

Time is of the essence to achieve a solution on patients' rights

Commissioner Dalli addressed the High-Level Roundtable on “The Draft Directive on Patients’ Rights in Cross-Border Healthcare: Moving Forward on Health Inequalities, Patients Rights, Quality, and Safety”, held on 1 December 2010 at the Solvay Library, Brussels.

Achieving final agreement on the draft Directive on Patients’ Rights in Cross-Border Healthcare in the next few months will be an important step forward in codifying patients’ rights in European law. While the draft Directive as it stands today is not perfect – with some remaining gaps and details that need to be worked out – in its key aspects the recommendation of the European Parliament has the broad support of patients and the health community.

This was the strong message from stakeholders the High-Level Roundtable organised by the European Patients’ Forum under the patronage of the Belgian EU Presidency, ahead of the Council’s debate on the draft Directive on 6 December 2010, and in anticipation of the draft Directive’s Second Reading in the European Parliament in mid-January 2011. Indeed, some of the participants were involved in the triologue meeting that was to take place on the evening of 1 December.

In the words of **Mr John Dalli**, Commissioner for Health and Consumers, the momentum achieved so far in the negotiations means that “time is of the essence”, and flexibility is needed to reach agreement. However, Mr Dalli reiterated that his guiding principle is “patients first”, so while the Belgian Presidency and the EP can count on the European Commission’s support in finding acceptable compromise solutions, “we should not lose sight of the proposed Directive’s original purpose: to clarify patients’ rights to access safe and good quality treatment across borders, and be reimbursed for it.”

In the course of the day, most of the high-level participants at the Roundtable contributed their views as stakeholders. In addition to the Health Commissioner, they included members of the European Parliament, Commission officials, representatives of the Belgian Presidency and the Permanent Representations of Sweden, Denmark, Romania plus the Swiss negotiating team, as well as leaders of stakeholder organisations (nurses, doctors, community pharmacists, hospital, health managers, medical specialists, the pharmaceutical industry and medical devices industry).

Mr Jo De Cock, Head of the Belgian National Institute Health & Disability Insurance (NIHDI) stressed that the Belgian Presidency’s approach to the Directive was not a simple application of the EU’s internal market rules, but a sector-specific approach on the basis of high quality, equity and universality in healthcare. “The Directive will create a momentum beneficial to all patients, not just the one or two percent of patients that would need to travel abroad”, he said. He also emphasised that the debate is not just about general

principles, but about practical issues that affect patients' lives and which therefore require solutions to be found.

Mrs Françoise Grossetête, MEP, the Rapporteur on the draft Directive, said that MEPs want to reassure the Council that the purpose of the Directive is not to promote health tourism or facilitate cross-border activity by healthcare providers – what is vitally important is that it offers patients the opportunity to access healthcare that is not available to them in their own countries. In this context, she regretted the “lack of ambition” shown by some Member States, which seem willing to accept a continuation of the current system of patients seeking recourse to the courts in defence of their rights.

Mrs Antonya Parvanova, MEP addressed the wider topic of health inequalities. She stressed the importance of addressing the existing health inequalities across the European Union, and linked the Directive to the ongoing work by the Commission and the Parliament, including the health inequalities report now being discussed within the ENVI Committee. It is crucial to uphold the right of all patients to access good quality healthcare in their own countries, particularly in the context of the current economic climate. She finally highlighted that the Directive should be seen as a first step, which should later serve to promote a wider approach of public health initiatives at EU level.

Other key issues identified by various contributors included the following:

- The importance of *safety and quality of healthcare* is recognised by all. There appears to be agreement in principle on Member State cooperation in this area, although there is disagreement about the exact mechanisms to ensure safety and improve quality. Mr Dalli said: “I am confident that once adopted, this Directive will pave the way towards a convergence of standards in this area.”
- From the patients' perspective, *upfront payment, reimbursement and prior authorisation* remain crucial. In order to ensure equity, and to prevent new inequalities emerging, a workable system must be found to avoid individual patients having to shoulder the financial burden of cross-border healthcare. Mrs Grossetête emphasised that “money must not be a form of discrimination”. There is strong support from patients' organisations – echoed among MEPs – for developing a system to handle cross-border payments directly. Establishing national channels for accessible, clear and reliable information for patients is a crucial component of the process.
- From the perspective of *patients with rare diseases*, obtaining an accurate, timely diagnosis is pivotal point in the delivery of care. A compromise that enables cross-border solutions for rare diseases patients to access to diagnosis in the first instance, will be an acceptable starting point. It is also crucial that prior authorization be given by specialist physicians familiar with rare diseases and their complexities. A clear procedure should be established for such cases.
- *The importance of eHealth* to patient safety and continuity of care, and its role in the future sustainability of health systems was mentioned by several contributors, while the challenges of achieving interoperability and working cross-border prescriptions were also acknowledged. Speakers felt that those Member States with the most

advanced systems should promote the sharing of information and best practices. However, as the area is still controversial, any eventual compromise is likely to be a partial solution, on which further cooperation may be built in future.

- The role of *health professionals*, and the sharing of practitioner information across Member States to improve patient safety were touched upon, as were the practical implications of cross-border healthcare for other actors, such as health managers and administrators.
- Once the Directive comes into force, there will be much work involved in its implementation – and its eventual review. The real-life impact of the Directive on patients and all the other parties will only become clear as it is implemented across the EU. The *involvement of all relevant stakeholders*, including patients' organisations, in this process will be key to its success.

In his summing up at the end of the day, **Mr Anders Olauson**, EPF President stressed the importance of keeping the principles of equity and solidarity at the centre of the draft Directive: "At heart, the Directive is, after all, about people – the patients, who need equitable access to good quality healthcare. We as EPF, and through our member organisations and allies all over Europe, are committed to playing the part of a proactive and constructive partner in this ongoing process, and we look forward to working together with the Institutions, and with all stakeholders to make the Directive the best it can be."

A full report of the High-Level Roundtable will be prepared and disseminated to all participants and stakeholders in the next days.

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The European Patients' Forum (EPF) is a not-for-profit, independent organisation and umbrella representative body for patient organisations throughout Europe. We advocate for patient-centred, equitable healthcare, and the accessibility and high quality of that healthcare. EPF currently represents 44 patient organisations – national patients' platforms and chronic disease-specific patient organisations at EU level. EPF reflects the voice of an estimated 150 million patients affected by various diseases in the EU.