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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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ACTIVITY REPORT

Brigitte Jencik, Secretary General AEMH and
Secretary AEMH-European Secretariat and FEMS-Permanent Secretariat

Internal Affairs

FEMS Secretariat

2006 has been the first reference year of both AEMH and FEMS secretarial activities, as in 2005 the FEMS had passed a transition period after Dr Bertrand's resignation. Dr Wetzel has been elected in May 2006 for the interim period and confirmed in October 2006 for the three years' mandate. I have attended both the Spring and the autumn meeting and could witness the increasing support of all delegations to their new President.

The collaboration agreement signed in 2005 stipulates that the AEMH hosts the FEMS permanent secretariat and provides secretarial services against an annual contribution calculated on the rent, the office supplies and salary costs representing 1 hour per day, thus 5 hours per week from the remunerated 28 hours. This needed a shift and a reorganization of my work and even more flexibility.

Finance

At the last plenary meeting in Bratislava I have presented a project on Patients Right. This initiative had been undertaken by the "Active Citizenship Network" whose Director had approached the AEMH to participate in what was intended to become a European funded project. Unfortunately, the project had not been accepted by DG SANCO despite a well-prepared candidature supported even by MEPs and the Region of Venice. This could have been an extra income for the AEMH but showed how difficult it is to get European funds.

Communication

A small contribution to the finances of the AEMH could be achieved with the articles in "Arzt und Krankenhaus" which Prof Nolte and I gather and translate monthly on European topics or on European medical organisations. This promotes the AEMH as being in the European scene and sharing information. We thank those who have so far helped us to provide articles and call on the others to send us information which they think might be interesting for German Hospital physicians. So far the Europa page features the following topics:

- European Bodies in the field of Health
- Report from the EFMA/ WHO meeting in Budapest
- The European Medical Organisations
- Report from the AEMH Conference 2006
- Presentation of FEMS
- Presentation of the Bulgarian Medical Association

- The High Level Group on Health Services and Medical Care
- Presentation of the Danish Medical Association
- The European Social Dialogue in the Hospital Sector.

External meetings

Instead of listing the different meetings which I attended in the course of 2006 I will rather give the impressions and interrogations they have inspired me.

Health Policy

Having attended several meetings organized by the different instances of the European institutions and other stakeholders, there is a clear dominance in health policy for preventive rather than curative care.

Health problems linked to life-style and environmental risks represent certainly a great part in health care and are those which can be prevented by political recommendations. This process had started successfully with the different tobacco campaigns and was followed by the fight against obesity and is now tackling the abuse of alcohol.

In which way are these topics relevant for the AEMH as the representative body of hospital physicians who are essentially confronted with the curative aspect? Is there or should there be a preventive policy in European hospitals?

Internal Market

The consultation on a health services directive which is meant to defend the right for patients mobility and ensure cross-border access to safe, high-quality and efficient care, also launched the debate on another trend, where patients are called consumers who “shop” around in European hospitals like in super-markets, comparing them either for quality or for prices.

In this respect I have attended with great interest a meeting with the provocative title “Health tourism in Europe”. I attach my report on this.

During this meeting the expression “medical care centres” was often evoked and for an amateur like me this equals to clinic or hospital, but there seem to be no regulation on what can be called medical care centres. Furthermore there is a difference from country to country. An example is Spa therapy, provided in medical centres, it is prescribed to rehabilitation patients in Germany and thus reimbursed, where in France it is purely a wellness and leisure activity.

Industry

The industry plays a dominant role in Brussels and is influencing the policy makers. MEPs often host meetings called and financed by different industries, which use their name and title for the achievement of their goals. I sometimes wonder whether inviting medical organization is not meant to confer certain legitimacy and doesn't alibi their actions.

Such an obvious lobbying act has been made by the brewery industry in a conference, which promoted the health benefits of beer consumption.

The Committee of the Regions and European Commission organized their annual Open Days in October with 115 workshops gathering 4000 participants in Brussels in the aim to enhance public-private partnership. The only health related workshop concerned "e-health" and was chaired by the Commissioner for Information Society and Media, Viviane Reding. Next to her the panel was composed by 6 representatives from the industry, no health professionals were present. The presentation concerned projects for emergency calls for elderly and persons with different degrees of disability, diagnosis by non-invasive imaging-based systems and the real-time collection of clinical and laboratory data and analysis.

Mrs Reding proposed to increase the budget for research, proposal declined by the attendant companies, pretending that the research phase is closed and what is needed now are more projects to implement the technology and to achieve the interoperability of systems.

AEMH 2007

In 2005 FEMS has issued a short resolution on its priorities, which quoted "*FEMS has decided to preferentially focus its future action on the defence of the legitimate interests of European doctors It will propose to all European medical organizations a platform for consideration and action on these topics.*"

This declaration shows clearly the ambition of becoming the European labour union of doctors.

It would be helpful to have a similar resolution on behalf of the AEMH, distinguishing its specificity and mission compared to the other EMOs.

The debate on the future of EMO's seems to be put to sleep and with it the project of a Domus Medica, which the AEMH and FEMS are still the only to experiment, although the benefits are now evidenced.

What can be undertaken to promote this initiative and enhance collaboration?



**Dr. Jorgo Chatzimarkakis MEP and The Centre invite you to a roundtable discussion
on**

Health Tourism in Europe

With:

Markos Kyprianou, EU Commissioner for Health & Consumer Protection

Roundtable 10 October 2006

The meeting with this rather provocative title had been organised by a Brussels think-tank and a German MEP Dr Chatzimarkakis who had also organized or initiated the « European Life Science Circle », which President Lies and President Mart attended.

Commissioner Kyprianou was supposed to be the political key note speaker but cancelled his participation shortly before the meeting. He was replaced by Nick Fahy, deputy head of the health strategy unit in DG SANCO.

Other representative from the European commission was Mrs Géraldine Fagès, legal officer from DG Internal Market & Services.

Opening Remarks

Mr Chatzimarkakis defended in his introduction the idea of combining travelling with seeking medical treatment abroad and named holidays being an ideal time for medical check-ups. He gave his vision of European health tourism and praised diets and cooking lessons, spas and wellness centres. He definitely tried to represent health in a new light.

Community action on health services – The Commission Communication and steps forward

Nick Fahy said himself troubled to associate Health and Tourism although he recognized that there is a trend in Europe for a priority shift from curative to preventive care. He pointed out the project of a health service directive and reminded that the patients brought up this issue of health services and not the commission. The ECJ rulings on reimbursement of health care created jurisprudence. He invited all interested parties to answer the public consultation which the European Commission had launched a few days before.

A perspective from the DG Internal Market & Services

Géraldine Fagès took up the subject of reimbursement, which in great part is already ruled for years first by the E111 which was replaced by the E-health card but already since 1971 by the “Council regulation 1048/71 on the application system of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community.”

The ECJ took so far 9 decisions in favour of patients and against national social security systems but member states have never been taken to court.

Preview on the health services question within the German Presidency of the Council

Frank Niggemeier, Health Councillor from the German Permanent Representation quoted some events which will be organised under the German Presidency (1st half 2007) which made innovation the key topic. Health ministers will be invited to a conference on health care systems in EU 15-16 January in Potsdam, where a first evaluation of the public consultation on health services will be made. A 2nd evaluation will take place at an informal meeting 19-20th April 2007.

Concerning the term health tourism he strongly advocated to differentiate ‘medical care and patient mobility’ from ‘wellness tourism for leisure’. He quoted the 4 EU values on free movements of persons, goods, services, capital and questioned whether some ECJ rulings stipulating that hospital pre-authorisation is required is compatible with these free movement laws.

The following speakers promoted again their idea of health care where terms like clients and “business to business” (i.e. patients to medical centres) were evoked. Especially the spa centres were highly promoted.

Conclusion: the meeting was a lobbying act from the spa and wellness industry seeking to be recognised as medical care centres.