

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE EUROPESE VERENIGING VAN STAFARTSEN DEN EUROPÆISKE OVERLÆGEFORENING EYPΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΎΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI DEN EUROPEISKE OVERLEGEFORENING ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES EUROPEISKA ÖVERLÄKARFÖRENINGEN EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA EBPOΠΕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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EU health policy clout 'strengthened' with new treaty

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Even if it re-asserts the powers of EU member states on public health policies, the Lisbon Treaty also further develops the scope for European action in this area, according to health analysts. The Lisbon Treaty "respects the national sensibilities to legislate in the health area, emphasises the competence of member states and avoids giving to the EU the possibility to harmonise national laws," international health experts said.

Yet observers are also noting important innovations which broaden the EU's clout in this sensitive area. Firstly, 'wellbeing' becomes a new objective of the EU (Art. 3, Treaty on European Union; TEU).

This is a major development, as wellbeing is intrinsically linked to health. Indeed, 'wellbeing' translates into a horizontal clause (Art. 9, Treaty on the Functioning of the European Union; TFEU) and health mainstreaming (Art. 168, TFEU), both of which assert that European Commission proposals should always take into account their possible adverse effects on health and that these should be changed if found problematic.

Secondly, the treaty (Art. 168, TFEU) strengthens cooperation and coordination between member states. It encourages EU countries to establish guidelines, share best practices, set benchmarks and monitor. This new tool is designed to improve the complementarity of member states' health services in cross-border areas.

Thirdly, the EU now shares competence with member states where common safety concerns in public health are identified. In such cases, it can introduce legally-binding legislation. For example, this may concern standards of quality and safety relating to organs and substances of human origin, blood, blood derivatives, veterinary and phytosanitary standards, standards of quality and safety for medicinal products and devices for medical use, analysts say. Fourthly, the Lisbon Treaty will allow the EU to adopt incentives to safeguard human health. Even if not legally binding, this option might help cooperation in the fight against major cross-border health scourges and in the protection of public health regarding tobacco and the abuse of alcohol, according to top-level experts.

Finally, the Lisbon Treaty will make the Charter of Fundamental Rights legally binding on those member states that have not opted-out from it, including the UK, Poland and the Czech Republic.

This implies that the right to preventive health care and to medical treatment is from now on clearly recognised as a fundamental right of EU citizens, albeit only under the conditions established by national laws and practices.