



The Newsletter of European Medical Specialists

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Madeleine McCann, a 4 year old English girl, went missing in Portugal on 3rd May.

Her friends and family have asked doctors across Europe to help in their search for the child and have issued a photograph showing a slight defect in her right eye, which a clinician may be able to spot if they were to see her.

Anyone with information should contact the Portuguese police on (00351) 218 641 000.

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Recent developments on the issue of cross-border health services

The European Commission unveiled the conclusions of its consultation launched in September 2006 on patient mobility, while the European Parliament's committee on the internal market adopted its report on the consequences of excluding health services from the Services Directive.

EC consultation - majority backed EU action

According to the Commission's conclusions which were presented to the Member States at an Informal Health Council Meeting in Aachen (Germany), the majority of contributors to the consultation favoured Community action on health services, combining both legal instruments and practical support for cooperation between health systems.

Contributors also identified a need for better information to be made available to patients as well as for

greater clarity about the procedures that might follow. At the same time, the Commission's report emphasised the broad consensus that quality and safety of healthcare had to be ensured by the country where treatment is provided.

EP Committee favoured equality of EU residents while calling for further control and clarity

At the same time, the European Parliament committee on the internal market and consumer protection examined their own-initiative re-

These contributions provide a solid basis for proposals to clarify rules for cross-border care, to create important and positive synergies in the health sector from European cooperation and to help improve healthcare provision throughout the Union.



M. Kyprianou

port drafted by Bernadette Vergnaud (French socialist) on the consequences of the exclusion of health services from the scope of the Services Directive.

MEPs sitting on the committee considered that, by virtue of the progressive increase in cross-border mobility of both patients and health professionals, all EU residents were to be treated on an equal basis "regardless of whether they are private or public patients". However, de-

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"Continuity, Collaboration, Communication - Challenges for Healthcare and opportunities for eHealth" Conference on eHealth (Rome, 24-25.05.2007)

This Conference will be organized by the European Health Telematics Association (EHTEL) in collaboration with several other associations representing health pro-

fessions at the EU level, among which is the UEMS. The main aim of this event is to present how eHealth can facilitate collaboration and communication between

health professionals in support for continuity of care, notably by raising awareness of the role and value of eHealth in

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From our Members - The Irish Medical Organisation

Consultants' recruitment in Ireland

The Irish Ministry of Health recently announced the recruitment of a significant number of Consultants which are in breach of the contractual terms negotiated on behalf of Consultants by the Irish Medical Organisation (IMO). Irish doctors were hence advised not to participate to recruitment and interview campaigns. The IMO also advises doctors from outside of Ireland against applying for

these positions.

The IMO has outlined the specific flaws in the terms being proposed and highlighted the fact that the terms on offer are at variance with those negotiated with the Irish government. According to the IMO, it is likely that these positions will not have protected advocacy rights for Consultants, will attract inferior pay and conditions of employment, will lack ap-

propriate resources as they are to be introduced on a cost-neutral basis and will entail attendance over weekends on a shift work basis.

The decision to initiate this decision represent an unprecedented assault on the contractual terms and rights of Consultants and is allegedly being threatened for political gain given an imminent general election in Ireland.

The Irish Medical Organisation warns European doctors against flaws in newly opened job positions

European Commission Calls for Scientific Information

Hydrogen peroxide in oral hygiene products

The Commission recently requested the advice of the Scientific Committee on Consumer Products (SCCP) on the possible health risks associated with the use of hydrogen peroxide in oral hygiene products, both in its free form and when released.

To ensure that the SCCP

formulates its views on the basis of the most up to date safety information, the Commission published a call for the submission of safety information that has become available since 15 March 2005 when the SCCP had issued its last opinion on hydrogen peroxide in oral

hygiene products.

The details of the call for information can be found on the following website: http://ec.europa.eu/health/ph_risk/committees/04_sccp/sccp_call_info_02_en.htm

The European Commission calls on interested parties to submit scientific information on hydrogen peroxide in oral hygiene products and mercury in dental amalgam

Mercury in dental amalgam

The Commission recently requested a scientific opinion from the Scientific Committee on Health and Environmental Risks (SCHER) and the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on possible risks associated with mercury in dental amalgam and possible alter-

natives.

To ensure that the two Committees elaborate their opinions on the basis of the most up to date scientific information, the Commission published a call for scientific information that will run until 4 June 2007.

Further details can be found on the following

website: SCENIHR—http://ec.europa.eu/health/ph_risk/committees/04_schenihr-scher_call_info_03_en.htm

SCHER—http://ec.europa.eu/health/ph_risk/committees/04_scher/scher_call_info_01_en.htm

European Parliament

MEPs set out basic principles for innovative therapies

After a tough battle on ethical issues, Members of the European Parliament recently adopted a regulation on revolutionary medical techniques, which encompass gene therapy, cell therapy and tissue engineering.

The regulation in question does not interfere with decisions made by Member States on whether to allow the use of specific types of cells such as embryonic stem cells in accordance with their ethical choices. A compromise was indeed found between the major political groups and the EU Council, which aimed to conclude the legislative process quite speedily in order for the regulation to enter into force without delay.

The regulation provides for a centralised marketing authorisation procedure for innovative products as well as for a post-authorisation monitoring of both patients and products.

The text tightens a number of definitions, notably the products to be considered in the legislation and particularly engineered cells and tissues, combined products and products including medical devices. MEPs also decided to exclude non-viable human or animal cells or tissues.

With regard to ethical issues, the initial basic principles included in the draft regulation remained unchanged. Donation of cells and tissues must remain volun-

tary and unpaid. The anonymity of both donors and recipients must be guaranteed but patients must have the right to know the origin of any cells or tissues used. In general, the subsidiarity principle will apply to ethical matters, Member States keeping freedom to accept or forbid therapies on their territory.

The legislation also sets up a specific committee inside of the European Medicines Agency (EMA) structure.

The regulation will apply one year after entry into force, i.e. in practice around mid-2008.

For any further information: <http://www.europarl.europa.eu>

Sensible compromise on ethical issues likely to ensure patients access to more effective treatments

Continued from page 1 “Continuity, Collaboration, Communication”

supporting and enabling the transformation of health services. The Conference will explore concrete issues on “3C” and their influence on the eHealth infrastructure (dissemination and customization of clinical pathways, clinical datasets, patient summaries, etc.) whereas parallel sessions will present some success stories on the “3C”.

Through participating to this Conference, health professionals are invited to get involved in the debate about eHealth and its implementation.

This will be an occasion for them also to inform other stakeholders about their needs and expectations.

For information, the “3C Conference” was recognized as being of educational value and was granted 9 European CME Credits by the European Accreditation Council for CME.

Further details and registration are available at the following URL: www.strategiestm.com/ehel_conferences/07/continuity_3C/index.htm.

Other events relating to eHealth

Continuity, Collaboration, Communication - Challenges for Healthcare and opportunities for eHealth
Rome, 24-25.05.2007

http://www.strategiestm.com/ehel_conferences/07/continuity_3C/index.htm

Elderly - Who Cares?
Tromsø, 11-13.06.2007

<http://www.telemed.no/index.php?id=371622>

International Symposium on Biomedical Informatics in Europe
Barcelona, 25-27.06.2007

<http://www.infobiomed.net/symposium/introduction.htm>

World of Health IT
Vienna, 22-25.10.2007

<http://www.worldofhealthit.org/>



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spite this agreed freedom to choose health-care in other EU countries, “medical tourism should not be actively encouraged”. Furthermore, MEPs ruled that “patient mobility cannot be allowed to grow unchecked without concurrent and clear rules governing liability for the provision of cross-border health services”. The IMCO Committee also called for the creation of “single points of contact” for patients, health professionals and healthcare institutions.

The Services Directive strikes back

The report also states that, since the Treaty provisions and the ECJ jurisprudence apply to health services, “health service providers are fully entitled to establish and provide services in any Member State, following national and EU rules”. MEPs on the committee went further

by adopting with a narrow majority (22 for, 18 against, 2 abstentions) an amendment submitted by Toine Manders (Dutch liberal) and which proposed that the Commission issue “a proposal to reintroduce health services into Directive 2006/123/EC”, i.e. the Services Directive. The committee also rejected the rapporteur’s call to have a separate directive on health services and ruled instead that the Commission was to propose “an appropriate instrument with a view, in particular, to codifying the pertinent case law of the ECJ”.

All this led the rapporteur Bernadette Vergnaud and her political group to vote against the final report. The text in question will now go to a vote at the next EP plenary session to be held from 21st to 24th May in Strasbourg.

I still refuse to see missions of public service submitted to the rules of the competitive market



B. Vergnaud

UEMS position and reaction

The Executive of UEMS calls on the Members of the European Parliament to reject the initiative proposed by Mr Manders and comply with their decision of last year to exclude health services from the scope of the Services Directive (2006/123/EC). The UEMS Executive also recalls the importance of the EP Report on patient mobility and healthcare developments (by John Bowis) which was adopted by a large majority of MEPs (554 for, 12 against, 18 abstentions) in June 2005, and which fully meets the aims defined by the UEMS Council in its position of March 2005 (UEMS 2005/13).

See also UEMS News 2006/11, 2006/03 and 2005/09.

Key results of the EC consultation on health services

- Limited scale of cross-border healthcare but expected to grow
- Need for greater clarity over limits of cross-border care under Community Law (particularly in the cases of prior authorisation)
- High expectations towards EU support in further improving the quality and safety of healthcare
- Suggestions for practical EU support to national health systems notably encompassed European networks of centres of reference, an observatory of comparative data, better sharing of innovations, etc.

If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.