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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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1st JOINT EUROPEAN HOSPITAL CONFERENCE

MEDICA 2011 - Düsseldorf

Friday, 18 November 2011, 10.00am – 5.00pm

Part I: 10am – 12.30pm

Chair of the conference: Georg Baum, President of HOPE

Current European Health Policy

[Mars Di Bartolomeo](#)

Minister of Health and Social Affairs, Luxembourg

Comments from the perspective of HOPE, EAHM and AEMH

- Georg Baum, President of HOPE
- Heinz Kölking, President of EAHM
- [Dr. João de Deus](#), President of AEMH

Panel discussion Facilitator: Georg Baum

Part II: 2.00pm – 5.00pm

Chair of the conference: Heinz Kölking

The EU Directive on Patients' Rights and its Impact on Hospitals

[Annika Nowak](#), European Commission

Comments on the EU Directive on Patients' Rights

– for United Kingdom

[Elisabetta Zanon](#), NHS Confederation

– for Hungary

[Dr. György Harmat](#)

President of the Hungarian Hospital Federation

– for France

[Prof. Robert Nicodème](#), French Medical Chamber

– for Belgium

[Dr. Miek Peeters](#), Legal Adviser in the Cabinet of the Flemish Minister of Health

– for Sweden

[Dr. Thomas Zilling](#), President of the Swedish Association of Senior Hospital Physicians and
AEMH-Vice President

– for Greece

Dr. Dimitrios Kremalis

Legal Advisor for health matters

Discussion

Facilitator: Dr. Raymond Lies

Director General Centre Hospitalier du Kirchberg and AEMH-Past-President

Conclusion

[Dr. Raymond Lies](#)

Conclusions on the panel discussion of the First European Hospital Conference Dr Raymond Lies

First of all I have to state that the European Directive on Crossborder healthcare is the first initiative since the Kohl and Decker case of the European Court of Justice, which ruled the care and reimbursement of out-patient settings, this directive will now extend to the in-patient settings and not only in emergency cases.

- The discussion today and especially the remarks of Annika Nowak from the European Commission showed that the expression "Overriding reasons for national interest" will allow member states by implementing the directive into national law by finding formulations to keep the national health budget in balance.

In this aspect a special notice is to be put on the prior authorisation.

During the national implementation the commission will hold accompanying discussions in the 27 members states to avoid that the national implementation will not "water down" the directive or frame it defensively, so that patients finally do not take any advantage from it.

In this context a European agency for patients' mobility might be helpful.

- Some contributors have commented that European physicians have not been sufficiently integrated in the process. My opinion is that doctors play a central role because they will have to deal with patients who request treatment abroad.
- Similarly, Doctors will also play a role in collaboration within crossborder centres of excellence or competence which will be created in view of an increased qualified offer for various pathologies. Experts should make proposals to carers and patients to which extent centers of competence need to be created to provide high-quality care.

In conclusion we retain that the directive pursues 3 targets:

- Assistance of the patients for the reimbursement of various treatments;
- Incentive for logical collaboration of crossborder centers of excellence;

And finally

- Allow patients to receive high-quality treatment which he could not obtain in his home country.

In this sense, I hope that this directive will allow a better treatment to patients, regardless of their social status. This should create a better working environment for health professionals for the practice of their responsible profession. Hospitals should be reimbursed without bringing health insurance companies out of balance.

Thereby the essence of the directive would be fulfilled.

I thank you for the stimulating discussion and the constructive contributions in the name of HOPE, EAHM and AEMH.