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EU News


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Since the mid 1990s, the European Commission has been working towards delivering concrete improvements in the field of health under the slogan, “Europe of the citizens.” While the realisation of a true single market in health is still a long way off in the community of fifteen, a recent meeting of European Union health ministers on the question of patient mobility, the first meeting of its kind (see comment on page 4), has provided a glimmer of hope that practical progress in crossborder medical care may be in the offing. After the meeting, *Hospital* spoke to EU Health Commissioner, David Byrne.

Hospita*l:* Fourteen of the 15 EU health ministers accepted the Commission’s invitation to attend the meeting. What progress was achieved in terms of benefits to patients?

David Byrne**:** The discussions at ministerial level will be of key importance in developing health on behalf of the citizens of Europe. Many of the ministers used the gathering and the presence of my colleagues, Anna Diamantopoulou, Commissioner for Employment and Social Affairs and Frits Bolkestein, the Internal Market Commissioner, as an opportunity to present their visions of the future. The meeting was a very good start and we will now take steps to advance the process.

Hospital*:* Following the recent rulings by the European Court of Justice in the area of patient mobility, do you detect a greater willingness among member states to take measures to give effect to the concept?

D.B.**:** The ECJ judgments, particularly in the Smits-Peerboms case, have certainly provided a very decisive impetus in terms of ensuring the issue is addressed. The ruling sounded a wake-up call for all European politicians and makes it clear to member states that they are obliged to organise their health systems in such a way that citizens are able to avail themselves of the rights accorded to them in the Amsterdam Treaty.

Hospital: Have concrete decisions been taken?

D.B.: Agreement was reached on establishing four working groups to address the following issues: 1. Access and quality standards in national health systems; 2. Compliance of national health systems with EU law; 3. Information exchange and pooling among the member states; 4. Health research at European Union level.

Hospital: What will happen next?

D.B.: The health ministers of the member states will appoint representatives to the groups, which will start work immediately. The next meetings at ministerial level are planned for June and September.

Brussels Announces Plans to Prohibit Misleading Health Claims

The European Commission has announced measures to eliminate misleading claims about the health benefits of consuming certain foods. In future, food manufacturers will no longer be allowed to use slogans such as “Excellent for your metabolism”, “Helps the body resist stress” or “90%fat free.” EU Health Commissioner, David Byrne, presented his proposal for a regulation on the use of health and nutrition claims on foods in February. The regulation will remove from our supermarket shelves product labels, which make spurious claims about the nutritional value of foods. Health related claims will be also banned from advertisements. The rules are likely to eliminate claims that certain products can help consumers lose weight or act as a weight control. Following its recent measure to outlaw tobacco advertising, the latest proposal from Brussels suggests the Commission has now shifted its sights to the food sector.

EU Spring Summit to Address the Issue of Patient Choice

The European Parliament has issued a response to a statement by the European Commission on the strengthening of co-operation among European health services. The EP statement calls for the creation of a “true single market for health services and products” and demands that patients be guaranteed greater freedom of choice. In welcoming the fact that member states will in future share information about their health systems, MEPs demanded that citizens must also be informed about all available treatment options and called for improvements in future training programmes for nurses. The exchange of information and best practice should be augmented by progress on developing common standards for monitoring health services as outlined during the European Council meeting in Barcelona in 2002. The forthcoming EU summit, which meets under the Greek Presidency in March, is expected to discuss the issue of health at length.

Plans Afoot to Nip Food Scandals in the Bud

Brussels is learning lessons from food scandals such as BSE, the outbreak of foot-and-mouth disease, and the recent discoveries of dioxins and Nitrofen in food. The Commission has announced plans to tighten up and reinforce existing control mechanisms and sanctions for non-compliance to ensure that potential threats to human health are eliminated as swiftly and effectively as possible.

The plans are contained in a proposal for a regulation on official food and feed controls adopted by the Commission in February. Speaking to the press in Brussels, EU Health Commissioner, David Byrne, explained that the regulation will compel all member states to produce a safety catalogue and draft contingency plans. Whereas, until now, EU rules have applied only after a crisis has occurred, the new regulation signals the Commissioner’s intention to lower the threshold for intervention and empower the Brussels to take action at a much earlier stage. The new rules will allow the Commission to take interim measures if it finds national controls to be inadequate and pose a risk to human or animal health or the environment. In cases of non-compliance, Brussels is no longer content to order production freezes or corrective measures, as is currently the case. In the future potentially hazardous food or feeds will be withdrawn from the market immediately and the Commission will be able not only to close down premises where more serious breaches of the regulations occur, but also to withdraw trading licences.

EU Pushes for Generics for Countries

The European Parliament and the Commission have agreed to jointly press the World Trade Organisation to ensure that interim arrangements allowing developing countries to manufacture generic medicines are made permanent. With poor countries struggling to cope with epidemics such HIV/Aids, tuberculosis and malaria, the Parliament and Commission have agreed to press the WTO to improve access to generic medicines for the developing world. MEPs have accused the United States and sections of the pharmaceutical industry of resisting efforts to extend a rule by which the World Health Organisation is permitted, under certain circumstances, to authorise generics for the benefit of developing countries. British Labour MEP, Ecryl McNally criticised the stance taken by the USA in the WTO which, he said, was “difficult to comprehend as public health must take priority over the patent interests of industry.” In Strasbourg, EU trade commissioner, Pascal Lamy, reaffirmed the European Union’s intention to ensure a fair agreement is reached, which strikes a balance between the needs of poor countries and the investment interests of the pharmaceutical industry. The United States remains the chief opponent of any such compromise.

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