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EU Autumn Agenda

Markos Kyprianou, the EU Health Commissioner, is determined to leave an identifiable legacy as he embarks on the last two years of his Brussels mandate. Late next month, he is planning to present an EU health strategy that will set out the direction the European Union's activities should take in this area in the coming decade. The political statement is intended to set the overall parameters and framework for the individual public health programmes, projects and activities which the European Commission supports.

It will stress that the Commission has no intention of straying into sensitive areas of health policy which are solely the responsibility of national authorities. But it will emphasise the need for a value-based approach and for health considerations to be factored in when decisions are taken in all other EU policy areas. In line with the current emphasis of targeting all policies towards the overarching goal of strengthening Europe's economic growth and job creation, the strategy will emphasise the link between health and economic prospects.

Among the issues it will highlight will be the economic and demographic impact of an ageing population, the possibility of global, pandemic health threats and the use of new technologies in healthcare systems. It will underline the trend towards, and need for, increasing cooperation between national health authorities within a European context and for that cooperation to be extended on a wider international level.

While the health strategy is likely to be broad brush, the same cannot be said for the other issue firmly on the Commission's agenda this autumn: health services. This will have to deal with the detail of healthcare provision in the light of various European Court of Justice rulings, and will focus essentially on patient mobility.

The aim of the initiative, which is expected for late November and will include both legislative and non-legislative proposals, is to provide clarity in what at the moment is a fluid situation so that governments are aware of their responsibilities and patients of their rights.

The legislative element is expected to confirm key principles such as the need for prior authorisation from the relevant organisation if the health treatment abroad is in hospital, but not if it is with a local doctor.

It will establish where the responsibility for a patient's healthcare lies: in the country of treatment where the operation takes place, but in a patient's country of residence for any follow-up that may be required. It is also likely to address the issue of liability. The European Commission is planning to take the f o r m a l d e c i s i o n in the next few weeks to delay the entry into force of EU health and safety legislation. Critics have successfully argued the measures could inadvertently restrict the use of Magnetic Resonance Imaging (MRI) and make it harder for medical staff to operate equipment that is used to safely treat eight million patients in Europe every year.

Commission officials indicate that they may be prepared to recommend part of the legislation be amended to avoid the problem. In the mean time, it has written to all EU governments asking them not to implement the measures which are due to enter into force in April next year. The postponement could be for up to 18 months to allow sufficient time to study new evidence due later this year.

Finally, Portugal, which currently holds the rotating EU presidency, has indicated that it will make another attempt (after Finland did so last year) to resolve the vexed issue of the application of the working time directive, with its stipulations on maximum working weeks and rest periods, to the medical profession. Whether the chances of success will be higher now than 12 months ago remains to be seen.

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