



Comments on the European proposal of directive relative to patients' rights in cross-border healthcare

by Nora Laubstein (ANME e.V.)

After many years of reflection, the European Commission has fundamentally revised the previous „directive on health services“ and has issued a new „directive on the application of patient's rights in cross-border healthcare“ to be soon submitted to the EU Council for adoption.

We have every reason to be glad about this proposal which main purpose is to help patients to benefit from medical treatment in the same quality in all Member States throughout Europe. The difficulty could once more lie in its implementation...

The present directive that relies explicitly on the national health systems of the different Member States shall enforce the healthcare management according to patients' rights and consumer protection. Given that the fields of economy, consumer protection and public health are subordinated to the EU authority, this directive sets the path for all national health systems in the future. The current directive will thereby not only affect the patients but also all the healthcare providers, the health services and the socially disadvantaged persons.

The national health ministers who met at the European Council have adopted conclusions on following common values: universality, access to quality healthcare, equity and solidarity while respecting the requirements for quality, security, demonstrability (according to the evidence based medicine) patients' involvement, legal certainty, privacy and confidence.

It remains up to the national authorities to take on the responsibility for ensuring that the values set out at European level like “quality assurance”, “scientifically proven effectiveness”, “information and documentation on the benefited treatments”, “recognition of professional qualifications”, “legal certainty” and many others are in place. (See the directive for more details)

The keyword herein is monitoring which means that most probably the local health departments will be granted a growing competence and as responsible authorities will have to ensure the implementation of the current directive. This will lead to further increasing bureaucratic and financial efforts for health services, hospitals and medical practices.

The impact of the present directive on the complementary and alternative medicine (CAM) has not been evaluated yet. We can however foresee a strengthening of the current development. All what does not fit into the existent EBM system will be considered as potentially dangerous. The legal and economic signification for practitioners and CAM providers is hard to assess.

ANME e.V. has therefore decided to interpellate the EU Commission, the EU Council and the national health ministers concerning the present “patients’ rights directive”. We haven’t received any answer so far to our previous interpellations and endeavors to question the EU obsession to take into account only a strictly scientifically proven CAM according to EBM standards.

Bellow an extract of the preamble of the current proposal for a directive

Preamble, 5 b) Framework for a mutual recognition of professional qualifications.

This proposal would also apply without prejudice to the existing framework for mutual recognition of professional qualifications established by the directive 2005/36/EG of the European Parliament and of the Council of 7. September 2005 on the recognition of professional qualifications. The directive 2005/36/EG establishes rules according to which, a Member State which makes access to or pursuit of a regulated profession, including health profession, in its territory contingent upon possession of specific professional qualifications shall recognize professional qualifications obtained in another Member State which allow the holder of those qualifications to pursue the same profession there. **This proposal does not aim to modify in any way the existing rules on the mutual recognition of professional qualifications.** Neither should any measure taken by the Member States in view of implementing this proposal by ensuring that healthcare be provided according to clear quality and safety standards, constitute new barriers for the free movement of health professionals as regulated by directive 2005/36/EG

You can find the detailed directive on our homepage (especially the pages 25 to 37, paragraph: 11,14,16,21 and 27).