



The Newsletter of European Medical Specialists

UEMS News 2007 / 03

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Outcomes of the UEMS Council Meeting Bratislava, 11-13.10.2007

On 11th and 13th October last, the Board and Council of UEMS convened in Bratislava. This Meeting was the occasion to discuss major items of interest to the medical profession and currently active on the European agenda.

The main issues dealt with at the UEMS Council notably included:

- **eHealth and Telemedicine**

The issues of eHealth and Telemedicine were the key focus of the UEMS Council Meeting.

A Discussion Forum, held on the first day of meeting and co-chaired by Prof. Pattynama (The Netherlands, Radiology) and Prof. Twomey (Ireland, Geriatric Medicine), was the occasion for delegates from National Member Associations to voice their ex-

pectations, requirements and concerns.

Thanks to this debate and upon the suggestion

from the Slovak Medical Association, the UEMS Council adopted the “UEMS Bratislava Declaration on eMedicine” which sets out the basis for the future UEMS policy on this issue. (See page 4)

Along with this, the UEMS Council unanimously endorsed the participants’ declaration of the Conference on “Community, Collaboration, Communication: Challenges for Healthcare and Opportunities for eHealth” held in Rome at the end of May 2007 and to which the UEMS contributed.

In order to further elabo-

eHealth is seen not simply as a set of products or applications but a range of options to improve and transform healthcare services

Prof. C. Twomey
UEMS President 1999-2003



rate on these issues, a specific working group on eHealth was established and should start working in the near future by bringing together delegates from National Member Associations and Specialist Sections and Boards. A call for interest will be launched soon in this respect.

- Membership

The Lithuanian Medical Association was unanimously accepted as Full Member of the UEMS.

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A leaked copy of the European Commission’s proposals on Healthcare Services

The UEMS has recently received a leaked copy of what Mr Markos Kyprianou, European Commissioner in charge of Health, has confirmed is a draft version of the European Commission’s proposals on

Healthcare Services. This follows its consultation on this subject last year, to which the UEMS provided an extensive response (See UEMS 2007/03).

In answering a question by UEMS Vice-President Dr

Edwin Borman, Commissioner Kyprianou explained that the proposals fall under article 95 of the EU Treaty because this is seen as an “Internal Market matter”,

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European Commission's Health Strategy

Together for Health - A strategic approach

The European Commission adopted its Health Strategy setting out the direction for Community Health action in the coming years. The White Paper, "Together for Health - A Strategic Approach for the EU, 2008-2013" establishes a broad cross-policy framework to respond to a wide range of health challenges in a comprehensive and coherent way. It also provides for concrete new actions aiming, among other things, to strengthen European defences against health threats, to increase prevention and early diagnosis of cancer and to equip citizens with the tools they need to make informed decisions about their health. Overall, the strategy aims to help foster good health in an ageing Europe, to protect the European Union's citizens against health threats and to support dynamic health systems.

Confronted with the need to help its citizens live and age in good health and remain active as they grow older, while at the same time, strengthen its defences

against health threats and improving health systems' delivery, the EU needs to help Member States develop co-operation on health services and further develop technology for health purposes.

This is why the Health Strategy aims to:

- Foster Good Health in an Ageing Europe by promoting good health throughout the lifespan;
- Protect Citizens from Health Threats including communicable diseases, bioterrorism, and improve patient safety; and
- Support Dynamic Health Systems and New Technologies.

The White Paper also sets out a number of cross-cutting principles such as solidarity, citizen participation in policy-making and the need to reduce inequities in health, to promote investment in health, to mainstream health in all policies, and to strengthen the EU's voice in Global Health.

The Strategy also presents a framework under which actions can be taken. Not less than

18 concrete priority actions were identified for the next two years.

These include, for instance, proposals aimed at reducing inequities in health and at increasing the EU's role in global health; a statement on fundamental health values; and initiatives to support Member States in managing innovation in health systems and work on rare diseases.

New actions such as those aiming to improve the health of elderly people, ensure organ transplants' safety and health literacy improvement in the EU are expected to benefit citizens directly.

To implement the Strategy in close co-operation with the Member States and other key players, the White Paper foresees the creation of a structured co-operation mechanism. It will identify priorities, define indicators, facilitate the exchange of good practice, produce guidelines and recommendations and measure progress.

The time has come for the EU to develop a strong and comprehensive strategy on Health.

The new strategy will enable us to help Member States meet a wide range of common challenges based on shared principles and values, while keeping in mind our global commitments

*M.Kyprianou
EU Commissioner
for Health*

European Parliament

Open Letter to MEPs on Obesity and Pregnancy

Dear Member of the European Parliament,

The Diabetic Pregnancy Study Group (DPSG) wants to draw your attention on the important health problem of obesity and diabetes in pregnancy. The Diabetic Pregnancy Study Group is a European multidisciplinary scientific group aiming to improve the knowledge and care of the diabetic and obese pregnant women and the unborn and newborn child. Although insulin has been discovered early last century, the association of diabetes mellitus and pregnancy remains a severe health problem. Better obstetrical and diabetic care has reduced maternal and perinatal morbidity and mortality, but there are still critical health issues. In early pregnancy there is an increased rate of abortions and congenital malformations. In late pregnancy hypertensive, kidney and heart problems may occur. Operative deliveries are

very high. For the fetus, short term risks include macrosomia, birth trauma and transient neonatal hypoglycaemia requiring appropriate neonatal intensive care.

Type 2 pregestational diabetes has similar deleterious effects for the mother, fetus and newborn as Type 1 pregestational diabetes. The increase in Type 2 pregestational diabetes is mostly due to the increased prevalence of obesity. A recent EU document has clearly shown that in several European countries more than half of the adult population is overweight and 20 to 30 percent is obese (1). Moreover the number of children who are overweight or obese increases every year, with 14 million overweight and 3 million obese in 2005.

The problems initiated during pregnancy extend to long term adverse outcome for both mother and offspring. There is an increased risk for the mother to develop Type 2

diabetes and metabolic disorders. The offspring of obese mothers are at high risk of developing obesity, Type 2 diabetes and cardiovascular diseases later in life (2). This cycle of events is referred to by researchers as in utero programming of adult life. It is supported by numerous animal studies and recent human data showing trans-generational effects of diabetes in pregnancy (3).

Obesity and diabetes in pregnancy have severe short and long term deleterious consequences for mother and child. Preconceptional weight loss and increased physical activity, ideally starting at adolescence, may reduce obesity in the next generations (4). Since women are the most important partners in reproduction and thus also for the health of the next generation, major attention is needed to obesity and pregnancy and to design adequate prevention to break the cycle of the obesity epidemic.



The Diabetic Pregnancy Study Group is a European multidisciplinary scientific organisation made up of European medical specialists from different fields.

For this reason, the UEMS supports this Group and their open letter to MEPs.

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Leaked copy on Healthcare Services

which therefore enlarges the EC field of competence.

The good news is that the Commission has incorporated many of the UEMS's ideas regarding patient mobility; the not-so-good news is that professional mobility has been left to a future separate set of proposals, said to be released next year.

The Commission has indicated that it will not attempt to overturn the European Court of Justice

rulings that have developed this issue so dramatically; rather, it will provide a further stimulus to "healthcare across borders" whilst still respecting the right of Member States to organise their own healthcare systems.

Patients can expect greater information about their rights to be treated in other EU countries. Access to treatment will be determined by clinical need and, in regard to hospital care, re-imburement will be at

the level that would have been paid in their home state. Patients can expect to be treated in high quality hospitals, and to have their medical data protected. Interestingly, the Commission has yet to define what it considers to be "hospital care".

The UEMS will of course continue its lobbying efforts, knowing that, on this subject, these views have been incorporated within the Commission's proposals.



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To your diary!

As already announced, the UEMS will celebrate its 50th Anniversary in April 2008. The programme was already defined as follows:

- 17- S&B Pres&Sec Meeting
- 18- Conference & Gala
- 19- Council Meeting

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Outcomes of the Council Meeting

- EU Affairs

The just released future **Directive on Health Services** was discussed by the UEMS Council. (See page 1)

Information was also provided with regard to the issue of **Working Time**. (See page 2)

- The EACCME

A progress report on the management of the EACCME was presented, notably in a view to further improving its functioning. In this regard, a new web-based application system was presented and will be launched in the coming

weeks.

- Specialist issues

Two new divisions were established within Sections: **Neuroradiology** (Radiology) and **Angiology** (Internal Medicine). A position paper on "Epilepsy & Driving" was endorsed.

The UEMS Council unanimously agreed to formally join the "Alliance for MRI"

The Chapter 6 on training requirements in **Sport Medicine** was endorsed

- Financial issues

The budget for 2008 was unanimously adopted.

These issues will be comprehensively covered in the Report on the Board and Council Meetings (UEMS 2007/xx). The outcomes of the Meeting can also be found on the UEMS website: www.uems.net.

Reminder

Contributions from national member associations and Sections & Boards are still expected on the issues of

- The **UEMS Strategy**
- The **Chapters 6** on specialist training requirements for each specialty

UEMS Bratislava Declaration on eMedicine (UEMS 2007/19)

Adopted by the UEMS Council on 13th October 2007 at its meeting in Bratislava.

The UEMS Council notes that e-Medicine has entered the everyday practice of medical informatics, and the healthcare of patients in the European Union and many other countries throughout the World.

The UEMS recognises that e-Medicine has the potential for significant improvements in the quality of patient care, and for the manner in which doctors are able to provide that care. The UEMS believes that these quality issues must have priority over the emphasis on potential cost-efficiencies that have been advocated by other stakeholders.

The UEMS Council believes that the electronic creation, recording, transfer and storage of medical data is useful and inevitable, and will support further progress in the availability of medical and public information, will contribute to higher standards in medical qualification and specialisation, and the promotion of improvements in the well-being and healthcare of persons.

However, the UEMS Council is concerned that the misuse of e-Medicine could damage persons, communities and countries through recognised risks to the security of data, confidentiality, medical ethics, and the law. The principles of a patient's privacy and confidentiality must be respected, and only patients have the right voluntarily to decide to have their data held in storage.

Acting on these concerns regarding the electronic creation, recording, transfer and storage of medical information in the European Union, the UEMS Council commits itself to making efforts, using UEMS registration and validation procedures, to implement, promote, develop and control:

- respect for the security and privacy of persons, and the rights and laws governing these
- respect for medical ethical principles,
- the validity of electronic health information, and
- the quality of electronic medical education and training.

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