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## European Voice Health Debate: ‘Patient choice: Pandora's box?’

On the 26 of May, **European Voice**, the major newspaper exclusively dedicated to EU affairs in the English language has organized a “health-check” debate. The meeting in question brought together experts and stakeholders active in the field of Health. FEPI was represented by its Policy and Press Officer, Mr. Laurent Louette. The discussions focused on notions of choice and the empowerment of patients. A panel of healthcare experts was asked how patients might influence quality and safety standards.

The main conclusions of the debates were: Patients should be given more choice about their care and indeed are being given more choice. But how patients exercise their choice will not automatically improve the quality and safety of their treatment. The challenge for policymakers in and around the EU institutions and in the EU Member-States is to educate patients and healthcare professionals into better use of information to improve outcomes.

**Katja Neubauer** of the **European Commission's DG for Health and Consumers Protection** set out its views on patient choice. According to her, the Commission recognised ‘*the importance of empowering of patients – a principle that was included in its current strategy for health*’.

The Commission is, **Mrs. Neubauer** said, ‘*trying to involve citizens and patients. An important first step was to inform them – and the Commission had launched last year the Europe for Patients campaign, a web-portal in 23 languages that gives information about EU policies*’.

**Josep Figueras**, who heads the **World Health Organizations's** European centre on health policy, has raised some questions about perceptions of choice and empowerment. He said that there was “*a wide range of ways to improve quality and safety*” – some at the level of the EU, most at the national level – such as quality standards, indicators, accreditation and safety initiatives. But he warned that research suggested that patient involvement was not a guaranteed route to improve quality and safety.

According to **Mr. Figueras**, there are already a number of initiatives on empowerment: ombudsmen, complaint procedures, voice mechanisms and registers. But policymakers had to look at the evidence for what the effects of these initiatives might be. His personal perspective on the involvement of the EU was that the debate was not necessarily about what it would be useful for the EU to do cost-effectively but about what the member states wanted the Union to do. **Mr. Figueras** suggested in fact that the EU might develop a common terminology and a common set of indicators. But he added that expectations of patient choice varied across Europe: choice did not mean the same thing in different countries.

**Figueras** said that choice was valuable in itself, but it was important to understand how choice affected the quality of outcome, equity and efficiency. “*We have to improve choice but we have to be very evidence-based,*” he said, adding that evidence on the link between choice and quality was “*discouraging*”. That did not necessarily mean that improving choice did not work, simply that allowing patients to choose providers does not help improve quality.

European Commission’s **Mrs. Neubauer** was asked whether the EU should be seeking a ‘fair blame’ culture rather than a ‘no blame’ culture, but she argued that a ‘no blame’ culture was the right approach. There followed a discussion about how to encourage reporting of adverse events.

There was some discussion of a recently publicised incident in which a physician from Germany who went to work in the UK to provide out-of-hours cover for general practitioners, killed a patient by administering a fatal overdose.

The panel did not see problems with the European Commission’s Directive 2005/36 on the mutual recognition of professional qualifications nor reason to restrict the free movement of labour. According to **Mrs. Neubauer**: “*There is some legislation at EU level on minimum standards. Many people in the Commission will argue that that is enough.*” The Commission’s officer did agree that it was important to have a system that picked up cases of malpractice. But she insisted if freedom of movement of healthcare workers was to be restricted, then there had to be convincing evidence that free movement was adversely affecting quality and safety.

The panel was also asked about whether EU recommendations on healthcare had any effect on policy. The view of the panel was that, even if they were only

recommendations and not legislation, they did have a discernible impact. On the issue, Mrs. **Neubauer** said that the recommendations on patient safety had “*raised awareness and given more visibility to the problem*”. But she admitted that it would be very difficult to measure the impact.

## **Health Ministers of the EU discussed the European Commission’s Directive proposal on Patients’ Rights in Cross-border Healthcare**

At its meeting of the 9th of June in Strasbourg, the Council of Ministers held a debate on the European Commission’s Directive proposal relating to the application of patients’ rights in cross-border healthcare.

Following this debate, the Council has published a provisional press release, exposing the main points of the discussion:

- Following a request made by a big majority of Member-States, the European Commissioner for Health, Androula Vassiliou accepted to include article 152 of the EU Treaty as legal basis for the future Directive and to exclude long-term care from the scope of the text, in respect to the subsidiary principle.
- The Presidency stressed the need to link prior authorization to certain conditions, respectful the relevant case-law of the European Court of Justice.
- With regards to the scope of the Directive proposal, the Presidency has suggested that quality and safety standards may be used as criteria to decide which healthcare providers shall be covered.

The Council concluded its provisional report by stating that work on this file will continue under the coming Swedish Presidency.

The entire original text of this provisional report can be found at the following Internet address:  
[http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lsa/108380.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/108380.pdf)

Please find here under the extract relating to the application of patients’ rights in cross-border healthcare.

*“Driven by the intention to find the right balance between the freedom of patients, the sustainability of the public health systems and the right of the member states to organize their own health system, ministers in general welcomed the direction the discussions are taking under the Czech Presidency, in particular with regard to the restructuring of the text, the clarification of the responsibilities of the*

*member states and the prior authorisation. With reference to the national competences of member states to organize their health system, a large number of delegations wished to add article 152 of the EC-Treaty as a legal basis of the proposal. Many ministers asked for excluding long-term care from the scope of the draft directive. Concerning the scope of the draft directive, views differ on whether the scope should be limited only to healthcare providers contracted to public health insurance or otherwise recognized by the public system or extended also to private healthcare providers not thus recognized. Ministers agreed that cooperation in the field of healthcare is needed. However, a large number of delegations opposed to the use of comitology procedures for such a co-operation. Commissioner for Health Androulla Vassiliou accepted to include article 152 as legal basis and to exclude long-term care from the scope of the directive. She suggested however further discussions on the prior authorisation and the possible exclusion of some healthcare providers.*

*The Presidency concluded the debate by stressing the need for prior authorisation under certain conditions, as long as the relevant case-law of the European Court of Justice is respected. With regard to the scope of the draft directive, the Presidency suggested that quality and safety standards may be used as criteria to decide which healthcare providers are covered.*

*The work on this file will continue under the incoming Swedish Presidency.*

*The compromise proposal of the Czech Presidency attempts to solve questions such as “inflow of patients”, “gatekeeping”, adjustments of Chapter IV on healthcare cooperation in relation to comitology etc. Initial reactions to this compromise proposal in the responsible working group were overall positive (e.g. the new structure of the text, the clarifications of responsibilities of the Member States and consistent use of definitions). The new orientations helped also to find some convergent ground with regard to other parts of the proposal, e.g. the extent of the codification of the European Court of Justice case-law, the exclusion of certain types of care from the scope of the directive, the mutual recognition of prescriptions and the cooperation on healthcare. Despite this tangible progress a number of substantive issues still need further discussion, including the actual content of key terms, the scope of the directive and the exclusion of certain types of care, the reasons for refusal to grant a prior authorisation, the reimbursement of prescriptions, the provisions on cooperation on healthcare and the legal basis.*

*The Commission submitted this legislative initiative as part of the social agenda package of 2 July 2008, focusing on a triple objective: to guarantee that all patients have care that is safe and of good quality, to support patients in the exercise of their rights to cross-border healthcare; and to promote cooperation between health systems. The aim of the second objective is in particular to codify the case law of the Court of Justice relating to the reimbursement of cross-border healthcare.*

*Legal basis proposed: Article 95 (on internal market) of the Treaty; qualified majority required for a Council decision; co-decision procedure with the European Parliament's first reading opinion voted on 23 April 2009".*

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<b>Meetings and Events to come:</b>
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- 16/06/09
  - **FEPI Working Group on Policy**
  - Consejo General de Enfermeria
  - Fuente del Rey, 2, 28023, Aravaca, Madrid
  
- 17/06/09
  - **FEPI General Assembly Meeting**
  - Consejo General de Enfermeria
  - Fuente del Rey, 2, 28023, Aravaca, Madrid
  
- 19/06/09
  - **HPRO Card Plenary Session**
  - Bulgarian Chamber of Physicians
  - 15, Acad. Iv. Geshov Blvd., Sofia 1431, Bulgaria
  - [fcchevalier@kadris.fr](mailto:fcchevalier@kadris.fr)