

UEMO 2000/127 Final

Standing Committee of European Doctors (CP), Subcommittees and Board Helsinki, August 2000

Preventive Medicine and Environment Subcommittee

This subcommittee was chaired by Dr Aghina (Netherlands)

1. Care of drug addicts in prisons

Dr Grunwald (France) presented his paper (CP 2000/088) on care of drug addicts in prison as a supplementary document to his previous work on drug addiction following a request at the previous meeting. There followed a discussion about the particular needs of prisoners with regard to drug addiction, which included the importance of screening new prisoners and the dangers of the spread of infection diseases through the sharing of needles. There was a request that the paper be broadened out to include general substance abuse in prisoners, particularly alcohol abuse.

Dr Grunwald agreed to finalise the paper for the next meeting of the subcommittee.

2. Public health in the European Union

The subcommittee discussed the communication from the Commission for a new community strategy on public health.

Dr Aghina presented a draft CP motion (CP 2000/104) welcoming the strategy. Mr Harvey suggested that the CP should press for the reinvigoration of the Advisory Committee on Medical Training (ACMT) to form a part of the public health strategy. However, there was a view that this should not be overemphasised as the ACMT was the responsibility of a different directorate general. Instead, the need for an adequate health workforce would be stressed.

Mr Harvey also pointed out that the strategy proposed the creation of a European Health Forum, which would be made up of health professionals and would act as a counterweight to national governments in the implementation of the strategy. The Commission had specifically asked for the inclusion of the medical profession on this body, and so the CP should seize the initiative.

It was agreed that CP 2000/104 would be re-written to encompass these points.

3. Food safety

Dr Calloch' (France) reported on a meeting he had attended on risk analysis in food safety, which had been chaired by Commissioner Byrne. There was a long discussion on the proposed establishment of a European food authority (summarised in CP info 17/2000; the CP's response to the consultation is given in CP 2000/16). Dr Calloch' stressed that it was vital that doctors be involved in this authority, as the profession had an ethical responsibility to supply reliable information on food safety. He suggested that the medical undergraduate curriculum should include food epidemiology.

The French delegation had sent round a questionnaire about food safety agencies in member countries, the results of which were discussed at length. Most of these agencies had medical representation.

4. Nutrition

Dr Aghina reported on the CP's continuing involvement in the Eurodiet project, which aims to improve the nutrition of EU citizens. (CP 2000/103) The subcommittee noted that this was a major priority of the French presidency of the EU.

5. Tobacco

The Health Council had reached a common position on the proposed directive on content and labelling of tobacco products, with 11 of the 15 member States voting in favour of a modified version of the Commission's proposal. There are some differences between the Council Common Position and an opinion on the directive adopted by the Parliament. Most notably, the Council is sticking with the Commission's proposal that the new larger health warnings should cover 25% of the front of the packs, while Parliament wants the size of the warnings to be 40% of the front and 50% of the back of the pack. The Parliament would be delivering its second reading in November.

The subcommittee discussed whether or not the CP should be involved in the second reading. It decided that it should support the Parliament's amendments in the second reading and press for not just larger, but also more informative and effective warnings on cigarette packs.

6 Road safety

Dr Haehnel (France) called for the CP to promote the role of doctors in preventing road accidents.

7 Occupational Medicine

Dr Chapman (UK) requested that the CP's statement on occupational medicine (CP 2000/007) should explicitly point out the need for occupational health services for health workers. He also suggested that the document did not adequately address the importance of primary care in occupational health and requested that the UEMO should be amongst the organisations in the occupational health working group (UEMS, FEMS and ENSOP).

Organisation of health care, social security and pharmaceutical industry subcommittee

This subcommittee was chaired by Dr Leth (Sweden).

1. Free movement of patients

The subcommittee considered a May 2000 report produced for the Commission's Employment and Social Affairs Directorate on implications of recent jurisprudence for the co-ordination of health care protection systems (CP info 30/2000). The report was prompted by the Kohll and Decker cases and a growing number of similar cases pending before the ECJ on the reimbursement of medical costs incurred by a citizen of one EU member state in another EU member state. At its previous meeting, the CP had issued a press release declaring its support for the principle of patient mobility within the EU.

This report contained a suggestion that a European forum be established as a means of dealing with the problems which the Kohll and Decker rulings had created (see 2.5.3 of the CP info 30/000). The CP would need to keep a close watch on the development of this forum.

2. Paediatric medicines

The issue of clinical trials for paediatric medicines was another priority of the French presidency of the EU.

A working group headed by Dr Wilks (UK) and including Professor D tilleux (France) was set up in order to draw up policy on this issue. It would take into consideration such factors

as the need for economic incentives to manufacture paediatric drugs, the competence of the child in giving consent and the need to overcome resistance to clinical trials by parents.

3. Fundamental rights

This debate had arisen as a result of a proposal from within the Council of Ministers to draw up a bill of fundamental rights for EU citizens, now in circulation. The CP had issued a press release after the previous meeting, urging for the right to high quality health care to be included in these rights.

There was a discussion about the current draft bill of rights. Dr Wilks (UK) pointed out that, if the right to high quality health care became enforceable, this could lead to increased litigation against doctors. Others pointed out that there were many inconsistencies in the draft.

4. Equal opportunities

Dr Montgomery, whom Dr Leth had asked to re-work the UEMO paper on equal opportunities for the CP, apologised that he had not been able to produce a draft paper yet, but would present it to the CP at the November meeting.

Dr Brighton (UK) raised the issue of students in the UK with HIV or Hepatitis B being debarred from studying medicine. This was discriminatory, as being infected did not present any risks in many fields of medicine.

5. Medical advertising

The CP was invited to participate in a working group of the Commission's Enterprise Directorate General, the aim of which was to gather views for the Commission's pharmaceutical committee for when it considers the advertising and distribution of pharmaceuticals.

There was a very lengthy discussion about the marketing of drugs on the internet and whether or not to open dialogue with the pharmaceutical industry on this issue. The debate concentrated in particular on the need to harmonise OTC and prescription drugs across Europe and the need to oppose any increase in self-medication. The subcommittee did not appear to come to any firm conclusions on how to proceed. The President was therefore mandated to draw up a statement for the next meeting to consider.

6 Proposal for a CP statement of basic principles of health care

Dr Leth presented CP 2000/087 – a draft set of basic principles of health care. He suggested that the subcommittee should agree on basic principles and then set up a working group to phrase them in a comprehensive way.

Dr Chapman (UK) suggested a number of changes to the document; that "equal access" be changed to "equity of access" (point 2); that point 5 (patients' right to a second opinion) be qualified to take account of gatekeeper systems; that in point 9, peer review was more relevant to UK general practitioners than external quality assessment.

Professional Training, continuing medical education and medical audit subcommittee

This subcommittee was chaired by Dr Holm (Norway)

1. CME/CPD

Dr Grewin (Sweden) reported that the CP working group on CME/CPD, which had originally been set up to explore methods of describing and documenting CME activities, had been expanded to take CME/CPD as a whole, and that the associated organisations had been invited to appoint representatives to sit on the group. It was important for the associated organisations to have their own views, but the CP working group would attempt to formulate shared basic principles. It would meet on 9 November, the day before the next CP meeting.

There was a brief discussion about the GMC's revalidation proposals in the UK. Dr Chapman (UK) reported that there had been no indication of how the revalidation procedures would be resourced, which could render them meaningless. He also reported that there was a risk of serious splits developing in the profession due to differences of view on revalidation.

2. Surplus of doctors and quality of training

Dr Holm reported that very few responses had been received to a workforce questionnaire (CP 2000/39). This was largely because a draft, instead of a final, questionnaire had been circulated in error.

The UK delegation pointed out that the UK government had announced that it intended to import more doctors from the EU, which would provide opportunities for unemployed doctors in EU states. Dr Wilks drew attention to the position of refugee doctors in the EU, and asked whether this consideration could be incorporated into the work.

Dr Holm agreed to incorporate these comments and send out a final version of the questionnaire incorporating this point.

3. Recognition of diplomas and professional qualifications

The subcommittee noted that the Council of Ministers was likely to make a decision on the proposed directive amending directive 93/16/EC (the "SLIM directive") within the next three months. This was likely to go to a conciliation procedure, as there were differences of opinion between the European Parliament and Council.

There was a discussion about the proposal to increase the minimum training period for general practice from 2 to 3 years. The UEMO had been lobbying on this, and Dr Chapman (UK) thanked all those who had been involved. The French delegation reported that France was increasing its training period for general practice to three years.

The subcommittee discussed how amendment 10, which called for compulsory CME for GPs, had been included. It transpired that a German MEP (Gebhardt) had submitted this amendment without consulting the Bundesärztekammer.

A position paper on the SLIM directive was later approved by the Board.

4. Quality assurance of training programmes

Discussion on a paper by Dr Pisiotis (Greece) on quality assurance of training programmes was postponed as the document had been received too late.

5. Organisation of one day conference on CPD/QI

Dr Holm gave a presentation on the link between CPD and continuous improvement of care (slides attached as Appendix I). The presentation dealt in particular with the importance of remedial action for failing doctors and the need to identify and prevent system failures in health care, not just the failures of individual health care workers.

The subcommittee stressed the need to identify the target audience of the proposed conference, the aims and programme of the conference and to establish budgetary requirements. Dr Holm would continue to work on the proposals with these considerations in mind. The date of the conference remains to be set.

6. Advisory Committee on Medical Training (ACMT)

A letter drafted by the British delegation to Commissioner Bolkestein objecting to the downgrading of the ACMT and the re-structuring of the Commission unit responsible for the mutual recognition of medical qualifications was discussed and later approved by the Board to be sent out by the President. A motion suggesting that the French presidency of the EU be approached on this matter was also adopted.

Medical Ethics and Professional Codes Subcommittee

This subcommittee was chaired by Dr Lemye (Belgium)

1. Electronic commerce/medicine on the net

Continuing the CP's considerations on the Commission's proposals for a code of conduct on e-commerce in the internal market, Dr Haehnel gave a report summarising the implications of information technology for the medical profession. These included such factors as confidentiality of data, the growth of health-related websites and the concomitant change in patients' knowledge, the use of IT in consultations, the possibility of virtual consultations, advertising of medical services on the internet and increased competition through internet advertising. A motion on medical advertising was later approved by the Board.

Dr Haehnel was asked to continue his work.

2 Code of collegial conduct/doctors' human rights

There was some discussion about the status of Dr Aarimaa's documents on a code of collegial conduct. The Danish delegation requested that the preamble state that these were only recommendations or examples, as there were aspects of the document which conflicted with Danish Medical Association codes of conduct. The position paper was later approved by the Board with amendments.

The Dutch declaration criticised Professor Herranz's (Spain) document on doctors' human rights on the grounds that the rights apply to everyone, not just doctors. If the CP wanted to support medical associations in countries where doctors' rights were impinged upon, then it would need to take more direct action than the mere promulgation of declarations.

Further comments were requested on Professor Herranz's document.

3 Informed consent

Dr Wilks presented and summarised his paper on informed consent. He explained that it was necessary for the CP to agree on common principles and then to formulate practical guidelines based on these principles. Dr Wilks invited comments on the document and urged delegations to answer the three questions posed at the end of the document.

4 "Therapeutic intransigence"/euthanasia

Professor Olivetti introduced document CP 2000/085, a discussion paper on the subject of euthanasia. He explained that the need for the CP to discuss the issue of euthanasia was becoming increasingly urgent, as some countries were now introducing legislation, and he

urged the subcommittee to undertake some work on this issue. He asked delegations to react in writing to his document and it would be discussed further at a future meeting.

CP Board

The Board was chaired by the President, Dr Aarimaa (Finland)

1. President's report

The report of the President (CP 2000/112) was approved.

2, Modifications to statutes and rules of procedure

CP 2000/102 proposed a number of changes to the statutes and rules of procedure. The first concerned the creation of “extraordinary” or associate members (for delegations from countries likely to join the EU in the near future). The second stated that in all voting procedures abstentions would not be counted where there is a reference to members present or represented or votes cast.. The third allowed one member to give to another Board member or mandated member of his/her delegation the power of proxy, to be notified to the President before a vote. These changes would be put to the General Assembly in November 2000.

There was a detailed discussion about the amendment relating to the power of proxy. Delegations were asked to send their comments on the proposals to the secretariat

3 EU enlargement

The working group on EU enlargement had had its first meeting on 12 July. Two questionnaires would be sent out; one to medical associations from existing EU countries, the other to medical associations in accession countries. The second would request detailed information on the health care and medical education systems in those countries. The results would be presented to the European Commission, with which meetings had already been arranged.

4 Accounts

The Treasurer, Dr Vilmar, introduced the interim (half year) financial statement (CP 2000/109). He explained that the budget had been re-structured to show separate cost items, as this would make it easier to plan future budgets. He explained that many of the items already exceeded the half-year budget because of the efforts to raise the international profile of the CP. Travel expenses in particular were over budget.

5 CP website

There was a presentation of the new CP website, which included demonstrations of how to access documents and information. There was a proposal (CP 2000/098) from now on only to use the website to distribute papers.

6 Associated organisations

There was a discussion about the procedures for approving documents from the Associated Organisations. Comments were invited on CP 2000/075.

7 Approval of subcommittee reports and statements

The subcommittees reported back to the Board and their reports were approved:

The following documents issuing from the subcommittees were approved:

- CP 99/033 – Code of Collegial Conduct (Appendix II)
- CP 2000/104 – Position paper on EU public health strategy (Appendix III)
- CP 2000/115 – Report of Associated Organisations meeting (Appendix IV)
- CP 2000/117 – Letter to Commissioner Bolkenstein on the ACMT (Appendix V)
- CP 2000/118 – Position paper on SLIM directive (Appendix VI)
- CP 2000/119 – Motion on medical advertising (Appendix VII)
- CP 2000/121 – Motion on further action to revitalise the ACMT (Appendix VIII)

8 Next meeting

The next session of the CP (Board and General Assembly) will be held at the SAS Radisson in Brussels on 10-11 November 2000.

Written by BMA/Dr. John Maingay