

**Report on STANDING COMMITTEE OF EUROPEAN DOCTORS (CPME)
SUBCOMMITTEE AND BOARD MEETINGS, BRUSSELS, 29-30 AUGUST 2003**

The following summary is for quick reference. All documents can be obtained from the UEMS office.

The CPME:

- Is preparing for EU Enlargement in 2004 and hopes to welcome as members the medical associations of the 10 new member states;
- Has formed a working group on the budgetary key;
- Continues to lobby on the proposed new directive on professional recognition;
- Has been involved in the European Commission's "High Level Process of Reflection on Patient Mobility and Health Care Developments in the European Union";
- Received a keynote address from Dr Peter Liese MEP, European Parliament rapporteur on the quality and safety of tissues and cells;
- Is working on a policy statement on the financing of CME/CPD;
- Is working with its associated organisations on risk and patient safety issues and will be conducting a survey of medical faculties and authorities responsible for postgraduate training in member states to determine whether and how these issues are covered in their curricula.
- Has established a regular dialogue with the European Patients' Platform and has endorsed a statement on calling for patient access to information on all disease areas;
- Has drawn up a response to the draft EU Constitutional Treaty;
- Has adopted a policy statement setting out an approach to treating doctors with mental health problems or problems involving addictive behaviour;
- Is working with the European Commission to promote activity by doctors in secondary prevention, and will be conducting a survey on specific activities relating to heart disease in the elderly;
- Has adopted a policy statement on the quality of the prescription;
- Will be undertaking a survey on equal opportunities and national medical associations;
- Has asked for the report of the European Ethics Group on ethical aspects of clinical research in developing countries to be taken into account by the World Medical Association (WMA) in its revision of the Declaration of Helsinki;
- Has completed its policy set on environmental issues by adopting policy statements on atmospheric pollution and waste management and on the use of chemicals and the role of doctors;
- Has endorsed statements by the European Union of General Practitioners (UEMO) on tobacco control and the role of the GP in preventing tobacco consumption;
- Will be writing to the governments of all EU and accession countries, urging them to ratify the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC);
- Will be writing to Members of the European Parliament (MEPs) to urge them to support initiatives to protect non-smokers from tobacco smoke;
- Has adopted a motion calling for clinical practice to be represented alongside public health on the European Food Safety Authority (EFSA);

SUBCOMMITTEE MEETINGS.

1 Organisation of Healthcare, Social Security, Health Economics and the Pharmaceutical Industry

1.1 Draft EU Constitutional Treaty

The CPME has been monitoring the progress of the Convention on the Future of Europe, now the draft Constitutional Treaty. Finland had drawn up a document for submission, which was amended in committee and adopted in the Board.

The main points are:

- To expand article 3.3, paragraph 2 of the section on Objectives of the Union to include more detail about equal opportunities and non-discrimination and emphasise that the Union shall promote a high level of health and efficient and high quality health and social services.
- The second part of the Treaty (Title I) covers fundamental rights. Article II.3 covers the right to the integrity of the person, with specific reference to rights relating to medicine. A sub-clause would prohibit *eugenic practices, in particular those aiming at the selection of persons*. The CPME suggests that further thought be given to the wording of this clause, bearing in mind areas such as the use of pre-implantation diagnosis for serious diseases;
- Article II.8 of the same section covers protection of personal data, including the right of individuals to have data on themselves rectified. The CPME has drawn attention to circumstances where requests from patients to have material deleted from records might compromise clinical care or pose difficulties for doctors called on to answer to complaints. There should be provision for recording patients' views in cases in which they believe that their records are inaccurate but cannot reach agreement with their doctors.
- Article II.35 covers healthcare and refers to *the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices*. The CPME is calling for the right to health care of high quality and equal access to health care.
- The third part of the Constitution covers fundamental freedoms. In article III.23, covering the mutual recognition of qualifications, the CPME expresses support for freedom of movement for doctors, underpinned by quality assurance mechanisms.
- Public health has until now been a "shared competence", meaning that EU institutions share responsibility with member states and can legislate in that area. The current draft retains *common safety concerns in public health matters* as a shared competence, but moves the *protection and improvement of human health* to become an area in which the EU can take "supporting, coordinating or complementary action". The CPME argues that public health in its entirety should remain as a shared competence, and that separating it into different components will only create confusion and uncertainty.

1.2 Patient Safety

The training subcommittee is taking the lead on this issue, although both subcommittees are involved.

1.3 European Patients' Platform

In January 2003 12 pan-European patient organisations established a European Patients' Platform, with which the CPME (together with UEMO and UEMS) had agreed to establish regular contact. The Platform had indicated that it was prepared to support the profession in its lobbying on the proposed directive on professional recognition.

1.4 Pharmaceuticals

A comprehensive review of EU pharmaceutical legislation is currently underway. The June 2003 Council of Health Ministers had agreed that in future it would be up to the industry to opt either for central or national registration for new products. The European Commission is planning to publish a proposal for legislation on paediatric medicines and clinical trials of products designed for children in late 2003 or early 2004.

1.5 Quality of the Prescription

Spain had drafted a lengthy policy statement on this subject, which, after revision, was adopted by the subcommittee and subsequently by the Board.

2 Subcommittee on Ethics and Professional Codes

2.1 Sick Doctors

A working group had drawn up a policy statement setting out an approach to treating doctors with mental health problems or problems involving addictive behaviour. After discussion, a revised version was adopted by the Board.

2.2 Quality and Safety of Human Tissues and Cells

The subcommittee discussed progress with the proposed directive on the quality and safety of tissues and cells. The UK reported on the work being done to protect the future of stem cell research.

2.3 Patenting of Human Genetic Material and Cloning

The CPME has consistently opposed the patenting of human genetic material, so there was concern that the European Commission had referred several member states to the European Court of Justice for failing to implement the 1998 directive on the legal protection of biotechnological inventions. The Commission also intends to return to the subject of the patentability of human cell sequences.

2.4 Care and Consent in the Elderly

A paper, setting out broad principles for the care of the elderly and focusing in particular on consent was presented with the guiding principle of equality of treatment for everyone.

3 Subcommittee on Preventive Medicine and Environment

3.1 Europe-wide Prevention Programme

The CPME is engaged in a programme to promote activity by doctors in secondary prevention. The Commission is planning to hold a conference to gauge the level of involvement in preventive activities of doctors in different member states. It was decided to focus on specific activities relating to heart disease in the elderly and aimed at gathering information about the activities of general practitioners and other doctors engaged in primary care.

3.2 Environmental Issues

The Board endorsed two documents intended to complete the CPME's policy set on environmental issues. The first was a very detailed paper on atmospheric pollution and waste management. The second was a resolution on the use of chemicals and the role of doctors.

3.3 Drug Dependence

The Council of Ministers had recently issued a proposal for a recommendation on this subject, which covered the same areas as the CPME paper with the exception of its section on drug problems in prison and dealing with those whose criminal activity is fuelled by drug use.

3.4 Tobacco

A progress report on developments following the adoption of the 2003 directive on tobacco advertising and endorsement of the WHO Framework Convention on Tobacco Control (FCTC) at the World Health Assembly in May 2003 was given. 47 countries had signed the convention so far, and Norway had been the first to ratify it formally. As one of the principal commitments in the convention was to protect non-smokers from tobacco smoke, the Board adopted a draft letter to all MEPs urging them to support initiatives aimed at protecting workers' health and the health of children and young people in public places, educational establishments and health care facilities.

It was reported that Greece was introducing legislation limiting smoking in workplaces.

3.5 Food Safety

The subcommittee adopted, and the Board endorsed, a motion on the European Food Safety Authority (EFSA), which welcomed the appointment of a medical member with expertise in public health and called in addition for clinical practice to be represented. It also recognised the vital contribution of the food industry to the EFSA, but expressed confidence that the agency would ensure its ability to act independently of any commercial interest.

4 Subcommittee on Medical Training, Continuing Professional Development and Quality Improvement

4.1 Proposed Directive on Recognition of Professional Qualifications

The CPME has been involved in lobbying on the proposed directive. The Secretary-General reported that the Legal Affairs Committee of the European Parliament had voted against the recommendation of its chairman, Mr Zappala, that the seven sectoral directives should be taken out of the current proposal and left as they were. Efforts now needed to focus on the September meeting of the Legal Affairs Committee, which had over 400 tabled amendments to consider.

NB – recently, Mr Zappala has postponed the discussion due in September, and the committee is unlikely to vote before 27 October at the earliest. With elections due in 2004, it is starting to look as if the proposals will run out of time.

4.2 Financing of CME/CPD

A draft policy statement was discussed and decided to refer it to the subcommittees on Organisation of Health Care and Ethics and Professional Codes for their views. The Board adopted a proposal that the chairmen of the three subcommittees, plus the Secretary-General, should form a working group to finalise the statement.

4.3 Patient Safety

In March 2003, the CPME adopted a recommendation on patient safety. It has been working closely with the associated organisations, and the chairman of the subcommittee with the Presidents of the UEMO, UEMS and PWG met in advance of the subcommittee meeting to discuss the next steps.

The subcommittee agreed two proposals, which were then approved by the Board.

Firstly, the CPME will send the policy document to all of the associated organisations for adoption/endorsement. They would be invited to submit any comments, after which the CPME will further review it to ensure that it has the fullest support possible and will then hope to have it endorsed by patients' organisations.

The second proposal was to send a brief questionnaire to medical faculties and authorities responsible for postgraduate training in the member states, asking whether and how patient safety issues are covered in their curricula. National medical associations will be asked to circulate the questionnaire to relevant organisations in their countries.

BOARD.

The Board was chaired by the CPME President, Dr Reiner Brettenthaler (Austria).

Representatives of the Israel Medical Association, which has applied for observer status, attended as observers.

A member of the European Parliament, Dr Peter Liese, gave the keynote presentation (see below).

The meeting had been preceded by significant tensions over the CPME's future finances after EU Enlargement in 2004, when the CPME hopes that 10 new medical associations will become full members. A new contribution key, which determines the proportion of the budget paid by each member organisation, was proving particularly contentious. There was a special meeting of heads of delegations to discuss this and attempt to defuse tensions but has only deferred solution to a later date.

1 President's Report

As is the custom, the President presented a written report on recent developments and activities. He focused on three main areas:

- The CPME's lobbying efforts on the proposed new directive on professional recognition;
- Its attempts to influence the Convention on the Future of Europe, which has now become the draft EU Constitution;
- Its involvement in the European Commission's "High Level Process of Reflection on Patient Mobility and Health Care Developments in the European Union". The CPME has been part of a working group on information and political issues and has been asked to contribute material on the question "What information to whom?"

In the High Level Process, the CPME had taken a consistent line supporting the free movement of doctors and patients. Delegates welcomed the CPME's invitation to participate as evidence of its increasingly high profile and supported its increased contact with patient groups. Finland suggested a renewed lobbying effort to bring the free movement of doctors within the remit of the Commission's Directorate-General for Health and Consumer Affairs (DG SANCO).

The Board also received an oral report of the most recent meeting of the newly established Steering Committee, which brings together the Presidents of the European Medical Organisations to discuss matters of common interest and to improve co-ordination. On this occasion they had focused on EU Enlargement and its impact on organisations' membership and finances.

2 Statutes and Rules of Procedure Post-Enlargement

The Jurists Group had drawn up proposals to amend the statutes and rules of procedure to accommodate the medical associations of the countries due to join the EU in 2004.

One proposal was to increase the number of Vice-Presidents from four to five. Some delegations wished to delay this until financial issues had been clarified.

The Italian delegation had concerns about a clause authorising the Executive Committee to take decisions on urgent matters.

The French delegation sounded what appeared to be a note of caution about a new clause specifying that staff would be employed by the Secretary-General.

The President asked all delegations to submit comments in writing by the beginning of October at the latest. Later submissions would not be taken into account

3 Timetabling of Meetings, Languages and Weighted Voting

These three subjects were tackled together and provoked a long and difficult debate.

The CPME has experimented over the past year with a new format, whereby subcommittees run simultaneously (two at a time) rather than sequentially, thus shortening the sessions by one day. It has also reduced the number of “active” i.e. translated languages to two in each subcommittee – English and one other although delegates can speak in any of five “passive” languages.

The Italian delegation had expressed discontent from the outset and had written formally to the Presidency before the March Board meeting to give notice that it would resign from membership and request observer status unless the CPME met a series of demands. These demands included a return to the old timetable of meetings, full interpretation in all meetings, the introduction of weighted voting (i.e. to allow those paying more to wield a greater share of influence), and the inclusion of abstentions when calculating the quorum for the three-quarters majority required to carry votes in the General Assembly. They were worried about being rejected, marginalised and excluded.

Spain stated that the CPME needed to find efficiency savings, but was clearly unhappy that Spanish was no longer an active language in all meetings. There was the suggestion that they might also be considering leaving.

The UK stated that it had experience of weighted voting in other organisations and observed that it could cause problems, allowing small groups of large countries to block democratic processes. It believed that the current system encouraged delegations to work towards consensus. With regard to languages and parallel sessions, it recognised the need to make savings and therefore supported the current experiment. Portugal suggested French and English as the active languages in all subcommittees, but could never contemplate weighted voting for matters of policy.

The following proposals emerged:

- The 5 languages will stay as they are in the Board and General Assembly, i.e. English, French, German, Spanish and Italian in both active and passive form;
- English and French will be the official languages for all four subcommittees, but delegates will still be able to speak in German, Spanish or Italian;
- The parallel sessions will stay, as supported by the majority;
- Weighted voting on policy issues would not work and would alienate smaller countries but there might be some scope for larger contributors to exercise a greater degree of influence in budget matters. A working group, chaired by Dr Daniel Mart (Luxembourg), the Treasurer-elect, will examine this and also a new contribution key.

5 Presentation by Dr Peter Liese, MEP

Dr Liese is a medically qualified German member of the European Parliament (MEP) and has served as the Parliament's rapporteur on the current proposed directive on the quality and safety of human tissues and cells.

He opened with some general remarks about his wish to work with the CPME and the need for more doctors in the European Parliament. He was well aware of the CPME's concerns about the proposed directive on professional recognition and his committee had been very critical in its report. Rejecting it out of hand was no longer an option, however, and all concerned would need to focus on concrete amendments. He also identified the current review of EU pharmaceutical legislation as an important area for discussion – for example, the division of powers between national bodies and the European Medicines Evaluation Agency (EMA) and the need to speed up the licensing of new products.

Dr Liese's principal interest, however, was in ethical issues and he spoke at some length about the current debate over stem cells and tissue transplants. He discussed the need to differentiate between stem cell and embryo research, although the two might overlap. He claimed that most current work was on adult stem cells; results were likely to take a long time, and doctors needed to be cautious in raising their patients' hopes. The European Parliament was treating with caution claims by researchers that embryo research was necessary to make progress in other areas, and he spoke of the danger of going too far. Members were concerned about the potential for EU funding to be used to promote procedures that might be illegal in some member states and had suggested that the EU should not, for example, fund the creation of embryos for research purposes and so-called "therapeutic cloning.

The UK raised the subject of the amendment opposing embryonic stem cell research put forward by the European Parliament and pointed out that this area of research, where permitted, was already very tightly regulated. Dr Liese responded that the European Parliament did not want to ban stem cell research as it had no desire to ban adult stem cell research. It was pressing for proper regulation and a ban on the creation of embryos for research purposes

6 Finance

There had been a special meeting of heads of delegations before the Board meeting, to try to resolve some of the tensions regarding budget contributions after EU Enlargement. The CPME hopes that the medical associations of all 10 accession states will become members but some had already made it clear that their financial means were very limited and that they would only be able to become full members if this were taken into account. Existing members were unwilling to increase their contributions, believing that the CPME should make efficiency savings instead. Against this background, there had been an in-depth debate on the criteria on which the CPME should base its contribution "key" and the Treasurer had produced several versions based on different options.

Essentially, the CPME was trying to find a transitional solution to allow the most rapid accession possible of the 10 new member associations. It had been calculated that the 10 new countries should contribute 10% of the CPME budget but assuming an overall need for an extra 5%, then this 10% could be reduced to 4.5% in the first year and progressively increase to the 10% over 3 years. The distribution of the current contribution key for current members would remain the same apart from a 2% increase in 2004 to allow for inflation. The President made it clear that all budget estimates were predicated on no new languages.

7 Policy Papers from Other Organisations

7.1 Tobacco Control

UEMO presented 2 documents for adoption. The first was on tobacco control *per se* and the second on the role of the GP in preventing tobacco consumption. Both were endorsed.

7.2 Patient Issues

Following a meeting between CPME, UEMO and UEMS with the European Patients' Platform, the latter had asked the CPME to endorse a statement entitled *European patients demand access to information for ALL disease areas*. The statement specifically differentiated between the provision of information and US-style advertising and focused on the benefits of the former. The Board agreed to endorse the statement. It also agreed that the CPME should work with patients' representatives on a response to the draft EU constitution, based on its call for the right to health care of high quality and equal access to health care to be included in the constitution.

8 Next Meeting

7-8 November 2003, Vienna: General Assembly

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With thanks and acknowledgements to Ms Sallie Nichols (BMA)