

THE EUROPEAN DIMENSION IN HEALTH POLICIES

-- PETER BECKETT MEMORIAL LECTURE
DELIVERED ON FEBRUARY 22, 1978,

BY

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1978 ANNUAL CONFERENCE

OF

THE FEDERATED DUBLIN VOLUNTARY HOSPITALS

AND

ST. JAMES'S HOSPITAL.

The present EEC Commission took up office on January 5 last year. Its first major policy statement was made by the President, Roy Jenkins, in the annual "programme address" to the European Parliament on February 8. As you can probably imagine, we spent a considerable proportion of our first month in office reflecting on the direction and flavour we wished to give to Community policy during our four years in office.

One of the principal themes developed by Roy Jenkins during that first policy statement was the idea that we should, in all policy areas, strive to make the Community a reality in the everyday lives of its people.

We are all affected, in one way or another, by Community policy. I can think of several recent examples of Commission policy statements which have sparked off intense debate in the Member States.

The vast majority of people, however, feel no direct personal link, no immediate contact with Community policies.

This is the case in Ireland, just as it is in the other Member States. I know that the farming population in this country is keenly aware of the direct effects of the Common Agricultural Policy, but their situation is untypical of the population at large.

Having said this, I think it might be useful to point out that Ireland, with the other two new Member States, has been a full member of the Community for a little less than eight weeks now - since January 1 last - so that it is not perhaps surprising that Community policies are not an all-pervading part of public life.

We believe that the development of European unity is a beneficial force for our Member States. If I may paraphrase an old saying, however, we must not only do useful and beneficial things - we must be seen to be doing them. For this reason, we must find ways of bringing the Community

.../into action

into action - efficient and useful action - in areas where ordinary people can see the results in fairly personal terms.

Up to now, the Community has not been seen to be very active in the area which is generally described as "Health Policy". This is the way that things appear, probably as a result of the fact that we tend to regard the various areas of public policy in rather a compartmentalized fashion.

The Community has not been involved in financing hospitals, or public health services. There are no Community directives on the harmonization of national health schemes. The range of public health services, conditions of entitlement and the net cost of health care to the individual patient vary widely from one Member State to another.

This is not to say, however, that public health and individual health have been absent from the Community's concerns - far from it.

In the Community's Preliminary Programme for a Consumer Protection and Information Policy, adopted by the Council in April 1975, we defined the right to protection and health and safety as one of the consumer's five basic rights. This concern for health and safety has been a feature of Community policy in many areas, and I think that it might be useful if I were now to outline some of the major examples.

A considerable amount of work has been carried out at Community level in connection with food additives. The objective of this work is to regulate the use of a wide range of additives in foodstuffs, in order to avoid possible dangers to health. Up to now, we have concentrated on the establishment of lists of additives which may be permitted in foodstuffs, and, in some cases, the specification of an admissible daily intake.

.../ I would hasten to add

I would hasten to add that much more work needs to be done in this field. The real necessity for and utility of certain additives are open to question. The specification of an admissible daily intake must necessarily be rather arbitrary if it is done without reference to typical diet patterns.

The Commission's proposals in relation to foodstuffs are based very largely on the advice given to us by our Scientific Committee on Foodstuffs. This Committee is composed of eminent experts from the Member States, whose opinions command the respect of all those concerned with foodstuffs from different points of view.

Still in the area of foodstuffs legislation, we have the benefit of the advice of our Advisory Committee on Foodstuffs, which gives us the consumer and industry views on our proposals, and which pays a great deal of attention to the health aspects.

We have, at Community level, a certain body of legislation concerning pesticide residues in and on foodstuffs for human consumption.

We have a whole battery of rules and regulations concerning hygiene in the trade of meat between the Member States, and in respect of hygiene conditions in meat processing enterprises.

Coming to an area of more immediate interest to you, we have an EEC Committee for Proprietary Medicinal Products. This Committee, also composed of eminent experts, advises the Commission on questions relating to the authorization of the sale of proprietary medicinal products.

You will appreciate how vital a field of action this is in the general context of health policy.

.../ Health considerations

Health considerations played a determining role in leading the Commission to propose a Directive on cosmetic products, which was adopted by the Council in July 1976. This Directive forbids the use of a large number of substances in cosmetics, restricts the use of certain others, and allows the use of some products on a restricted basis pending further investigations. In this area also, we will have the advice of a committee of experts.

We have carried out a considerable amount of work in relation to packaging materials, and other materials coming into contact with foodstuffs. Some of you may be familiar with the work we are doing on the use of vinyl chloride monomer in plastic food containers.

Another area in which the Commission has been active is the use of asbestos, where we are working towards what we hope will be a comprehensive Community code.

My colleague, Mr. Vouel, who is responsible for competition policy, is involved in examining a number of cases in the pharmaceuticals industry, which could have important implications for the cost of medicines. Just recently, the Community's Court of Justice condemned certain trading practices in this sector.

Finally, we are working on the preparation of a Directive on the advertising of pharmaceutical products.

This has not necessarily been an exhaustive list of Community action relating to health, but I hope that it has served to illustrate the fact that health is a very important consideration in Community policy. The impact of Community policy in the sphere of health is not readily appreciated for the simple reason that our action is diffused over a number of sectors.

.../ The direct impact

The direct impact of our policies on you is necessarily limited, because it is (or seems to a layman like me) to be largely in the area of prevention rather than treatment. I am confident, however, that you are in a better position than I to appreciate the value of preventive medicine.

The possibilities of further Community action, and the forms it should take, are being examined in the light of the first meeting of the Ministers for Health, held on December 13 last.

At that meeting, the Ministers had a general exchange of views on problems related to

- the cost of health services
- tobacco
- doping
- contagious diseases and vaccination.

The main preoccupation of the meeting was with the cost of health services. My colleague, Mr. Vredeling, introduced the debate by outlining the growth in costs in recent years, and the main contributory factors. Since 1970, the cost of health services in the Community as a whole has grown at an annual average rate of 20% due principally to the aging of the population, investment in hospital facilities, and increased consumption of medicines. Discussion centred round possible means of restraining the growth in expenditure, notably by better planning, the further development of preventive medicine and measures to curb the growth in consumption of pharmaceutical products.

The Commission was asked to continue its investigation of possible measures, and a number of delegations laid particular stress on the development of preventive medicine and on the improvement of competition in the Pharmaceutical Products sector.

.../ I will deal with

I will deal with the Ministers' discussions on tobacco in a few moments. The Ministers decided to leave the question of doping to the Ministers for Sport, who will meet during this year, but will transmit to their colleagues a statement of their preoccupations and the results of Commission studies on possible Community action.

As far as contagious diseases and vaccination are concerned, the Ministers did not feel that they could recommend harmonization of national legislations, but asked the Commission to prepare a paper setting out the situation in each Member State. In my opinion, this first meeting of the Health Ministers proved to be a very useful one. A number of areas for further study have been isolated. The next meeting, which will consider the results of some of these studies, should enable us to see more clearly what the new areas of Community policy might be.

Since the Health Council meeting, the question of Community action in relation to tobacco was raised againⁱⁿ the European Parliament. My colleague, Mr. Vredeling, and I answered a question put down on behalf of the Committee on the Environment, Public Health and Consumer Protection. It might be useful if I set out here the main points of our answer, since it sums up the Commission's views and the activities currently under way.

Firstly, the Commission has carried out a number of criterial studies to determine the exposure effect relationships for a number of pollutants, some of which (e.g. carbon monoxide, nitrogen oxide) occur in tobacco smoke.

Secondly, the Commission intends to carry out two further studies on:-

- the relationship between the tar content in cigarettes and effects on health;

... / - the establishment of

- the establishment of the most accurate measurement methods of tobacco pollutants, in particular as they relate to the tar content of tobacco.

The results of these two new studies will, in turn, form part of the report, requested by the Health Ministers, on the operation of the U.K. surtax on high-tar cigarettes.

I might note in passing that I have a particular interest in this point, since taxation policy is one of my specific responsibilities as a Member of the Commission.

The Parliament asked us to harmonize legislation in the Member States with respect to restrictions on smoking and regulations governing the sale of tobacco.

One possibility which immediately springs to mind is an extension of the prohibition of smoking in public places. Information to hand, including a very interesting study carried out by our Consumers' Consultative Committee, shows that practice in this connection varies substantially between Member States. For this reason, I would like this point to be given close attention by the Ministers for Health.

During their meeting, the Health Ministers seemed to find a fairly wide measure of agreement on the desirability of prohibiting the purchase of cigarettes by minors. This appears to be an attractive idea, but a number of practical problems would have to be overcome. For example a prohibition of this kind could easily be circumvented by the use of automatic vending machines.

The Commission was also asked to ban all open or surreptitious publicity in favour of smoking. On the surface, this seems to be an attractive idea. On the other hand, if we were to ban all advertising of tobacco, there is no doubt that large numbers of

.../ people would still continue

people would still continue to smoke, and there would be no means of informing them of the development of less harmful products which might be developed. The whole question of tobacco advertising is being examined by our Environment and Consumer Protection Service, and I hope to be in a position to make a proposal for a Directive on tobacco advertising fairly soon. I cannot yet indicate what the content of this proposal will be, but at this stage I am open to any useful suggestion that can be made.

I would, however, emphasize the fact that neither a ban on advertising nor the simple prohibition of sales will solve the smoking problem.

It is abundantly clear that a permanent change in the smoking habit will require the implementation of convincing education and information campaigns carried out over a long period of time. It is fair to say that there is today a greater awareness than ever before of the dangers of smoking. The unfortunate fact is that, in spite of this heightened awareness, tobacco consumption is still on the increase.

I would now like to turn to a subject which may appear to be incongruous to you: that of a common market in medicine. One of the main features of a common market is, of course, the free movement of goods. Leaving aside the question of the degree of competition in the supply of pharmaceutical products, we can say, on the whole, that we have achieved this part of our common market objective.

The other part of the objective concerns the right of establishment and the freedom of citizens and enterprises in all Member States to supply services throughout the Community.

As you know, two Directives adopted by the Council in June 1975, allowed us to achieve freedom of establishment for medical practitioners in the Community. This means that practitioners qualified in any Member State can now freely set up in practice in any other Member State. On the

.../ basis of the latest

basis of the latest information available, it appears that over 460 medical practitioners qualified in the Community applied for the right to set up in another Member State during 1977. This figure probably includes a certain number of doctors who go to another Member State to continue training in a specialized discipline. It nevertheless represents a substantial degree of movement. While most of those who set up in another Member State seem to enter general practice, I am sure that this kind of movement will be beneficial in that it will further promote contacts between the medical professions in the Member States.

The two directives which provide for the freedom of establishment of nurses were approved by the Council in June 1977. Member States are obliged to adopt the necessary implementing provisions within two years, so that the measures should be in effect by June 1979.

The implementation of the Directives ensuring freedom of movement for doctors and nurses is being monitored by a Committee of Senior Officials on Public Health, set up by the Commission. This Committee is charged with

- identifying and analyzing any difficulties arising from the implementation of the Directives
- collecting all relevant information on the conditions under which medical and nursing care are given in the Member States, and
- delivering opinions which could guide the Commission's work on possible amendments to the Directives.

I was interested to note that, in a recent publication produced by the CEHP (European Committee of Private Hospitals) it was stated that the mutual recognition of diplomas provided for in the Directives concerning medical practitioners and nurses promotes the mobility of hospital personnel. The general tone of this publication suggests that this development is viewed in a favourable light.

.../The theme of your Conference

The theme of your Conference is "Health Care - Plans and Patients". I have taken some latitude with regard to the topic suggested to me, and I hope that the organizers will forgive me for doing so. It seemed to me that it would be useful to sketch out for you the areas in which Community action impinges on health policy. As I have indicated, most of our activities do not affect you directly, but they have important and direct implications on those who are actually or potentially your patients.

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