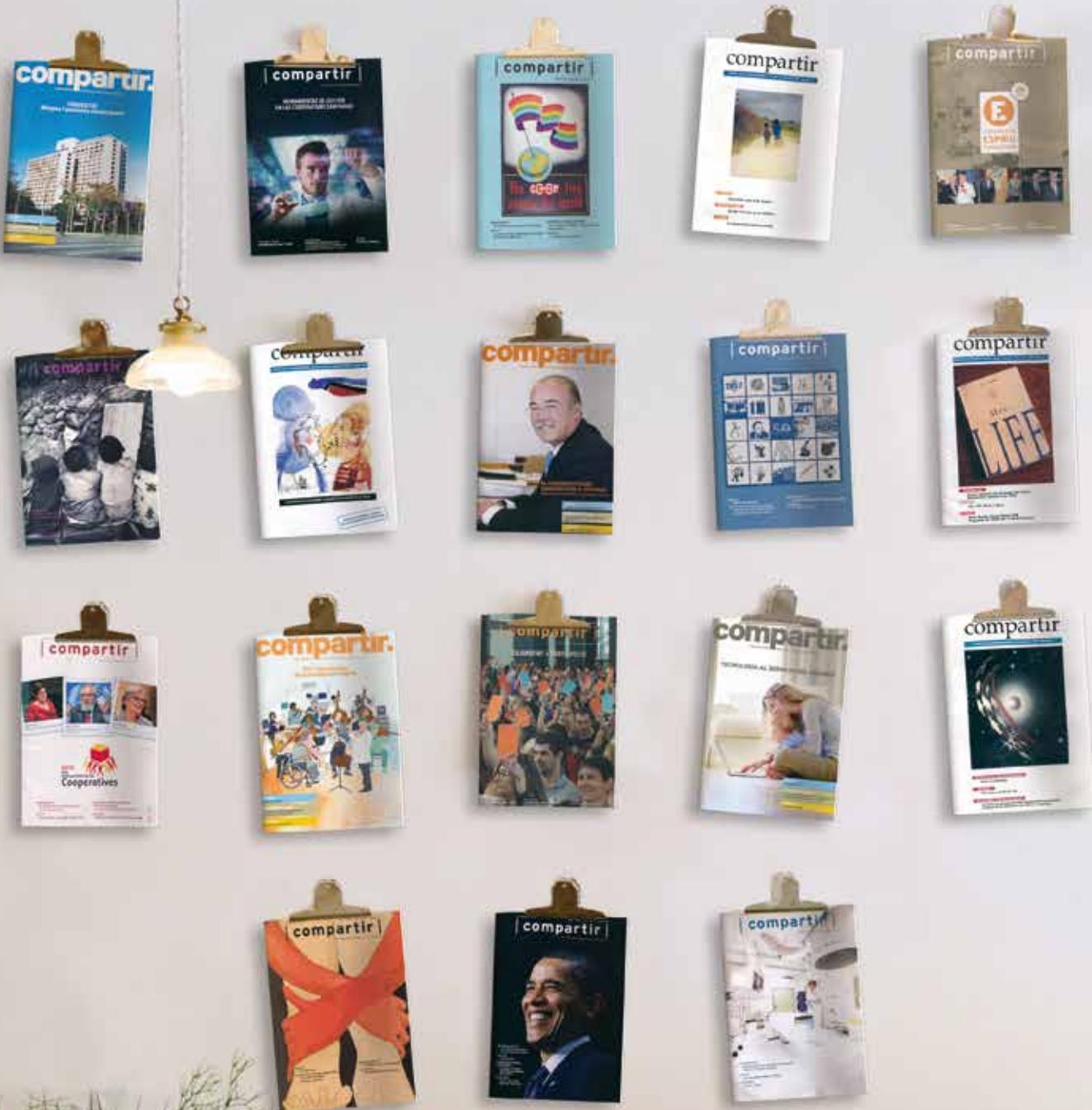


compartir.

ESPRIU FOUNDATION

THE MAGAZINE OF HEALTHCARE CO-OPERATIVISM



HEALTH

Travel, stress and diarrhoea

CO-OPERATIVISM

Espriu Foundation promotes health co-operatives in Africa

CULTURE

Joma, vicious circle

**Compartir,
the end of an era**



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issue 115

july, august and september 2019

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compartir.

**Quarterly magazine.
Third stage.**

Issue

115

**july, august and
september 2019**

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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.



asisa+



Oral health

I have just read this edition of the magazine **compartir.** which I really enjoyed, above all the article on oral health and maxillofacial surgery. It seems to me a very good idea for professionals to have this dual qualification, as I believe that allows them to practise much more comprehensively for the benefit of their patients. Hearty congratulations and greetings from Cuba.

Yania. Cuba

editorial.

The end of an era



Teresa Basurte
President of the Espriu
Foundation

**Life today
follows a
different
dynamic and
demands more
agile means of
communication**

Dear readers, this issue of **compartir.** marks the end of an era. You hold before you the last issue of the magazine as we have known it so far.

When Dr Espriu was thinking about the need for the Espriu Foundation, as the representative of the health co-operative movement, to have a means of communication, he came up with the magazine **compartir.** which, with just minor modifications, has remained the same during its 30-year history. A magazine available to all co-operative members, both doctors and users, along with related organisations and friends in Spain and abroad, as well as all those occasional readers at our doctors' practices who might pick a copy up while waiting. Our aim was to serve as a platform explaining not only our values, but also about our constituent organisations: Assistència Sanitària, ASISA, SCIAS and Lavinia. As well as aiming to provide information about health and cultural matters.

It is down to you, the readers, to decide whether we have succeeded in that aim.

Now, though, we believe that era has come to an end. Life today follows a different dynamic and demands more agile means of communication, which unquestionably also includes the use of modern technologies. As we nonetheless wish to maintain this link between the Espriu Foundation and our members and readers, following a period of reflection we will once again be in touch, presenting a new platform for communication, with a format and content more in tune with today's world.

I would not wish to bid this era farewell without expressing my thanks to the editorial team and all the contributors who have over the years made it possible, for the diligence, care and enthusiasm they have dedicated to **compartir.** Many thanks to all of them. And many thanks also to all the readers who have followed us over the course of 30 years, and who we hope will remain with us in the new era. ●

With this edition the magazine **compartir.** draws its third chapter to a close, during which time it has attempted to be the voice of the co-operative model created by Dr Josep Espriu. It has also reached out to the international co-operative movement as a whole. Over the past three decades the three versions of **compartir.** –in Spanish, Catalan and English- have kept company with readers and co-operative members not only in Spain but around the whole world

The voice of Dr Espriu's co-operative healthcare

Carles Torner

As we bid farewell to this third chapter in the life of **compartir.**, we look back over the key issues on which the magazine founded by Dr Josep Espriu has focused its attention. **compartir.** was created, and then grew, accompanying the Espriu Foundation throughout the 30 years of its history. As action and reflection were inseparable for Dr Espriu, the magazine was fundamental to his project. And both action and reflection were seen as part of a collective dialogue: the magazine was the mouthpiece for Dr Espriu's model of health co-operatives in Catalonia, Spain and worldwide.

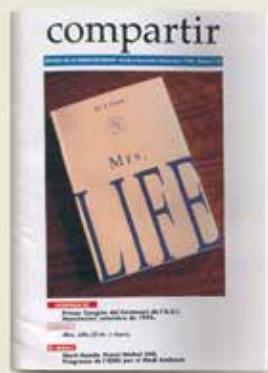
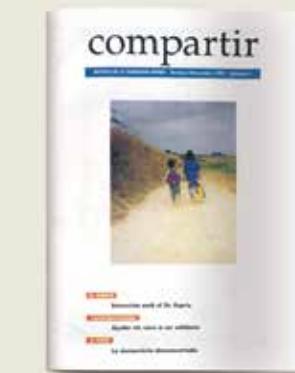
compartir. was always an ambitious project, speaking three different languages. The Catalan version of the magazine provided a point of contact for Assistència Sanitària and SCIAS members and all speakers of the language who benefited from Dr Espriu's co-operative model. The Spanish version provided a link with ASISA members and confirmed the way in which that model had spread across Spain.

The English version of **compartir.** was an inseparable part of the international expansion of the health co-operative movement. The international network of healthcare co-operatives has been the central focus in the pages of **compartir.**: we have showcased the cultural and geographical diversity of health co-operatives within all five continents. We have closely followed the dealings of the International Health Co-operative Organisation, its development and consolidation: since 2001 the Espriu Foundation has served as the chair of the world's health co-operatives.

Apart from the main topic of each edition, the other three sections of the magazine corresponded to the concerns of its founder, Dr Espriu, and of the range of organisations he set up under the headings of health, the co-operative movement, and culture. All the time with a tireless dedication to the reading of Salvador Espriu's poetry of and an explanation of the philosophy it contains, a philosophy that was writ large in the vision of his brother, Dr Espriu.

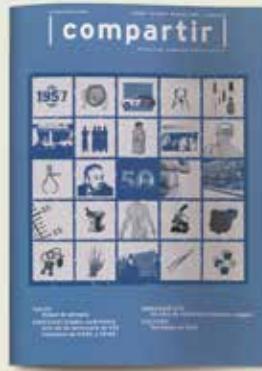
DR ESPRIU AND HIS PHILOSOPHY

Ever since the first edition of Compartir in 1990, our magazine has gradually highlighted all the subtleties of the Espriu philosophy. Edition 19, for example, announced the publication of *Mrs. Life*, a compendium of our founder's thinking. And with edition 44 the emergence of the health co-operative movement was examined and its expanding project and we chose to dedicate edition 102 to Espriu's overarching idea: co-management; in other words joint management of the healthcare model by doctors and users, both of them within co-operatives. Issue 106 placed intelligent patients centre stage, those who become the protagonists responsible for their health, in constant dialogue with their doctor.



THE INSTITUTIONS OF THE ESPRIU FOUNDATION

Each edition of the magazine has continued to inform members of the ASISA Group, the Assistència Sanitària Group and SCIAS about the latest developments of their co-operatives. We have called attention to major anniversaries: while edition 68 celebrated 50 years of Assistència Sanitària Col·legial, issue 94 celebrated the twenty-five years clocked up by Barcelona Hospital, and twenty in the case of Moncloa Hospital. After showcasing the Espriu Foundation's 25th anniversary in edition 99, the issue celebrating the 30th anniversary was the last full edition of the magazine before this farewell.



THE SOCIAL ECONOMY

Edition 58 announced the equation: ASISA + Assistència + SCIAS = Social Economy. In issue 69 we explained in full detail the Espriu Foundation's entry into CEPES, the Spanish Social Economy Enterprise Confederation. In 2012 we celebrated International Year of Co-operatives, while the monograph sections of each edition from 89 to 98 revealed the growing strength of the co-operative movement worldwide and the rising numbers of health co-operatives.





INSIDE THE INTERNATIONAL CO-OPERATIVE ALLIANCE

The English version of **compartir.** has been an instrument in the international expansion of Dr Espriu's philosophy through the foundation. This was one of our founder's dreams: for the particular nature of health co-operatives to achieve international recognition. Edition 2 of **compartir.** announced the Espriu Foundation's entry into the International Co-operative Alliance (ICA) and, following years of intense contact and dialogue, issue 24 contained extensive reportage on the International Health Co-operative Organisation (IHCO)'s very first assembly under the aegis of the ICA. With **compartir.** as the constant mouthpiece of the Espriu Foundation, the lead figure in this expansion was Dr Guisado, who, as explained in edition 45, was chosen as President of the IHCO, a position he held until his tragic demise two years ago at one of the organisation's gatherings in Quebec. Edition 109 contained the tributes paid to Dr Guisado by all five continents within the ICA and announced the election of Dr Carlos Zarco as President of the IHCO.

The mysteries of sleep

We humans spend around a third of our life in this peculiar state known as sleep, which apparently serves the function of allowing our bodies to rest, but about which we still have a great deal to learn

Dr. Adolf Cassan

Sleep is a physiological state characterised by a temporary suspension of the conscious mental activities that typically occur when we are awake, with a marked reduction in our capacity to respond to external stimuli, a slowing of the metabolism and other changes to the functioning of our organism. In truth, when we talk about sleep we are referring to two different aspects, one apparently passive state connected with physical rest, in other words “sleeping”, and another characterised by a series of turbulent mental images, or “dreaming”.

COMPLEX MECHANISMS

Although there are still a great many details of the subject that we do not yet understand, from a neuro-physiological perspective we do know that the switch between sleeping and waking is controlled by complex mechanisms undertaken by what is known as the “ascending reticular activating system”, a set of nerve centres located in the brainstem which maintain numerous interrelations with many other structures of the central nervous system. This means that both the onset of sleep and the succession of different phases that make up the process depend on a delicate balance in the functioning of various neurological structures which act either by stimulating or implementing the neurons that make up this formation, which explains why the characteristics of our sleep can be influenced by both psychological and organic factors.

PHASES OF SLEEP

Sleep does not always follow the same pattern, as it is made up of quite distinct phases. Studies of electrical activity in the brain, body and eye movements while we sleep distinguish two types which alternate and compri-

se different modes. One is known as “rapid sleep” or the REM (Rapid Eye Movement) phase, as it is characterised by the presence of distinctive and sequential movements of the eyes. The other is known as “slow sleep” or the NREM (non-REM) phase, which is not accompanied by these rapid eye movements, and is characterised by a significant reduction in bodily functions.

NREM PHASE

Most of the time we spend sleeping is during the NREM phase, with a distinction being drawn between different levels of its depth. The first level, known as “light sleep” represents a transitional period between waking and sleeping, which occurs for a few minutes after we fall asleep and is characterised by a pattern of brainwaves slower than before we sleep, between 3 and 7 cycles per second, along with the emergence of very slow eye movements, irregular breathing and muscle relaxation.

After this period during the onset of sleep there comes a second level, from which we can easily awake in response to internal stimuli (such as pain) or external stimuli (such as noise), and during which short bursts of brain activity may be recorded with waves of 12 to 14 cycles per second, along with moments of low frequency and high amplitude brainwaves.

At the third level we begin to sleep more deeply, brain activity falls and the emergence of delta waves is registered, from 0.5 to 3 cycles per second.

Last comes a fourth level, known as “deep sleep”, when the brainwaves become more prominent and there is a substantial drop in vital constants (body temperature, blood pressure, etc.). It typically takes around half an hour asleep to reach this fourth phase of NREM sleep, from which it is very difficult to awake and which typically lasts around 30-40 minutes. We may then re-

turn successively to the third, second and first levels, making up a cycle of around 90 minutes which tends to repeat itself several times over as we rest, or otherwise a phase of REM sleep might emerge.

REM PHASE

In this phase, aside from the typical horizontal and vertical movements of the eyes that can easily be noted beneath the eyelids, various physiological changes take place: breathing and pulse become irregular, blood pressure rises, the brain consumes more oxygen, gastric secretion increases, etc. Nonetheless, the voluntary muscles remain completely relaxed, indicating a state of general lassitude which contrasts with intense mental activity, filled with images which when we awake may sometimes be very vividly recalled, which is why this phase is sometimes known as "paradoxical sleep", as the pattern of brain waves may be seen closely to resemble that registered when awake, despite the fact that we are fast asleep. It is during this phase that the process of dreaming takes place.

Each night's sleep typically includes a number of periods of the REM phase. The first is usually attained between 80 and 100 minutes after we fall asleep and lasts between 5 and 10 minutes, while the subsequent episodes have an increasing duration, up to as long as an hour or so if the cycle is repeated four or five times. In all, these periods make up half of a breastfeeding baby's sleep, and a fifth in the case of adults.

FUNCTIONS OF SLEEP

It has traditionally been asserted that the function of sleep is to provide a daily period of physical rest and mental recovery, but the truth is that we do not know exactly what its purpose is, or how it benefits us. It is, though, a fundamental human need, since rest on its own cannot counteract the effects of lack of sleep. To begin with, sleep provides rest for the voluntary muscles, but although some metabolic functions subside while we sleep, other physiological processes are maintained or even increased, above all during periods of REM sleep. It is also believed that dreaming allows the brain to analyse information gathered while we are awake, discarding irrelevant elements and ordering the most useful parts, as suggested by the fact that most mental images that make up our dreams are connected with experiences we have recently had, although there are no conclusive explanations in this regard.

NEED FOR SLEEP

Our need for sleep varies considerably with age. Newborn babies sleep for more than 20 hours a day:

they wake up only when they are hungry, and fall asleep again once their hunger has been assuaged. Progressively, as a sleep pattern of predominantly night-time rest establishes itself then the need for sleep declines,



with children aged one year typically sleeping around 14 hours; some 12 hours at the age of five, and between 7 and 8 hours in the case of adults. It should nonetheless be pointed out that some adults need to sleep 10 hours a day, or even more, to feel all right, while others can function perfectly well on only half this amount. Older people will register an apparent reduction in their need to sleep, although this reduction in night-time sleeping is typically offset by briefly dozing and nodding off during the day.

A long-term lack of sleep leads to various effects. After a night having slept less than three hours a certain irritability and reduced capacity to focus typically emerges, while after longer periods without sleeping the ability to concentrate and perform different tasks deteriorates. After between three and five days without sleeping we see the emergence of hand tremors, double vision, muscular weakness and pain, a considerable drop in the ability to concentrate, increased irritability, confusion and disorientation, and in some cases even delirium and hallucinations. In this state the need to sleep becomes an obsession, and the inability to do so is a real torture. ●

We all know that we need to eat every day, and to do so several times, but we often wonder when and how we should have bowel movements, or whether our pattern of defecation is normal

Constipation

Dolors Borau

The food we ingest is processed in the stomach and then enters the small intestine (around eight metres long), where the nutrients are absorbed. Those substances that cannot be absorbed in the small intestine enter the large intestine (about one metre long), where the water contained in the faeces is reabsorbed.

Normal defecation occurs when the content of the colon arrives at the rectum with a suitable consistency and after an appropriate time, which means that the consistency should be neither too hard or too soft, without either an immediate or urgent need or taking too long. Bowel movements therefore need to take place normally in order to fulfil their function. When the faeces reach the rectum this prompts the sensation and need for a bowel movement. If the time is right, the abdominal muscles contract to help expel the matter, and the anal sphincter will open. Otherwise, if the time is not right, the anus will contract to delay the event until later.

Constipation is characterised by a reduction in the number of bowel movements, or effort or excessive difficulty in passing stools. A person is deemed to be constipated if they reveal any of the following symptoms: they pass stools fewer than three times per week (the absence of a bowel movement every day is not considered to be constipation); the consistency is hard or small (in the form of pellets); excessive effort is needed to pass the stools; there is a sensation that the bowel movement is incomplete, or there is some blockage in the process; laxatives or suppositories are needed to achieve a bowel movement.

TRANSITORY OR CHRONIC

Transitory constipation may last a period of time (coincid-

ciding with travel, a change in habits or diet, because of the effects of medication...), or the condition can otherwise be chronic, if it lasts for more than three months. Chronic constipation affects 30% of the population, but is more common in women than in men, and becomes more prevalent with age. Women may also suffer constipation during pregnancy.

If the cause of the chronic constipation does not lie in an organic or anatomical lesion, then it is described as functional or primary. It is secondary, on the other hand, if it is the consequence of taking certain medication (such as opiate derivatives or others), or when suffering certain illnesses (neurological, metabolic or caused by the presence of a cancer). Tests are not usually conducted on those suffering chronic constipation unless the following alarm signs are seen: onset of fever, loss of weight or rectal bleeding. A study also needs to be performed if the sufferer did not previously have chronic constipation and does not respond to treatment.

PREVENTION: GOOD HABITS

There are ways to prevent this disorder from arising: lead an active rather than a sedentary lifestyle, take on more fluids, eat more foods rich in fibre (fruit, vegetables, pulses, dried fruit and nuts, whole grain cereals), don't put off going to the toilet if you feel the urge, try to adopt the correct posture when sitting on the toilet (by putting your feet up on a footstool, for example). It should be borne in mind that fibre always needs to be eaten together with plenty of water so that it can perform its function: if there is not enough fluid, the fibre can cause a blockage.

Laxatives are highly effective as medication to com-





© Jordi Negret

Constipation

Characterised by a reduction in the number of bowel movements, or effort or excessive difficulty in passing stools.

Chronic constipation affects 30% of the population, but is more common in women than in men, and becomes more prevalent with age.

Symptoms

- Stools passed fewer than three times per week (the absence of a bowel movement every day is not considered to be constipation).
- Hard or small consistency (in the form of pellets).
- Excessive effort needed to pass the stools.
- Sensation that the bowel movement is incomplete, or there is some blockage in the process.
- Laxatives or suppositories are needed to achieve a bowel movement.

Treatment and prevention

- Lead an active rather than a sedentary life.
- Drink more fluids.
- Eat more food rich in fibre (fruit, vegetables, pulses, dried fruit and nuts, whole grain cereals).
- Don't put off going to the toilet if you feel the urge.
- Try to adopt the correct posture when sitting on the toilet (by putting your feet up on a footstool, for example).

bat constipation, but must be prescribed by a doctor, who will evaluate the results and monitor the condition.

In conclusion, to prevent, avoid or alleviate constipation, the tips below should be followed: listen to the needs of your own organism, and go to the toilet when your body prompts you; follow a diet rich in fruit, vegetables and pulses, and including some wholegrain cereals; drink water with and between meals; take physical exercise and maintain an active rather than a sedentary lifestyle to assist intestinal transit. ●



Contractions, pain, diarrhoea... Episodes of disorder followed by others of apparent normality and improvement, then a relapse, and so on in succession. The symptoms of irritable bowel syndrome, a condition that while not serious undermines the quality of life, can be mistaken for a great many other intestinal complaints.

Travel, stress and diarrhoea

Dolors Borau

My friend has a senior position that means she works under a great deal of pressure. She was so tired that she decided to take a holiday in an exotic location to unwind, but the trip did not allow her to recharge her batteries as hoped: by the end of the week she began to suffer from diarrhoea (frequent and liquid stools), which left her confined to her room. She was suffering from traveller's diarrhoea, which can be caused by bacteria, viruses or parasites.

She had prepared herself in advance and taken all the recommended precautions: not to drink tap water, avoid ice cubes and drink only beverages from sealed containers or hot infusions. She also washed all fruit, ate cooked dishes while hot, avoided undercooked meat, fish and seafood, and did not buy any cakes or ice creams either. Being such a forward-planner, she had medication in her luggage to stop diarrhoea, and sachets to dissolve in water. This prepared mixture ensured that she would remain hydrated and restored any mineral salts she had lost in her stools. She felt better after the treatment and continued her trip, but when she came back home she was more tired than before she had left.

A ROLLEROASTER OF ILLNESS AND IMPROVEMENT

After a few days she had a really swollen belly, and stomach cramps that had her doubled over in pain. Again and again the condition subsided and she continued her normal life, before the onset of another episode of pain and diarrhoea. She spent three months on this rollercoaster of illness and improvement, until she worriedly made an appointment with her trusted doctor.

As there are various conditions that reveal similar symptoms, tests were needed to establish what pathology she had: she was given a blood test to see if there was any anaemia and to detect coeliac disease, an analysis of her stools to look for the presence of any concealed blood or detect any infectious disease, as well as a colonoscopy. This test involves inserting a flexible tube via

WWW.
Association of Pharmacists of Barcelona
<https://bit.ly/2KL6DWS>



the anus, and blowing in air to inspect the interior of the colon. To avoid discomfort it is performed under sedation, and so she asked me to go with her.

The tests served to rule out coeliac disease (the condition caused by intolerance to the gluten of certain cereals); there was no sign of blood or parasites in her faeces, or any other infection, and the colonoscopy did not detect any lesions or changes in the intestinal mu-

What is diarrhoea?

Frequent and very liquid stools.

What is traveller's diarrhoea?

An infection caused by bacteria, viruses or parasites that affects people travelling to countries where hygiene and environmental conditions are very different from in their country of origin.

Tips to avoid traveller's diarrhoea

- Only drink bottled water.
- Avoid ice cubes.
- Only consume drinks from a sealed containers, or hot infusions.
- Wash all fruit.
- Eat cooked meals while hot.
- Avoid underdone meat, fish and seafood.
- Do not buy cakes or ice creams.
- Take anti-diarrhoea medication with you, and water-soluble sachets.

Irritable bowel syndrome (IBS)

This is a chronic condition which may arise at any age (but is most common among teenagers and adults), and that affects twice as many women as men.

It is not an illness, but a set of clinical manifestations which occur together:

- Pain and abdominal swelling.
- Alterations in stool consistency.
- Alterations in defecation habits: diarrhoea and constipation.



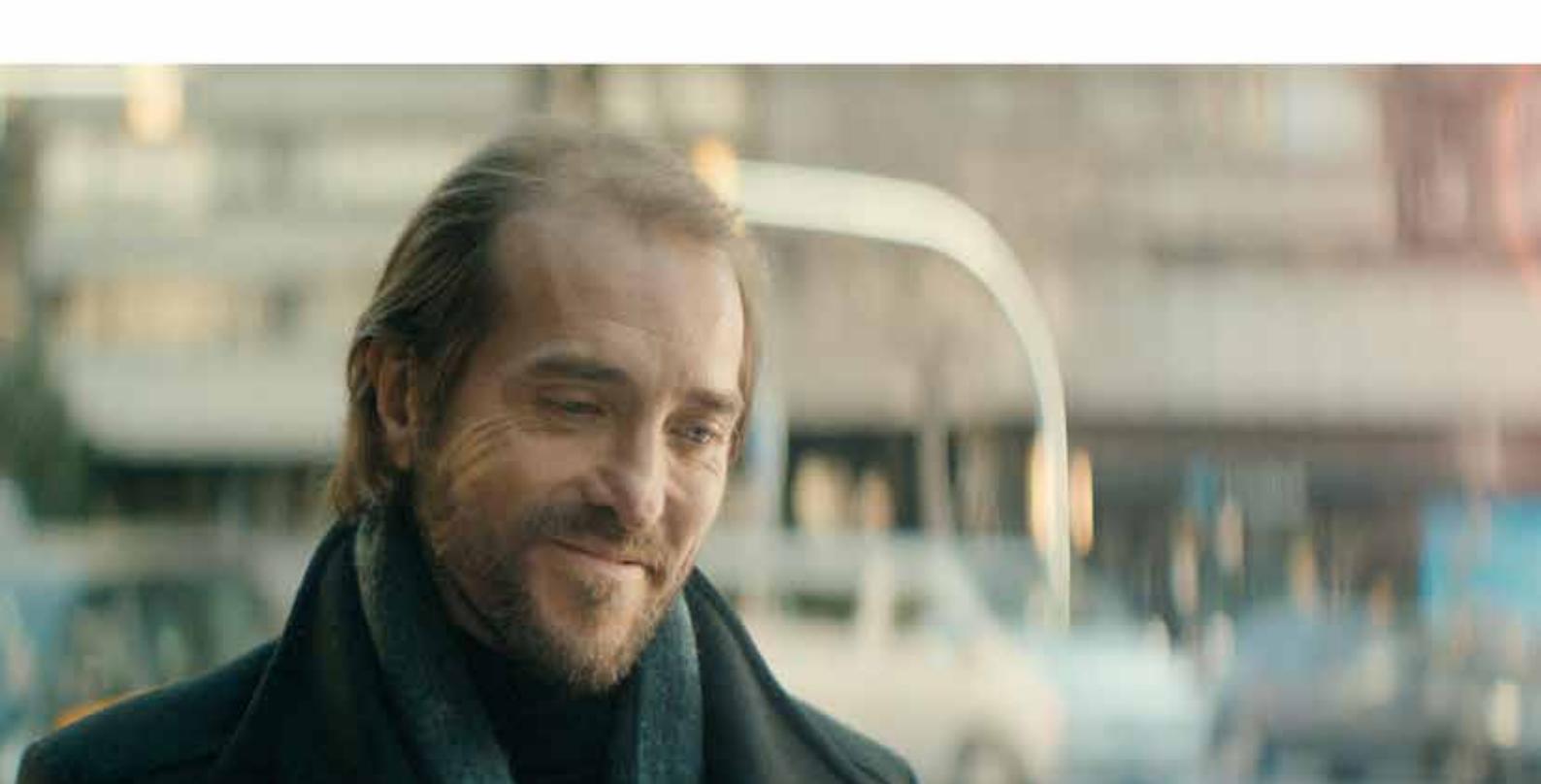
A CHRONIC CONDITION

Irritable bowel syndrome is not an illness, but a set of clinical manifestations which occur together: pain, abdominal swelling, alterations in the consistency of the faeces and defecation habits. This is a chronic condition which can arise at any age (but is most common among teenagers and adults), and that affects twice as many women as men. It is in the large intestine that water is reabsorbed and the faeces are formed, and an alteration in the sensitivity of the intestinal wall and the movements of the colon affect the absorption of liquid, hence the diarrhoea or constipation. Despite the pain, no lesions occur on the walls of the colon. The causes are not well understood, but the condition does occasionally arise after an intestinal infection or when suffering stress, because the nerves become more active and affect the contractions. This is what had happened to my friend. There may also be anomalies in the intestinal flora, while certain hormones can similarly be involved, and some anomaly in the immune system can also not be ruled out.

Her doctor recommended rest, and told her that she should think about how she could reduce her stress at work. As for diet, he told her to eat as varied diet as possible including anything she fancied, since the diarrhoea or constipation was not directly connected with any particular food, and there was no need to begin restricting what she ate since she herself would know which foods did not agree with her.

Irritable bowel syndrome is not an illness, but the condition does lead to a poor quality of life, and so my friend will try to reduce her levels of stress and take care of herself a little more.●

ous membrane. All of which was good news, but her discomfort, abdominal pain and diarrhoea continued. A doctor explained that she almost certainly had irritable bowel syndrome (IBS), also known as irritable intestine syndrome.



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Cod: outstanding nutrients

Núria Jané and Dra. Montserrat Montraveta

Cod is a white fish which inhabits cold waters of low salinity, with huge schools living in the North Atlantic. Although there are 60 different species, the most familiar and widely eaten is Atlantic Cod (*Gadus morhua*).

It is an important catch for the fishing industry, above all in the winter around the coasts of Iceland, Greenland and Norway and the banks of Newfoundland, with some 30 million fish being caught. Cod is exported worldwide, fresh, frozen, dried, and above all preserved, on-board the fishing vessel itself. In Spain it is primarily eaten salted.

SECRETS OF SALTING

It has been known since prehistoric times that salting food helps to preserve it and kill bacteria. The process of salting degrades the fats, although the proteins remain intact. Cod itself has a very low fat content (<3%), and so the salting process has little nutritional impact, and if it is well soaked then the properties of the fresh fish are almost entirely restored.

And the fact is that this white fish offers exceptional nutritional values: a low calorie count, but a great many essential amino acids. It is more nutritious than beef, other types of fish and chicken. The fatty acids that it contains are omega-3 which, as we are aware, help to reduce levels of cholesterol and have anti-inflammatory properties.

INTENSE FLAVOUR

Meanwhile, cod has an intense flavour, and can be combined in numerous different dishes. It can be cooked with garlic, peas, sultanas and boiled eggs, potatoes, artichokes, spinach, honey... and can be served with a host of different sauces. It is even eaten raw, flaked or finely sliced as carpaccio or sushi.

Our suggestion is an excellent and easy to make recipe: rice with cod, a healthy and nutritious dish. ●



Rice with cod

INGREDIENTS:

- 400 g of de-salted, flaked cod
- 400 g of rice
- 3 ripe tomatoes
- 2 green peppers
- 2 artichokes
- 1 onion
- Olive oil
- 1 litre of water

For the seasoning:

- 1 clove of garlic
- Parsley

METHOD:

Gently fry the onion, green pepper, artichoke and tomato in the oil.

Add the rice and stir for a couple of minutes.

Pour in the hot water, followed by the cod just after.

Simmer for around 18 minutes.

With 5 minutes of cooking time left, add the chopped garlic and parsley.

Sustainable growth, innovation and improvement in customer satisfaction

Lavinia Societat Cooperativa, the sole shareholder of ASISA, held its 43rd Annual General Assembly at the Picasso Museum in Malaga. At the Assembly the financial results and the development of the company were reviewed and the strategy for the coming financial year was confirmed.

The subject of the Assembly was “Painting the future” and the delegates recognised the substantial growth the company had made over the past decade in all areas in which it operates. A goal was set to create the basis for sustainable medium-term growth and the ASISA Group will therefore be keeping to its innovation and digital transformation plans which are already allowing the company to be more competitive and to improve the satisfaction of its insured clients and patients.

During the Assembly the ASISA Group President, Dr Francisco Ivorra, pointed out that “the past decade has been particularly positive in strengthening the corporate and social aspects of the ASISA Group. We have forged ahead with the transformation of the company management structure so that growth is guaranteed, diversifying our insurance operations to be more competitive, expanding our own network of hospitals and specialist medical centres to guarantee the highest level of health-care quality, and pursuing new projects abroad. In order to continue our sustained and sustainable growth in the future, we need to keep innovating and bringing in new tools to improve our customer satisfaction and to fine-tune our management processes”.

In this regard, Dr Ivorra warned against over eagerness to bring in new technologies, arguing that innovations must be a response to real needs and help at all times to optimise the use of the available resources and improve the way in which the demands of insured clients and patients are addressed.

In the short term, the ASISA Group will renew the technological tools available to its distribution network, having first improved the instruments for the relationship between its network of medical providers and the company itself. The ASISA application will also be updated to offer new online services, simplifying paperwork for insured clients and fast-tracking administrative procedures for access to these services. Customer response services will be equipped with technological innovations to improve customer care and reduce telephone waiting times.

CONSOLIDATED RESULTS AND INSURANCE DIVERSIFICATION

The Lavinia Assembly analysed the ASISA Group's progress during 2018 when it saw an increase in its volume of insurance premiums to 1,169,000 euros. In the first



Dr Manuel Viola, Medical Director of HLA El Ángel; Francisco de la Torre, Mayor of Málaga; and Drs Francisco Ivorra, President of ASISA-Lavinia; Diego Lorenzo, Vice-President of ASISA-Lavinia; Antonia Solvas, Secretary of the Governing Board of Lavinia-ASISA, and Enrique de Porres, CEO of ASISA.

quarter of 2019, ASISA maintained this upward trend in all branches with a total turnover of 302,760,000 euros of premiums, 4.17% higher than in the same period the previous year. This progress allows ASISA to consolidate its market share and continue developing its own health-care model, based on the reinvestment of profits for the improvement of its human and technological resources, the modernisation of facilities, and the training of its professional staff.

ASISA will continue to develop its multi-branch diversification strategy, strengthening its portfolio of health, dental, life, funeral, accident, pet and travel insurance. This strategy allows the company to improve its profitability and to offer its insured clients comprehensive protection in the various spheres of their daily life. ASISA currently has over 2.4 million insured clients.

INVESTMENT IN OWN HEALTHCARE NETWORK

The growth made in 2018 allowed the ASISA Group to

maintain its level of investment, totalling 335,600,000 euros since 2010, having generated cumulative results of nearly 300 million euros over the same period. Thanks to this investment, ASISA Group is able to continue developing and modernising its own healthcare network overseen by the HLA Group.

In 2018 the HLA Group increased its turnover by 4.6% to a level above 307 million euros, and continued with its plan to modernise its hospitals and medical centres including the creation of new specialist units, the incorporation of cutting-edge technology and the training of first-rate teams allowing it to develop innovative diagnostic and treatment techniques.

The ASISA Group also maintained its commitment to the development of specialist clinics in various areas of healthcare (dentistry, ophthalmology, assisted reproduction, audiology, integrated healthcare, etc.), a particular feature of its operation as is its dedication to excellence.

Over the course of 2019 this strategy will be maintained by including new medical centres within its own network, opening new dental, ophthalmology and audiology clinics and expanding the network of clinical analysis laboratories.



Dr Francisco Ivorra, President of Lavinia-ASISA, during his speech at the 43rd Lavinia Assembly.

INTERNATIONAL EXPANSION

The ASISA Group will continue to forward its process of internationalisation. At the start of the year the company announced its entry into the Portuguese insurance and health market and its expansion plans in Portugal, where it markets life and dental insurance, to be followed by health insurance. ASISA also has plans to open the first of its own dental clinics in Lisbon this year.

Meanwhile, the ASISA Group will continue to invest in Italy, where it already has a dental clinic; in Latin America, where it has a presence in Brazil, Mexico and Nicaragua, and in the Near East, in particular in Abu Dhabi and Qatar, where, among other projects, it is developing the first international network of dental clinics together with a local partner, Faisal Holding. ●

ASISA and Faisal Holding to launch network of dental clinics in United Arab Emirates

The ASISA Group and the Faisal Holding investment group have signed an agreement to set up a network of dental clinics in the United Arab Emirates (UAE). The project, dubbed Faisal Holding Asisa Dental Network, will provide local and foreign residents in the Emirates with access to a network of high quality clinics, and will be the first international dental network to be launched on the UAE market. The first of the centres, located in Dubai, will be operational this year.

The agreement marks a further step forward for the ASISA Group in its process of internationalisation, working hand-in-hand with a partner that has more than 44 years of experience in the Near East, where it holds investments connected with the construction and development of major projects including in such sectors as property and real estate management, trade, and services connected with the health sector.



The Vice-President of Faisal Holding, Sheikh Khalid Bin Faisal Bin Sultan Al Qassim, with the President of the ASISA Group, Dr Francisco Ivorra, during a recent meeting.

For Dr Francisco Ivorra, the importance of the agreement is that the ASISA Group that he chairs "has taken a major step forward in the development of its internationalisation strategy through this deal with Faisal holding, a very important group in the United Arab Emirates. Together we will set up the first international network of dental clinics in the country, maintaining the model of excellence that ASISA Dental has developed, and allowing us to consolidate our position as a leading player in the health sector in the Emirates".

For his part, Sheikh Khalid Bin Faisal Bin Sultan Al Qassim, Vice-President of Faisal Holding, stated that "the creation of a business alliance with the ASISA Group will allow us to provide high quality dental services. This project will now set the standard for the dental industry in the United Arab Emirates, and allow us to treat both local and expatriate residents at the network of clinics we will be launching across the different emirates".

The new network of clinics will comprise centres equipped with the very latest technology and highly experienced professionals, capable of performing the most innovative treatments and techniques. With the opening of this network of clinics, ASISA Dental will now have centres operating in Spain, Portugal, Italy and Brazil.

A pioneering programme will allow chronic patients to be monitored by means of an app

The Alert Programme provides early detection if the patient's condition worsens, through continuous and customised remote monitoring.

ASISA has launched its Alert Programme to monitor patients with chronic conditions. The aim is to prevent and provide early detection of any acute relapse on the part of patients suffering from chronic conditions such as COPD (chronic obstructive pulmonary disease) or CCI (chronic cardiac insufficiency), improving how they are handled and reducing trips to ER, hospital admissions and complications.

The programme, overseen by the ASISA Medical Care Department, is based on an online digital application which first gathers clinical data such as arterial tension, oxygen saturation (pulse oxymeter) or weight (using Bluetooth devices), which are then automatically sent to the monitoring and control platform. Patients also provide data about their symptoms by means of a questionnaire via the application itself, allowing for a highly precise evaluation of the status of their condition. Using all these data, the professionals responsible for the programme can detect acute relapses and activate the necessary healthcare resources in each case.

The project is at the pilot stage and is being developed with around 300 patients at four ASISA regional offices (Valencia, Balearic Islands, Barcelona and Zaragoza) in partnership with a number of hospitals, including the HLA Montpellier clinic.

VOLUNTARY PARTICIPATION AND POSITIVE RESULTS

Dr José Luis Romero Siguero, Head of the ASISA Medical Advice Department, explains how the Alert Programme works: "First of all we select candidates by analysing their healthcare details, and those who have been pre-selected



are then assessed at home by a doctor with expertise in the programme. If they fulfil the inclusion criteria, they are offered the chance to participate. If they agree, since this is a voluntary scheme, they are educated about their condition to help empower them, and receive instructions as to how to use the application and devices, along with full information about the programme".

Participants in the programme have revealed a highly significant drop in the number of trips to ER and hospitalisations associated with their chronic conditions. The satisfaction surveys conducted among participants and their carers also registered very high scores. ●

HLA El Ángel, first private hospital in Andalusia to operate with robotic surgery

HLA El Ángel hospital in Málaga has taken a further step along the road of technological modernisation in the health service by adding the Robotic Surgery Unit to its portfolio of services. The acquisition of the latest model of the Da Vinci XI surgical system means that the Málaga-based hospital is the first private health establishment in Andalusia to make this option available. The technology is minimally invasive and is capable of performing complex surgery with greater safety, as it removes any tremor in the surgeon's hands, offers a highly precise surgical technique, and reduces patient hospitalisation and recovery times.

"The Da Vinci robot can operate and reach difficult anatomical regions without the need to forego a detailed display of the operating

field, which can be magnified up to 10 times," explains Dr Manuel Viola Figueras, Medical Director of the HLA El Ángel hospital, who further mentioned the medical evolution that robotic surgery represents: "the robot does not replace the surgeon's role, but makes the job easier and increases precision".

Robotic surgery can be used in a number of different specialist fields, including: urology, gynaecology, general and thoracic surgery, cardiac and paediatric surgery and ENT.

Patients operated on with the Da Vinci system are the biggest beneficiaries, since the robot reduces incisions and bleeding, leading to fewer transfusions, and reduces pain in the post-operative stage and the risk of infection, while hospital stays are cut by up to 40%.

news



Number of Assistència Sanitària applications surpasses all expectations

On 13th June this year, the 11th year of the Assistència Sanitària Bursary Programme, 32 master's and postgraduate students, recipients of the bursary, received their diplomas in various areas of health. They cover a range of profiles (nursing, medicine, psychology, physiotherapy, pharmacy, dentistry, nutrition, podology and even physics), and received grants worth a total of 31,588 euros. However, the most notable feature this year was the number of applications received, totalling 471 and practically doubling the highest figure registered in previous years.

Such a high level of participation shows that Assistència Sanitària was correct in identifying the need to promote reinvigoration and updating of health care professionals' knowledge, above all in today's world. The university community and bodies such as the Professional Association of Doctors are calling for greater recognition of the importance of such efforts, highlighting initiatives of this kind which involve all people who, in this specific case, are responsible for looking after people's health.

As an organisation made up of doctors, Assistència Sanitària took on its own share of responsibility in 2008 and since then it is been making its contribution, however minor, to improving the health system of Catalonia which has ultimately resulted in higher quality care for patients.

The healthcare master's and postgraduate students received their diplomas from the Presidents of Assistència Sanitària, Dr Ignacio Orce, and SCIAS, María Teresa Basurte. At the start of the event Dr Jordi Mercé gave a lecture about the way that technological advances have helped to improve the treatment and prognosis of cardiovascular diseases.

This year, the areas of study and lifelong learning chosen by the bursary recipients vary greatly. As in previous years, casualty department nursing and emergency care



Assistència Sanitària Bursary Programme students after the diploma ceremony.

are very much to the fore as well as other specialisms such as oncology, surgery, paediatrics and cardiovascular disease. The master's in public health was also a popular choice as were paediatrics, haematology, pneumonology and podology. ●

Assistència Sanitària and SCIAS promote their respective operational reports

At the start of the summer Assistència Sanitària and SCIAS each presented the full version of their operational reports thus coinciding with the holding of the corresponding assemblies. The reports represent two quality publications with in-depth articles addressing various key aspects, such as the main figures for the services provided by the insurer, and the most significant successes of the cutting-edge services at Barcelona Hospital, in both Spanish and Catalan versions. A so-called was also launched to summarise the content from the full versions of the two publications,

including a visual presentation of the most significant details and figures and a brief excerpt explaining the remaining content.

With the aim of continuing the commitment to sustainability for which Assistència Sanitària and SCIAS have always stood for, and in response to the needs of an advanced and inter-connected society, a portal was also set up online to permit access and consultation of the annual reports of these two flagship health co-operative organisations.



General Assemblies of the members of Autogestió Sanitària and SCIAS

This year, the co-operative, Assistència Sanitària, which owns Barcelona Hospital and is made up of insured clients, is electing a new Governing Council.

The Autogestió Sanitària co-operative, to which all Assistència Sanitària doctors have to join, held its General Assembly on 20 May following the necessary preliminary meetings. The members voted on a 'one person, one vote' basis, making key decisions for the organisation concerning the most significant issues affecting it and making plans for the future which will be acted upon by the executive team.

Meanwhile, as a co-operative made up of Assistència Sanitària insured clients which is also the owner of Barcelona Hospital, SCIAS's co-management structure of doctors and patients experienced its busiest time of the year in the months leading up to the summer. The preliminary assemblies were held between 27 May and 6 June, with members being divided into different constituencies and sectors (Barcelona and districts), with delegates being selected and any agreements considered to be appropriate being formed. The Annual General Assembly itself was not held until 15 June, at the same time as the elections to a new Governing Council as the main item on the agenda. Also on the agenda with a number of other items was approval of the accounts and a modification to the internal regulations for employee members and the Governing Council. ●



SCIAS members played an active role at the organisation's assembly.

More members take part in SCIAS Social Participation Department activities

During the year of 2018-2019, the number of members taking part in SCIAS Social Participation Department has continued to grow. Just before the beginning of spring, the annual meeting of representatives, secretaries and activity coordinators was held and this time it was relocated to the town of Santa Coloma de Farners and was combined with a cultural tour. Over the last few months of the department's year of activities, there were still many educational, co-operative and cultural events. These events included the seminar *Nutritional Myths* in May, which drew a large crowd eager to learn what Dr Abel Mariné, the renowned Emeritus Professor at the Pharmacy Faculty of Barcelona University, had to teach them.

And in June, before the department's year of activities drew to an end, a number of important events took place. Of these, the end of year concert at the Church of the Discalced Carmelite Fathers and the SCIAS drama group's performance were by far the most popular. The end of year party was also held and prizes and trophies were presented to winners of the competitions organised by the association, as well as diplomas for staff supervising the activities.



Social Participation Department representatives, secretaries and activity coordinators in Santa Coloma de Farners.

Thanks to good weather, the terrace outside the premises could be used for a performance by a singer and demonstrations of martial arts and line dancing.

Standing room only at 9th Assistència Sanitària pregnancy pathology seminar

More than 100 obstetricians, midwives, paediatricians, neonatal and internal specialists, along with doctors belonging to related fields, as well as maternity and infants department nurses, filled the Barcelona Hospital Auditorium to take part in the ninth edition of the Assistència Sanitària seminar on pathology during pregnancy. On this occasion the key topics were perinatal mental health and intra-delivery foetal monitoring, accompanied by a extremely popular shoulder dystocia workshop.



The number in attendance at this annual event for Assistència Sanitària specialists in the maternity and infant field continues to grow. The ratings given by those who attend to the addresses are also increasing and improving, along with other aspects connected with the topics discussed, and even the organisation of the event itself. This year was no different, and on 31 May Barcelona Hospital was the venue for a further giant step forward in promoting know-how among health professionals.

The Assistència Sanitària seminars on pathology during pregnancy are an initiative that derived from the efforts of the committee set up in 2012 to oversee quality training in the maternity and infants area. Lead by the Barcelona Hospital medical management team with the help of the Heads of Paediatrics, Internal Medicine and Gynaecology, the organising committee in this way shows it pays heed to the requests registered by health professionals in their daily practice, and offers a response in accordance with scientific advances. A solid programme of content is drawn with this aim in mind, featuring the most established experts in the field. ●

Barcelona Hospital Pharmacy Service opens “white room”



The pharmaco-technical section of the Barcelona Hospital Pharmacy Service was recently restructured, attaining the highest standards of quality in accordance with the instructions of health authorities with regard to the preparation, handling and dosage of medication for patients with special requirements. The new workflow and the properties of the air, containing a very low number of particles, guarantee the quality and safety of both sterile and non-sterile preparations, while preventing any contamination of the professionals handling them.w

EsPRIU Foundation helps promote health co-operatives in Africa

The health co-operative movement was at the centre of debates organised by the African co-operatives' Ministerial Conference Technical Committee held in the Zimbabwean capital Harare from the 30th May to 1st June. The Conference's title was: "Promoting health and well-being in Africa through co-operatives".



Dr Carlos Zarco during his talk at the African Co-operatives' Ministerial Conference.

The Conference was organised by the regional office of the International Co-operative Alliance (ICA-Africa) and the intention was to consider the contribution made by co-operatives to the 2030 Sustainable Development Agenda drawn up by the United Nations. The Conference

also intended to review the aim to "Ensure healthy lives and promote well-being for all at all ages".

THE ESPRIU MODEL AS A GUIDING LIGHT

Dr Carlos Zarco, CEO of the EsPRIU Foundation, took part in the Conference and gave a presentation on the co-operative enterprise model developed by Assistència Sanitària, ASISA, Lavinia and SCIAS, and which is dedicated to healthcare provision. Dr Zarco explained the historical context and the factors that prompted Dr EsPRIU to launch the organisations that make up the EsPRIU Foundation more than 60 years ago in order to share the EsPRIU Foundation's experience as a basis and guiding light for the development of co-operative health services in Africa. He also described its structure and its management structure as well as the main advantages that the co-operative movement offers for health professionals and patients.

Many interesting initiatives were presented on each day of the event including in particular the CIC co-operative insurance group which provides health insurance in Kenya, Uganda, South Sudan and Malawi, the Zdrave co-operative hospital in Bulgaria and the Unimed network of medical co-operatives in Brazil. ●

General Assembly of Co-operatives Europe

The General Assembly of Co-operatives Europe was held on 6 and 7 June in Strasbourg in France. Co-operatives Europe is the regional organisation of the International Co-operative Alliance and represents over 141 million co-operative members from 33 countries in Europe. The EsPRIU Foundation, which has been a member of the European organisation since it was created and its Managing Director, Dr Carlos Zarco attended the event.

The delegates reviewed the organisation's 2018 activities, drew up a working programme for 2019 and settled on action points for the 2020-2022 period. The delegates also discussed the future challenges in Europe as well the role the continent's co-operative enterprises should play.

A number of experts from outside the co-operative movement contributed to the debate with their views concerning the situation in Europe and the impact of the results in the recent elections and the repercussions for issues such as solidarity, nationalist movements and globalisation.

During the Assembly, Juan Antonio Pedreno, the President of CEPES, the Spanish Confederation of Social Economy Enterprises, tabled a motion in favour of re-establishing the Social Economy Intergroup of the European Parliament. This proposal was supported by the Assembly.

UN commits to co-operatives as model to universalise healthcare

The Espriu Foundation recently collaborated with the United Nations (UN) in the sphere of the 2030 Sustainable Development Agenda, contributing its experience in the field of health.



Group of co-operative experts at the UN building in Nairobi.

Specifically, Dr Carlos Zarco, CEO of the Espriu Foundation and President of the International Health Co-operative Organisation (IHC), took part at the meetings held by the group of experts in co-operatives at the UN Department of Economic and Social Affairs (UNDESA) between 26 and 28 March in Nairobi, Kenya.

At the international gathering, the President of the IHC shared his vision of the health co-operative movement, provided information and figures as to its implementation in numerous countries, and presented various examples of co-operative enterprises operating in the field of health.

During the conference, which involved delegates from countries including the United States, Canada, China, Uganda, Spain, Kenya, Zimbabwe, Rwanda and Ethiopia, Dr Zarco had the opportunity to set out the advantages and benefits that the co-operative enterprise model offers in healthcare, since thanks to its flexibility and capacity to adapt to different socio-economic contexts, it can prove an outstanding tool in achieving progress to extend health provision for the population, in particular in medium- and low-income countries.

GATHERING IN TURKEY

The Espriu Foundation's enterprise model was similarly centre-stage at the conference Co-operatives in social development: towards universal healthcare, also organised by the UN at Aydin University in Istanbul, Turkey.

Once again, with the aim of analysing the role that

health co-operatives could play in the universalisation of healthcare, and raising awareness among governments as to their potential in the development of health systems in developing countries, the United Nations Division for Inclusive Social Development brought together governmental representatives and experts in health co-operatives and credit co-operatives at the Conference which was held between 21 and 23 May.

The Espriu Foundation executive was given the opportunity to explain the experience of its constituent bodies (Lavinia, SCIAS, Assistència Sanitària and ASISA), and to give details of their founding, their organisational structure, administrative aspects, along with other facilitating factors that have allowed these enterprises to develop a successful healthcare model over the course of 60 years, operating within the context of the social economy.

KEY ENTERPRISE MODEL

The gathering, together with that held in Nairobi, demonstrates the clear commitment to healthcare co-operatives on the part of the UN, and its recognition of this key enterprise model in universalising healthcare.

In the words of Dr Zarco, "it is a source of great satisfaction to be able to share the experience of the bodies belonging to the Espriu Foundation, aware that they serve as a model for the development of health systems in other nations, in particular middle- and low-income countries". ●

PICTURES WORTH MORE A THOUSAND WORDS

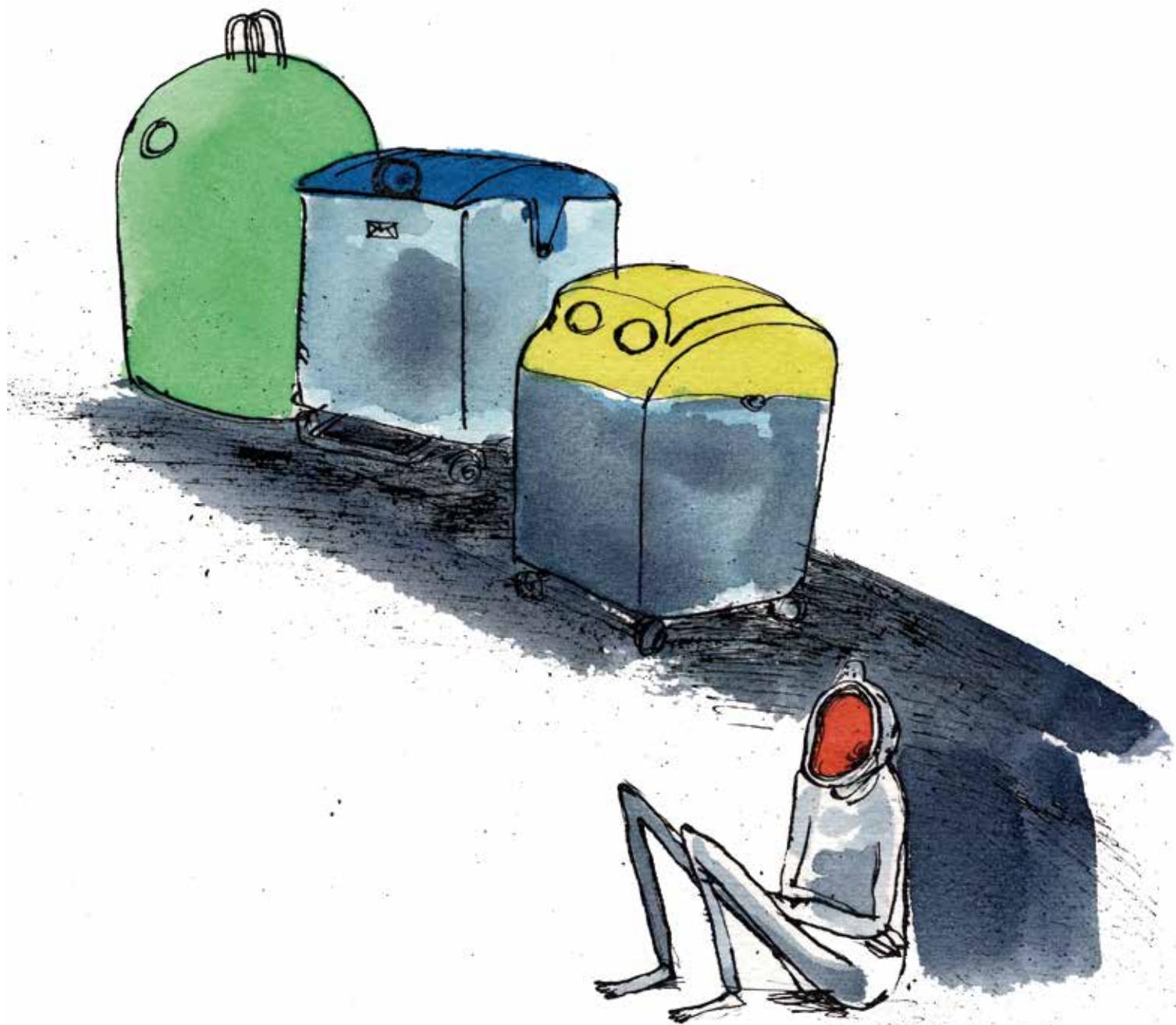
Cinta Cazorla is a photographer of the highest order, whose work lies strictly within the category of Street Photography. Her use of the images of what is going on around her is natural, transforming them into an approachable and yet mysterious sensation, thus blurring the boundary between commonplace and imagination. She uses black and white to clearly define the primary and secondary elements she aims to convey: images which, in her case, are indeed worth a thousand words.











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