik* (founded in 1877) which in 1909 also became the official bulletin of the Carniolian Medical Association.

**ASSOCIATION AFTER 1918 IN THE NEW STATE YUGOSLAVIA**

After the 1st World War, on November 2, 1918, the association changed its name to the Slovene Medical Association, in order to serve all Slovenian physicians. However, the Styrian doctors decided to pursue their own way and founded the Association of Medical Doctors in Maribor, which was active until 1941. Due to a lack of medical doctors, and even more due to the national importance of the university, the Association was very active in the establishment of a Medical Faculty in 1919, which was at first incomplete but was completed after the 2nd World War.

In 1923, the Medical Chamber of Slovenia was re-established and took a complementary role to the Medical Association. The chamber became very active in medical professional affairs and published its own bulletin. In 1929, the Journal of Slovene Medical Association was first published as a supplement to the Bulletin of the Medical Chamber and soon became the central technical and scientific professional journal of the Medical Association [7].

**ASSOCIATION AFTER 1945**

The era after the 2nd World War was marked by the socialist political system and was therefore associated with many administrative changes within the medical profession. Until 1947, Slovene doctors were organised as a Professional Medical Scientific Section of the United Trade Unions. At the 1st Slovene medical conference in 1947, the section regained its old name the Slovene Medical Association. The new political situation brought about numerous changes: in 1952, a self-management system was introduced, which interfered with professional decision making and diminished the principal role of a doctor in medical practice. Medical institutions were nationalised, private medical practice was forbidden and the Medical Chamber was closed.
The Journal of the Slovene Medical Association was renamed The Health Journal; in 1963 physicians were deprived of the academic titles: doctor of medicine, doctor of dental medicine and primarius. In addition to these changes, evident on the outside, the entire health care system, and general practice in particular, became very bureaucratic. Systemic mistakes were thus transferred to the health care system and the medical profession suffered in the vice of ideology. Physicians, however, draw their power-to-function from their ethical reserves.

Nevertheless, throughout this time, the medical profession and medical science witnessed tremendous development. Specialisation became a must. The Association kept an eye on postgraduate studies, held experts together through professional sections and associations.

With the introduction of the general self management system in the public health service, all citizens were gradually entitled to the benefit of free medical care. However, this led to an insurmountable gap between the financial resources for medical services and insurance holders’ rights. Doctors openly showed their discontent with their social status and, consequently, this resulted in a brain to foreign countries and strong demand for radical changes at home. The Slovene Medical Association fought for the rights of doctors, i.e. better working conditions, appropriate validation of medical work, prevention of the negative effects of excessive night work and orderly duty, as well as excessive stress and high levels of responsibility; all these ill effects being manifested in a high mortality rate, frequent illness and shorter life expectancy of medical doctors.

In the agitated year of 1968, the Association enjoyed a short period of liberalisation as well as a new, young and enthusiastic leadership. They introduced medical congresses, which took place every four years, at which doctors could discuss burning issues of the most important topics. The new management strove to regain proper recognition of medical work and to give doctors back their reputation. They introduced the highest awards for Slovene medical scientific achievements: the Gerbezius Certificate of Appreciation and the Potrč National Award for Devoted Medical Work. Twenty five years of endeavours for doctors to get back their academic titles were rewarded in the mid eighties. Even the Journal of the Slovenian Medical Association got its name back [8, pp.111-119].
ASSOCIATION AFTER 1991 IN THE INDEPENDENT REPUBLIC OF SLOVENIA

In 1991 an independent trade union of medical and dental doctors FIDES was founded. In 1992 the Medical Chamber of Slovenia was re-established. Since 1992, all medical associations together have represented a well organised medical profession in Slovenia. Since Slovenia became an independent state, the Association has been accepted as an equal member of the World Medical Organisation, with the right to vote.

Today, the Slovenian Medical Association includes about 4500 medical doctors on a voluntary basis; it has 13 branches, in all major towns in Slovenia, 91 professional sections and organises about 200 professional meetings each year. The division of work between the Medical Chamber, in which membership is compulsory for all active physicians, and the FIDES trade union, took a large part of the burden from the Medical Association, which now takes care primarily of professional integrity and moral and ethical positions of Slovenian medical doctors. The Chamber, however, is the official authority for administrative and discipline matters in the medical profession. The new law on medical service re-established the principal role of the Association in postgraduate medical studies. The Association therefore evaluates old and new doctrines in treatment of the most frequent diseases, the quality and rationale of treatments, and thereby supervises the work of medical doctors. The Association, in collaboration with the Medical Chamber, prepares the technical and scientific background for about 43 specialisation courses, which correspond to specialisation in the developed countries, mostly Western Europe. The Association, however, does not have executive power. It brings together about 80% of Slovenian medical doctors, collaborates with the Ministry of Health as the state central medical institution, takes part in the programme of national medical directives and, in collaboration with the Medical Chamber, organises training in all other expert skills that are not included in specialisation programmes [8, pp. 126-127].

CONCLUSION

The Association, which has survived so many stormy periods, has proved that its roots are deep, and that it has enough vital energy to surmount all social, political, economic and other crises. As one of the oldest, non-governmental, voluntary and democratic associations in Slovenia, it ensures well organised and responsible medicine, as well as the proper nourishment
of medicine as a science, profession and art. The Association enables doctors to cultivate their human and professional relations and to carry on their humanitarian and cultural mission, as well as reinforce their national identity. Such a complex and diverse integration of medicine, which gives doctors so many opportunities for their personal as well as social growth, cannot be realised in any other, however important but professionally or culturally more narrowly oriented, medical associations. This has been proven in the past, and I believe, will also be proven in the future.

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SAŽETAK

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