



Appeal to the European Commission *on the occasion of the incoming European Commission, February 2010*

The Standing Committee of European Doctors (CPME) is looking forward to working together with the new European Commission and especially with the Commissioner for Health, John Dalli, towards a healthier Europe. CPME will be glad to contribute to the process and to be involved in projects and work to be done.

Health Inequalities: Health inequalities occur both between and within EU Member States as well as between and within occupational and social groups. As doctors are aware of the strong influence of social factors on patients' illnesses and on the outcome of their treatment, CPME strongly supports the work on social determinants of health. CPME is convinced that a wide focus is needed in order to efficiently reduce health inequalities, including fiscal and economic policies, improvements in infrastructure and education as well as reductions in gender inequalities. Progress on other health policy issues will play a crucial role in this process, as for example prevention and relevant information to patients, sufficient and well-trained workforce in all EU countries and a Directive on patients' rights in cross-border healthcare.

CPME therefore very much welcomes the ambitious task that the Commission has undertaken and calls on the Commission and all stakeholders to keep this important challenge on the top of their agenda.

Pharmaceutical Package: It is of utmost importance to ensure that the information to patients on medicines is objective, knowledge-based, transparent and non-promotional. CPME therefore welcomes the announcement of Commissioner Dalli to reassess the Pharmaceutical Package. The involvement of doctors and (supra) national bodies of the medical profession in ensuring the sustainable safety and quality of medicines should be guaranteed.

Quick progress in terms of legislation on counterfeit medicines is crucial, as counterfeiting is a threat to the safety and health of patients. CPME calls on the Commission to lead the way in order to ensure an unbroken control system.

Cross-Border Healthcare: The European Court of Justice has recognized that patients have the right to receive healthcare in another Member State and be reimbursed for that healthcare for up to the amount they would have received in their own country. The Commission has proposed the Directive on the application of patients' rights in cross-border healthcare (2008/0142) that has been adopted by the European Parliament in first reading. However, despite intense debates, unfortunately no agreement could be reached in the Council so far.

CPME calls on the European Parliament, the Commission and on the Spanish Presidency to take on the challenge and to continue the process of finalizing the proposal in order to guarantee patients' rights in this context.



Medical Workforce: In order to prepare for the health and social care challenges of the future and to safeguard the safety of patients in all European countries, it is essential to ensure the provision of a sufficient, well-educated, motivated and supported medical workforce. Therefore, the medical workforce should be trained to common standards of the highest quality, and working conditions in which both mobility and family life can be accommodated need to be promoted. In order to maintain a stable and committed healthcare workforce, an adequate remuneration system is essential.

CPME appreciates the opportunity to collaborate on this issue as the involvement of doctors and (supra) national bodies of the medical profession is essential in this field.

Prevention: Prevention plays a crucial role in reducing the burden of disease. However, 97% of health expenses in Europe are spent on treatment and only 3% on prevention.

CPME strongly believes that investment in promotion of healthy lifestyles and disease prevention is the only possible and sustainable way forward. CPME is fully supportive of the Commission's efforts in tackling the major health determinants and is committed to support its actions in the fields of cancer, heart diseases, mental health, nutrition, tobacco, alcohol and environmental health.

CPME appreciates Commissioner Dalli's emphasis on information as a powerful tool in reducing lifestyle-associated diseases, but will also continue to stress the need for binding regulation in fields such as tobacco, alcohol and food labeling.

E-Health: CPME has advocated for many years that e-Health could help address the major challenges that the EU's healthcare system is faced with, such as supporting patient mobility, long-term chronic care, Telemedicine and safer prescriptions. On the other hand many questions remain open and lead to controversy among which patients' data confidentiality is one of the most important. CPME calls on the new European Commission to continue to give the medical profession more involvement in strategy.

Patient Safety: It is well known that patients can suffer from adverse events whilst receiving treatment. Frequently occurring adverse events include healthcare-associated infections, medication-related errors, surgical errors, medical device failures and errors in diagnosis as well as errors in the organizational system. The European Commission has successfully raised awareness on the necessity to create a culture of Patient Safety in Europe. Following the Luxembourg Presidency conference on Patient Safety in 2005 the issue has been taken up in fruitful initiatives such as the SIMPatIE project and most recently in the EUNetPaS project. With this last project being nearly completed and with CPME having been proactively involved, CPME regards EUNetPaS a success which is worth following up.

CPME therefore asks the Commission to ensure continuity in this important field.

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