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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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**Report on the Meeting of the Subcommittees and Board of
the STANDING COMMITTEE OF EUROPEAN DOCTORS (CPME)
in Brussels on 28-29th March 2003**

Summary

The CPME:

- Will set up a working group to continue work on the Commission's proposal regarding the future regime for professional recognition
- Has adopted a joint statement from the sectoral professions on the proposed directive on the mutual recognition of professional qualifications
- Will prepare alternative policy positions in the event of Mr Zappalà's amendments to the proposed directive on mutual recognition of professional qualifications being rejected
- Has adopted a policy in respect of proposals to allow nurses to qualify as medical doctors on shortened training programmes
- Has adopted a policy statement on clinical risk management
- Has adopted a policy statement on the free movement of patients
- Will conduct a joint survey with other European medical organisations on the management of patient safety in Europe
- Has adopted a policy statement on patient safety
- Has adopted a resolution on assisting refugee doctors to return to their careers
- Has adopted a policy statement on equal opportunities
- Has adopted a policy statement on traditional herbal medicines
- Will conduct a survey on the secondary prevention of ischaemic heart disease in the elderly
- Has adopted a policy statement on drug consumption prevention
- Has adopted a resolution on the global control of tobacco use in support of Tobacco Under the Microscope: the Doctors' Manifesto for Global Tobacco Control
- Has adopted a policy statement on the quality and safety of human tissues and cells

Other work in progress

The CPME:

- Is preparing a policy statement on financing CME/CPD

- Is preparing a policy statement on ethics and discipline in the medical profession
- Will lobby appropriate members of the Convention on the Future of Europe to ensure that health is made a social objective in the new European constitution and to ensure that it remains a shared competence
- Will offer its assistance to the Commission in developing a European health insurance card
- Is preparing a policy statement on the quality of the prescription
- Will request funding from the European Public Health Action Programme to carry out work on healthcare for the elderly

Subcommittees

The session comprised four subcommittees, which then reported to the Board. Both debates are recorded here where relevant.

(Under the new method of working, 2 subcommittees were run at the same time in pairs)

1. Ethics and professional codes subcommittee

1.1. Issues relating to the end of life

Dr Joset (Belgium) presented a paper on 'The Belgian law on the decriminalisation of euthanasia', which gave an overview of the history and current status of the euthanasia laws in Belgium. A discussion followed in which members of the subcommittee questioned Dr Joset about the period for which palliative care is funded for in Belgium, and the legal situation of doctors in Belgium who broke the law while assisting patients to die. Italy was insistent that doctors should seek to ensure that the law always reflects the highest ethical standards. The subcommittee also discussed the issues of who patients can choose as proxy decision-makers and the 5-year life span of patients' 'living wills'.

1.2. Life sciences and biotechnology

1.2.1. Quality and safety of human tissue and cells

The Chairman reported that in addition to the directive covering human tissue and cells, a second directive was being drafted that would provide legislation to cover the storage and use of organs. He argued that the principles of free donation (with only expenses and loss of income remunerated) and donor anonymity should be included in the directives.

The topic of access to, and control of, tissue and organ banks by private companies was also raised. The rest of the discussion concerned clarifying what was meant by public and private 'ownership' of tissue and organ banks. There was a distinction between the removal of tissue and the private firms that retained and industrially processed that tissue.

1.2.2. Tissue engineering

In the Netherlands companies had been set up to allow people to store their own tissue for possible future use. The Dutch government had investigated these companies to establish their legality. Despite acknowledging that the material being stored could not then be used for any known medical treatment, the government had decided that these firms were legal and could continue their activity. Germany reported that they had

similar problems, where such companies were engaged in aggressive advertising campaigns to convince parents of the need to store autologous blood samples from their children in case of need in the event of future illness. He argued that a liberal society must tolerate such companies' activities, but that they should be regulated so they could not advertise in hospitals or make false statements about their products.

1.2.3. Communication from the Commission "Life sciences and biotechnology: a strategy for Europe"

The subcommittee discussed how the EU can effectively legislate against patenting genetic sequences. If the US did not also agree to similar legislation, a European directive would be undermined. There were disagreements about how effective the draft directive would be in preventing the patentability of genetic sequences.

1.3. Sick professional physicians

Spain presented the document of the working group set up to draft a statement on integral care programmes for sick professional physicians. UK argued that such a system could only be effective if implemented nationally at the moment, and would not be feasible if attempted at a European-wide level. The document represented one viable way of dealing with this issue, but was not the only way, and at present could not be adopted by the CPME as policy.

1.4. International human rights activities: refugee doctors

UK reported that the BMA had 860 doctors on its refugee doctor database and described the broad collaboration between the Association, voluntary sector organisations, and the Government in tackling the problems faced by this group of people.

2. Organisation of health care, social security, health economics and pharmaceutical industry subcommittee

2.1. Traditional herbal medicine

Dr Leth reported that a Council common position on traditional herbal medicine was to be expected in May 2003. The subcommittee approved the document, which insists on an equally rigorous registration process for herbal medicines as any other treatment, and stressed the importance of patient safety in this issue. The Board subsequently adopted the statement.

2.2. Free movement of patients

Dr van Leeuwen (The Netherlands) presented a draft position on the concept of "sufficiently tried and tested" treatments. The subcommittee proposed a number of amendments to the document, and the revised version was agreed and later adopted by the Board.

2.3. Patient safety

Documents were presented on clinical risk management. After a lengthy discussion, the subcommittee agreed to undertake a joint survey on how patient safety is dealt with in different member states. The members of the subcommittee were asked to suggest comments and amendments to a draft questionnaire by the end of April 2003. The results of the questionnaire would be presented to the subcommittee in the August meeting. A statement on patient safety was adopted by the Board.

The subcommittee also agreed to consult the other European medical organisations on their views about how to extend such policy to a European-wide level. A preliminary meeting with other health care organisations would be considered at a later date dependent on the reaction of the Commission.

2.4. European health insurance card

The subcommittee gave its support to the Commission communication on the proposed health insurance card system. It was suggested that the subcommittee might assist the Commission by offering its expertise in developing and implementing the new card.

2.5. Equal opportunities

UK presented a follow-up on the CPME action plan, which was approved by the subcommittee. The subcommittee also approved a further two resolutions, which were adopted by the Board.

2.6. Towards a patient focussed model for financing health care provision

Some editorial changes had been made to the document and a booklet would be issued on the basis of this document in May 2003.

3. Medical training, continuing professional development and quality improvement subcommittee

3.1. Recognition of diplomas and professional qualifications of doctors - Role of the medical organisations within the European Commission

Dr Brettenthaler (President) reported on developments since the last meeting, followed by a detailed discussion of the documents presented. There had not been much progress since the last meeting, but it was still necessary, following Mr Zappalà's report to the European Parliament's Committee on Legal Affairs on 19 February 2003, to support the clear separation between the sectoral and the general systems. The subcommittee also stressed the importance of co-operation between the European medical organisations when lobbying on this matter, as well as with the other sectoral professions. It also agreed to present the joint statement of the sectoral professions to the Board, which was duly adopted.

The subcommittee agreed to:

- Maintain a strongly collaborative approach to lobbying the European Parliament.
- Continue to co-operate with the other sectoral professions who will be similarly affected by the outcome of Parliament's decision.
- Continue to lobby MEPs, ministers and others to get amendments made to the proposed directive.
- Establish a small working group that would draw up compromise positions in the event that Mr Zappalà's amendments were ultimately rejected. The group would include Dr Borman (UK), Mr Harvey (Vice-President), Dr Kloiber (Germany) and the CPME secretariat.

3.2. Financing CME/CPD

The subcommittee discussed the second draft of the document on policy on funding CME/CPD. There was disagreement on 2 counts: whether to await the paper from WMA or finalise it now; and whether the paper should focus on the relations between the pharmaceutical industry and the medical profession, or the financing of CME/CPD.

The subcommittee decided to re-activate its virtual working group to agree the final revisions of the paper.

3.3. Patient safety in the medical curricula

The subcommittee agreed to:

- Undertake a survey of member states and observer countries on the organisation of patient safety in collaboration with the Organisation of Healthcare subcommittee. Comments on the questionnaire should be sent to the secretariat by the end of April 2003 and the final form of the questionnaire would be circulated before the summer and the results presented at the September meeting.
- Collaborate with European nurses', midwives', physiotherapists' and patients' organisations to find out how they deal with safety issues and explore possibilities for future co-operation on this matter.
- Request a meeting with the European Commission to discuss patient safety issues, including funding projects of practical value to healthcare providers at the European level, and the need to establish "blame-free" anonymous reporting systems.
- Invite representatives from the main European medical organisations (PWG, UEMS, UEMO and EFMA) to form a working group that would draft a programme for integrating patient safety issues in undergraduate, postgraduate and CME programmes.

3.4. New pathways in medical education

Finland presented a document outlining the Finnish government's plans to allow nurses to train as medical doctors on a shortened, modified course. The subcommittee decided that it was not able to give support to such a form of training, and agreed that it should make a statement that universities should remain the only institution recognised to provide medical education. A revised version of the document was presented and adopted by the Board.

4. Preventive medicine and environment subcommittee

4.1. Drug consumption

The document on the prevention and reduction of risks associated with drug dependence needed revision with additions to cover support and incentives to doctors and a sentence about resources. The Board adopted the statement.

4.2. Future of healthcare for the elderly

The European Health Policy Forum was continuing to work in this area and the subcommittee would also continue developing ideas and work towards building a health action programme for the elderly.

4.3. Europe wide prevention programme.

The European Commission Directorate for Health and Consumer Affairs (DG SANCO) had urged the CPME to concentrate its work on secondary prevention and to put together a questionnaire that would evaluate the situation in all the member states. A draft questionnaire was presented but the main criticisms made was that the questionnaire was too broad in scope and that it would involve too much work. It needed to be more focussed and it agreed to limit it to the study of ischaemic heart disease in the elderly, or a similarly restricted study.

4.8. Public health: health action programme

CPME had been invited to present proposals for funding to the European Public Health Action Programme 2003-2008. The subcommittee was in a position to develop ideas on healthcare for the elderly and secondary prevention. Since secondary prevention was a very broad subject, the subcommittee felt that it should therefore concentrate on looking at healthcare for the elderly.

General Assembly

Presentation by Dr Irena Belohorská

Before the General Assembly proper, Dr Irena Belohorská, a member of the Convention on the Future of Europe and the Slovakian parliament, gave a presentation entitled "Public Health in the Convention and in an Enlarged European Union". A heated discussion followed the presentation.

UK reported that it had written to Gisela Stuart MP, a UK member of the Convention, about possible amendments to Article 3, and the importance of keeping public health as a social 'objective' in the new European constitution. Dr Belohorská pointed out that 1400 amendments had already been made to the Convention in its first reading and that it had by then become the last priority. This was a result of pressure on the Convention to consider economic development in the enlarged EU first and only then human rights issues.

France expressed the view that healthcare must not be seen in this way. It is not just a social contract, but rather a fundamental human right, which must be guaranteed under the Convention. The purpose of the Convention is not simply to absorb the accession countries into the Union, but also to resolve long-standing difficulties in Europe. Since healthcare was the single largest drain on resources it was absolutely essential that the right framework be established from the beginning. Human rights must always be backed up by providing those to whom they are due, the opportunity of practising them.

1. 0. Elections

1.1. President

Dr Grewin (Sweden) was elected President for the years 2004-2006.

1.2. Four Vice-Presidents

The Greek delegation withdrew the candidature of Dr Christopoulos, leaving four candidates: Dr Poulsen (Denmark), Dr Nunes (Portugal), Dr Lemye (Belgium) and Dr Vilmar (Germany).

All four candidates were elected, with Dr Nunes gaining the most votes.

1.3. Treasurer

Dr Mart (Luxembourg) was elected Treasurer.

1.4. Internal Auditor

Dr Fjelsted (Iceland) was elected Internal Auditor

Board

1. Approval of the minutes of the Board meeting held in Salzburg on October 25 2002

2. CPME President's report

Dr Brettenthaler reported that Mr S Zappalà, the rapporteur to the European Parliament's Committee on Legal Affairs and the Internal Market for the proposed directive on the mutual recognition of professional qualifications, had submitted his report to the Committee on 19 February 2003. He commented on the similarity of his position to that presented by Mr J Bowis, rapporteur for the same subject to the Committee on the Environment, Public Health and Consumer Policy, but pointed out that neither the Legal Affairs Committee itself, nor the Commission, had been wholly supportive of Mr Zappalà's amendments. He reported that the CPME would now have to wait until June for a final decision, but that it was essential that they maintained a proactive policy of lobbying the appropriate individuals and bodies to ensure that public health and patient safety were given paramount significance in the final form of the directive.

Dr Brettenthaler also reported on the work of the Convention on the Future of Europe. He pointed out that the CPME and the Associated Organisations must maintain pressure on the Convention to ensure that healthcare provision and public health remained a central component of the forthcoming European constitution.

3. Financial matters

3.1. Budget and accounts for the year 2002

As usual, this was a contentious item.

The French delegation had not approved the budget in 2002 on the grounds that they required more information. Therefore, the Treasurer decided to produce a preliminary document outlining the budget and accounts in advance of their completion so that the CPME could collectively scrutinise them.

Dr Vilmar reported that there would be a surplus of around €80,000 in 2003. This was essential for the organisation to carry out vital political work effectively. In 2002 there had been an overall surplus of €15,214.

A lengthy discussion followed in which a number of questions were raised about the organisation's finances. UK asked Dr Vilmar to provide more information about the sub-letting agreement that the CPME had with the European Association of Senior Hospital Physicians (AEMH) and whether it received preferential rates.

Spain insisted that the Treasurer give detailed and accurate information to the delegations, since they would need to give similarly detailed information to their own finance departments to justify the work that they do in Europe. It was requested that in future even preliminary financial reports should be distributed as printed documents.

6.3.2. The contribution key in an enlarged CPME

The Treasurer presented the draft contribution key that included new members to the CPME. He reported that the factors that had been employed in constructing the contribution key were the GNP in each country and the number of doctors in each country. Figures arrived at through factors such as the number of members of NMAs, for instance were too subjective, since all criteria must be verifiable. Dr Vilmar asked delegates to submit amendments to the key by the end of June 2003.

A discussion followed in which a number of points were raised about practical difficulties concerning the key. Delegates from Portugal, Malta and Estonia complained that the key did not reflect the additional expense for their countries in travel costs, given their distance from Brussels. They also voiced criticism of the new subcommittee meeting arrangements, because smaller and poorer delegations would not be able to attend all the meetings and would therefore be at a political disadvantage in respect of larger delegations.

A further problem was that it was not clear from the tables what all of the columns and figures were meant to represent. Sweden suggested that the tables should be made clearer and that an explanatory note would be helpful in interpreting them.

The President warned that the organisation would also have to look very carefully at its interpreting costs. A decision to reduce the number of active languages was necessary given the addition of so many new languages with EU enlargement. It might be necessary in future for members to pay for their own interpreters if the CPME were not able to cover all delegates' language requirements.

4. Evaluation of the CPME meetings

Delegates considered the budget, abstentions and weighted votes, which languages to use at meetings, and the organisation of subcommittees.

Prof Olivetti raised the concerns of his delegation about Italy's future role in the CPME and about the changes that had been made in the organisation's structure. A working group would be set up comprising Prof Olivetti, Dr Martin and a legal expert to look at these matters.

5. Any other business

Dr Antypas requested that the CPME make a statement in opposition to the war against Iraq. Dr Brettenthaler noted his request and asked that it should be recorded as an expression of the opinion of the Greek delegation.

6. Next meeting

The next meeting of the CPME will be on 29-30 August 2003 in Brussels.

Leonard Harvey
Liaison Officer
(With grateful acknowledgements to Piers Hugil, BMA)