



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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DEN EUROPEISKE OVERLEGEFORENING  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΪΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## EUROPEAN MEDICAL ORGANISATIONS SAY NO TO THE DRAFT PROPOSAL ON DIRECT TO PATIENT INFORMATION CONCERNING DRUGS REQUIRING A MEDICAL PRESCRIPTION

Directive 2001/83/EC deals with the authorisation of drugs for human use and forbids the advertising of drugs subject to a prescription; but does not deal with 'information' about these drugs; an issue which the proposed modification to the directive currently examined by the European Parliament claims to address.:

Drug agencies are the most appropriate bodies to evaluate, authorize and inform about the beneficial effects and the risks of products benefiting from drug approval.

### Health authorities and healthcare professionals stand for:

- The guarantee that they are the principal source of valid information about drugs for the patient.
- The guarantee that such information is supported by scientific evidence.
- The respect of principals of medical deontology in order to guarantee that patients have access to appropriate information that is transparent, independent, critically reviewed, non-biased and allows comparison. On this point, a conflict of interests occurs if the pharmaceutical industry itself takes charge of the information provided to patients: the industry cannot be objective in the information it provides about its own drugs in an area where it is difficult to establish the boundary between information and advertising, and when commercial interests interfere.

### What emerges from international experiences of direct-to- patient information by the pharmaceutical industry?

- no higher quality in the rational usage of drugs has been demonstrated.
- no objective but often biased information for the patient.
- no improvement in the safety in the usage of drugs.

### Moreover, any information about authorized drugs could thus mean:

- increased risk concerning public health and higher costs for healthcare systems;
- possible increasing pharmaceutical expenses, without any medical, social or market gain.

Only the pharmaceutical industry would thus benefit from these proposals through increased sales and besides, some of the industry is against this initiative, joining patients and physicians associations which oppose it.

Therefore, in the absence of any medical reason justifying the direct delivery of information to patients by the pharmaceutical industry, the European Council of Medical Orders (CEOM) [the EMOs] consider it essential to continue to ban direct information to patients about drugs subject to medical prescription by the pharmaceutical industry which produces and distributes them. Such an initiative opens the way for increased direct communication with the patient using methods scarcely distinguishable from advertising, which are neither independent nor objective, and which carry risks without proving any medical or social advantage. There is also the important question of breach of patient confidentiality to the pharmaceutical industry.

For more information:

AEMH : association Européenne des Médecins hospitaliers: <http://www.aemh.org/>

CEOM Conseil Européen des Ordres des Médecins

FEMS, Fédération Européenne des Médecins salariés : <http://www.fems.net/>

PWG, Permanent Working Group of Junior Doctors: <http://www.juniordoctors.eu/pwg/site/>

UEMS, Union Européenne des Médecins Spécialistes: <http://uems.net/>