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SAVE THE DATE! - CPME Meetings 2019



05 - 06 April 2019
Valetta (Malta)

15 - 16 November 2019
Helsinki (Finland)

MESSAGE FROM THE CPME PRESIDENT



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Prof. Dr Ulrich Frank Montgomery
CPME President

Dear Colleagues and friends,

Welcome to this special edition of the CPME newsletter, which is entirely dedicated to recent CPME activities and policy developments.

During the CPME meeting in Geneva on 10 November 2018, the General Assembly elected the new Executive Committee for the 2019 – 2021 term. We took up our work in a Strategy Meeting early in January. I take this opportunity to sincerely thank the former EC members and especially Dr Jacques de Haller who served as CPME President with great commitment for the last 3 years.

I am glad to share with you the CPME [Health Check 2019](#). The Health Check 2019 promotes CPME's key requests ahead of the upcoming European elections. It highlights European doctors' calls on EU decision-makers to put health high on the EU agenda, invest in health security and support skilled doctors and safe conditions. Please disseminate the Health Check 2019 to inform your national candidates for the EU Parliament and use it as a bridge between CPME, your organisation and the future MEP's.

This edition includes, among other things, an introduction to the new CPME policy on alcohol labelling. You will also find articles on the digitalisation of cross-border basic medical education, on the application of artificial intelligence in healthcare, and on CPME cooperation with the Lancet Countdown on climate change.

I hope you enjoy reading this edition.

Best regards,

A handwritten signature in purple ink, appearing to read 'F. Montgomery', written in a cursive style.

Prof. Dr Frank Ulrich Montgomery
CPME President



CPME ELECTED THE NEW EXECUTIVE COMMITTEE FOR 2019 - 2021

On 10 November 2018, the General Assembly of the Standing Committee of European Doctors (CPME) appointed the members of the CPME Board and elected the President, four Vice-Presidents and the Treasurer. The term of the office started on 1 January 2019 for a period of three years until 31 December 2021.

President **Prof. Dr Frank Ulrich Montgomery, Germany**

1st Vice-President: **Dr Ray Walley, Ireland**

2nd Vice-President: **Dr Ole Johan Bakke, Norway**

3rd Vice-President: **Dr Christiaan Keijzer, The Netherlands**

4th Vice-President: **Dr Daiva Brogienė, Lithuania**

Treasurer: **Dr Marjo Parkkila-Harju, Finland**





























The new Executive Committee is fully committed to continue achieving the best healthcare for everyone in Europe.

The Standing Committee of European Doctors warmly thanks the former Executive Committee members for their full engagement and for all the important results achieved over the past years and wishes the new Executive Committee the best of success.

[Annabel Seebohm](#), Secretary General

CPME BOARD

2019-2021

	Austria	Dr Herwig LINDNER		Ireland	Dr Ray WALLEY
	Belgium	Dr Bernard MAILLET		Latvia	Prof Dr Dzintars MOZGIS
	Bulgaria	Dr Ivan MADZHAROV		Lithuania	Dr Daiva BROGIENĖ
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	Iceland	Dr Katrín FJELDSTED		United Kingdom	Dr Terry JOHN

KOSOVO* DOCTORS CHAMBER NEW CPME OBSERVER MEMBER

On 10th November 2018, CPME admitted the Kosovo* Doctors Chamber into CPME observer membership. CPME looks forward to a long and fruitful collaboration.

*References to Kosovo are without prejudice to positions on status. They are in line with United Nations Security Council Resolution 1244/1999 and the opinion by the International Court of Justice on the Kosovo declaration of independence.

MY CPME PRESIDENCY

CPME Presidency?

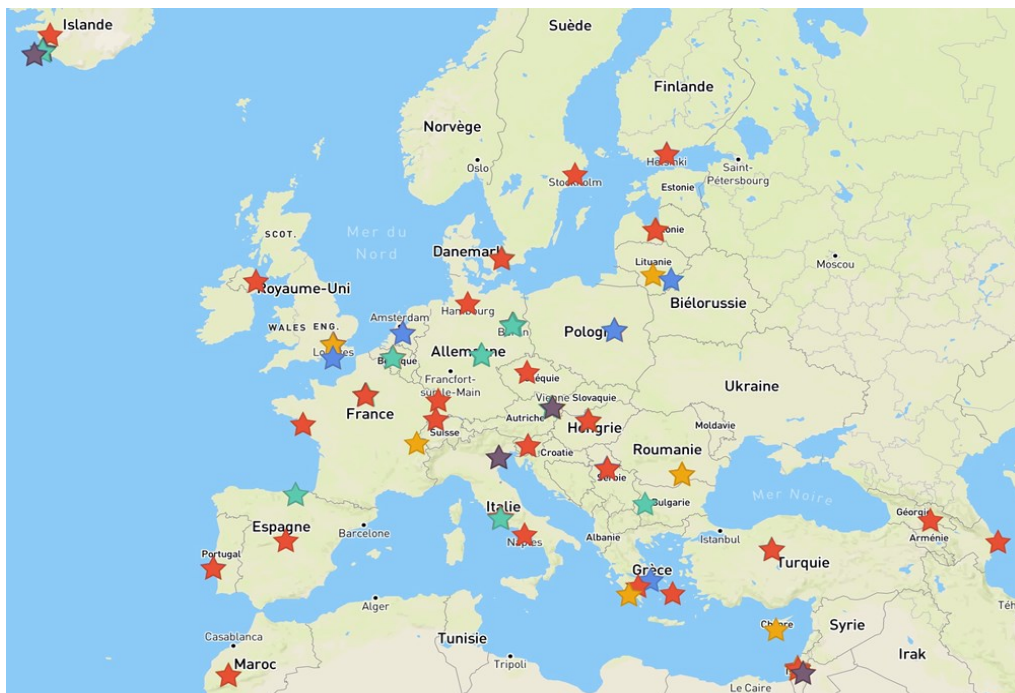
Listen, it's not only about airports and hotels – impressive or chaotic airports and some wonderful hotels.

And no, neither is it only about meetings, meetings and more meetings.

All these are only "side effects" of a mandate which I immensely enjoyed – because in fact, really, it's about colleagues and healthcare and medicine, about quality of care and working conditions, and it's about encounters, discussions and people. Countless people, many of them who became friends, real friends with whom you share bits of your life and of your thoughts.

First, I'll certainly never forget the General Assembly in Reykjavik in May 2015, which elected me after months of campaigning across Europe, a joyful moment after some rough professional and political times for me. Maybe it's one of the reasons I love Iceland so much...

And then it all started at the beginning of 2016, traveling a lot and trying to understand the issues at stake. The map below is a screenshot of my iPhone app for city maps, and it shows most of the places I have been during these 3 years... so you understand that 1) you have to like traveling to be CPME President, and 2) it's a real privilege to get to know Europe and European Doctors so well.



Screenshot of my app for city maps with hotels or meeting spots marked – so many memorable visits!

Getting to know Europe, learning to appreciate Europe, to love Europe! Clearly, our continent is not simple; just like in any family, everybody has his or her own vision, needs, history... and prejudices. But it's a fascinating continent, with its diversity, its culture, its traditions and, I want to mention this, its goodwill. I have found goodwill almost anywhere I have been, be it towards Colleagues, or be it also in the context of some really harsh political situations. Notably, among our members, international conflicts and even war have not stopped medical organisations from reaching beyond borders, from respecting each other and from finding solutions. And this is such a strong testimony to the fact that medicine must go beyond politics to work on solutions for a better world.

As I said, I love Europe, and CPME is an organisation whose statutory aim is to work with the EU institutions: as President you get to know these institutions pretty well! And I don't think I'm excessively naïve in saying that these institutions, governing a population of 515 million people, function well. Clearly, not always in accordance with our

vision of the world and of healthcare and medicine, but no worse than most of our own national governments and administrations.

So we achieved quite a bit, politically, with these institutions over the past years. Think of the acceptable compromise for the "Proportionality Directive", think of the stop to the standardisation process by CEN, think of our increased influence in the fields of prevention, or of some controversial issues like self-care, health technology assessment or inter-professional collaboration, think of the topics we have initiated work on, like gender and medicine or defensive medicine; not to mention Brexit, which is keeping us quite busy. Honestly, 3 years is a short mandate to get anything accomplished as President, but thanks to our wonderful, wonderful team in Brussels

Back to Europe. Definitely, Europe is important and positive (I say this as a Swiss citizen...) and after these 3 years in close contact with the Commission and the Parliament, I want to say clearly that I remain a firm supporter of the European project. With this, Europe has now been at peace for almost 75 years, something unseen in all our history – yes, I often resent eurosceptics as spoiled children! How can anybody think that going back to old nationalist schemes will logically bring anything other than what it has always brought in the past?!

CPME is a splendid expression of collaboration within a whole profession across diverse cultures and traditions, in Europe. Thank you, dear Colleagues, for the great time I was allowed to have serving it.



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Dr Jacques de Haller
CPME Immediate Past President

[Dr Jacques de Haller](#), CPME Immediate Past President

CPME TOWARDS THE EUROPEAN ELECTIONS 2019



The Standing Committee of European Doctors (CPME) has launched its [Health Check 2019](#) ahead of the upcoming European elections. Among their six requests, European doctors call for continued investments in health, including commitments to prevention efforts and health security, such as the fight against antimicrobial resistance (AMR) and an increase in vaccination coverage.

The [CPME Health Check 2019](#) puts emphasis on the future of health. Although the need to respect budgetary restraints is recognised, it is equally important to assess the impact that any budgetary plan may have upon health policy. Health

is an essential element of the European social model and contributes to social cohesion, inclusive growth and nurtures a sound economic environment as a prerequisite for investment.

The future newly-elected European Parliament and European Commission will have the power to make concrete contributions to the creation of a healthier European Union and to keep health policy on the EU agenda. Therefore, CPME considers it essential that the political groups within the European Parliament, national representatives in EU Member States and the new Commission commit to health priority on their working agenda.

In 2019, for the first time in the history of the European Union, a member state will leave the EU. Brexit will bring many changes within the EU membership and within EU institutions. The European medical community therefore asks that safe and attractive working conditions for doctors be ensured across Europe, even more so with Brexit changing the paradigm of medical migration and education and training.

CPME thanks you for your support of the [Health Check 2019](#) and for your commitment to the work of CPME towards a safer and better Europe for all its citizens.

[Miriam D'Ambrosio](#), Communication and Project Officer

Health Check European Elections

2019



The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues. We call on the European institutions to treat Universal Health Coverage as a basic human right. We believe the best possible quality of health and access to healthcare should be a reality for everyone.

CPME HEALTH CHECK 2019

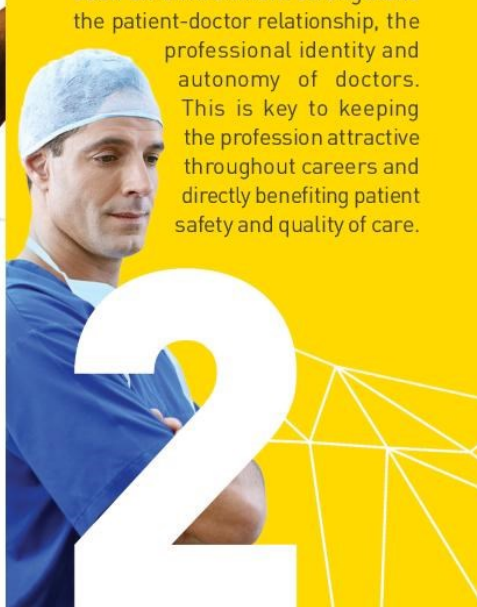
Future of health

We ask that health always be put high on the EU agenda, thus safeguarding Universal Health Coverage for every patient. Even in times of budgetary restraints, there can be no economic growth without investments in health. Health is an essential element of the European social model and contributes to social cohesion, inclusive growth and nurtures a sound economic environment as a prerequisite for investment.



Skilled doctors, safe conditions

We ask that safe and attractive working conditions for doctors be ensured throughout Europe, even more so with Brexit changing the paradigm of medical migration and education and training. Coordinated measures and policies to reduce violence against healthcare professionals should be initiated. Doctors must be able to rely on safe, lawful and ethical working conditions, recognition of their services and qualifications, and opportunities to continuously improve their skills. Enabling such an environment strengthens the patient-doctor relationship, the professional identity and autonomy of doctors. This is key to keeping the profession attractive throughout careers and directly benefiting patient safety and quality of care.



Enable healthy living

We ask for prevention to be one of the primary targets of all health policies. We need everyone to be committed to this vital goal and tackle behavioural risk factors such as tobacco, unhealthy diet, physical inactivity, and harmful use of alcohol. For example, clear labelling of alcohol products and the limitation of industrial trans fats intakes help better protect the health of European citizens and prevent diseases. Health promotion and disease prevention are an important task of national governments and an essential part of physician-led primary care.



Invest in health security

We ask for constant efforts to contain the spread of antimicrobial resistance (AMR) and to increase vaccination coverage. Resistance to antibiotics is progressing at a rapid pace and old, vaccine-preventable diseases are reappearing. Policies must strengthen doctors and other health professionals in playing an active role in the fight against **AMR and vaccine hesitancy**.



Foster trust in sharing of health data

We ask for ethically sound governance on how to share health data. Medical research is essential for the development of new treatments and medicines. However, research opportunities using 'big data' should not result in the weakening of applicable ethical standards. Patient autonomy and the right to self-determination must always be guaranteed.



Guarantee access to medicines

We ask that the availability and affordability of medicines be tackled. Due to soaring drug prices and to sometimes declining production, European citizens increasingly experience a lack of access to certain medicinal therapies. Some citizens even have to wait for their health status to deteriorate before getting access. This goes against the medical profession's obligation to serve the patient's best interest and raises serious ethical questions as to nonmaleficence and equity.



European doctors call on EU decision-makers to:

- ✓ Put health high on the EU agenda
- ✓ Support skilled doctors and safe conditions
- ✓ Enable healthy living
- ✓ Invest in health security
- ✓ Foster trust in the sharing of health data
- ✓ Guarantee access to medicines



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



WHO DEPUTY DIRECTOR GENERAL DR SOUMYA SWAMINATHAN ADDRESSES CPME MEMBERSHIP

Within the context of the CPME meetings on 9-10 November 2018, the WHO Deputy Director General, Dr Soumya Swaminathan, addressed the CPME membership. In her opening statements she highlighted the ongoing Ebola outbreak in the Democratic Republic of Congo as an example of the acute challenges facing the global health community. In the year which marks the 70th anniversary of the founding of the WHO and the 40th anniversary of the Alma Ata Declaration, she pointed to the fragmentation and fragility in the world which translates to severe inequalities in health. Quoting WHO Director General Tedros Adhanom Ghebreyesus, who recently remarked that there were only 4000 days left to implement the Sustainable Development Goals, she highlighted the numerous and varied tasks which the health community, not least national medical associations, must complete. Dr Swaminathan identified three key challenges: first, achieving universal health coverage remains a principle objective of WHO's work and the European region must take a leading role in this global project; second, it is vital to tackle determinants of health, such as standing up to industries which profit from harming health or taking measures to increase road safety; third, the health community must safeguard the benefits of vaccination and speak out decisively against the anti-vax movement. CPME members welcomed her call to action, and highlighted antimicrobial resistance, telemedicine and health workforce policies as further areas in need of concerted efforts. CPME President Dr Jacques de Haller concluded that cheap education, leading to cheap medicine, is a cheap vision for healthcare, and reaffirmed that CPME is ready to support WHO in achieving high quality healthcare for every patient.



Sarada Das, Deputy Secretary General

EUROPEAN DOCTORS REACH OUT TO COLLEAGUES: UPDATED CPME POLICY ON REFUGEE DOCTORS

At its board meeting on 10 November 2018, CPME adopted an update to its long-standing policy on integrating refugee doctors into the European medical workforce. The '[CPME Statement concerning the integration of refugee doctors into the European workforce](#)' is based on experiences gathered in the aftermath of the increased inflow of refugees in recent years, and confirms and extends the recommendations made in previous policies. CPME members reviewed a number of good practices as regards the identification of and outreach to doctors arriving in a host country as refugees. It has proven useful for national medical associations to build links to language schools and employment services. Furthermore, members agreed principles for the recognition of qualifications, confirming patient safety as the central objective. During the assessment of qualifications and, if necessary, the adaptation period, national medical associations can further support refugee doctors, one option being mentorship programmes. One new topic, which is addressed in the updated statement, is the provision of medical care in 'hotspots'. CPME underlined the need to uphold refugees' human rights and doctors' ethical obligation to provide the same level of care to all patients, and called upon national medical associations to become involved in finding a workable solution in such situations. This recommendation was made in response to projects which foresee refugee doctors providing medical care to refugee patients without having undergone a process of verification and recognition of qualifications. CPME will continue its work on refugee health.

Sarada Das, Deputy Secretary General

BATTLE ON ALCOHOL LABELLING CONTINUES



© iStock, 2016

On 10 November 2018, the CPME Board adopted a new policy on alcohol labelling. This paper aims to contribute to the ongoing discussion on how alcoholic products should be labelled in the European Union.

The new CPME policy calls on the European Commission and European co-legislators to end the exemption of alcoholic beverages from EU Regulation 1169/2011 on the provision of food information to consumers. At the moment, alcoholic beverages containing more than 1.2 % by volume of alcohol are exempted from the mandatory declaration of ingredients and nutritional values.

This exemption can be traced back to 1978 but the reasons for it are not clear. It is, however, no secret that the strong alcohol industry and their lobbying efforts have played a part in gaining this special status for their products. In 2017, the Commission finally said that there was no reason why alcohol products should not have ingredients and nutrition information on their labels just like all food products and non-alcoholic drinks do.

CPME strongly believes that information about ingredients and nutritional values should be displayed on packaging. CPME also supports displaying additional information on the label, such as on allergens and health warnings concerning legal age limits, drinking during pregnancy, drinking and driving, and alcohol's possible link to cancer and other diseases.

“To protect the health of the population, alcoholic beverage producers should be required by law to list the ingredients and nutritional values, and display those values on the product’s label, not only online. Labels also provide visible space for potential health warnings.” (Dr Jacques de Haller, CPME Immediate Past President)

CPME's view on alcohol labelling is shared by other European medical organisations and many public health and consumer NGOs. Together with them, CPME has already been advocating in Brussels for better alcohol labelling for several years. In March 2018, this coalition of NGOs reacted strongly to the alcohol industry's self-regulatory proposal on product labelling, stating that the proposal was a failure, providing only a vague sector-by-sector approach for wine, beer and spirits separately. In May 2018, the presidents of the European medical organisations met with Dr Vytenis Andriukaitis, EU Commissioner for Health & Food Safety, who expressed that he is not pleased with the inconsistent proposal. In addition, a group of Members of the European Parliament called on the Commission to turn down the industry's proposal.

The European Commission was expected to publish its assessment of the proposal last year, but the process has obviously been delayed. Now it is not clear whether a decision will be made before the European elections in May 2019. In fact, it looks like the Commission is putting off the decision until the 2020's for future policymakers. Moreover, the wine industry is pushing for its own labelling proposal to be part of the revised Common Agricultural Policy (CAP), limiting the information only to calorie content.

CPME is, however, prepared to continue the fight. The new CPME Executive Committee has reaffirmed that alcohol labelling will remain one of CPME's priorities in the near future. CPME also continues to support the right of national governments to take initiatives to improve public health by including additional labelling information. As an example, CPME recently supported the Irish Public Health (Alcohol) Bill. This bill includes, for example, health warnings on labels and stricter regulation on alcohol marketing.

“To protect the health of the population, alcoholic beverage producers should be required by law to list the ingredients and nutritional values, and display those values on the product’s label, not only online. Labels also provide visible space for potential health warnings.”

Dr Jacques de Haller

Markus Kujawa, EU Policy Adviser

ARTIFICIAL INTELLIGENCE IN HEALTHCARE

Artificial Intelligence (AI) offers great potential for promoting the public good, for example in the realms of education, housing, public health, and sustainability. Within the health sector it is being used or trialled for a range of purposes, including detection of disease, management of chronic conditions, delivery of health services, and drug discovery.



AI development and deployment in health services are of special interest to CPME. Active participation in this process to ensure application of AI-based technology in healthcare is one of our main priorities. In the coming months, CPME is planning to draft a policy on AI and provide its expertise in the development of an adequate regulatory and ethical framework.

Currently, major technology companies, as well as emerging start-ups, are investing in the development of AI for healthcare and research¹. The Har-

vard Business Review analysed the top 10 promising applications of AI in healthcare and estimated that by 2026 AI could save about \$150 billion annually in the sector².

Due to the increasing availability of healthcare data and the rapid development of big data analytic methods, AI techniques guided by relevant clinical questions can unlock clinically relevant information hidden in a massive amount of data, which in turn can assist clinical decision making⁵. The quantity of medical knowledge is simply impossible for a person to retain, even if this person was reading the material all day long, whereas a computer program can read all the data, store the relevant information, and use it to help in medical decision-making⁶. These kinds of algorithms are based on natural language processing (NLP); they can understand a text written by a person and extract intent, sentiment, or meaning.

There are expectations that AI will enable physicians, to do what they already do — treat patients with compassion — but do it better, sifting through myriad treatment options to optimally select a regimen that is not only personalized to the individual patient but driven by the totality of existing evidence.

As current technology creates ever greater possibilities for the application of AI in the health sector, a robust ethical and legal framework governing its development and use is lacking. In fact, there are various AI-related ethical issues, such as the potential for AI to make erroneous decisions, ensuring the protection of potentially sensitive data, effects on the roles and skill-requirements of healthcare professionals or the potential for AI to be used for malicious purposes, among others⁷. A key challenge will be ensuring AI is developed and used in a way that is transparent and compatible with the public interest, whilst stimulating and driving innovation in the sector.

Safe and confident use of AI by physicians is possible only if they possess adequate knowledge about this technology and are aware of how it works. Physicians who use machine-learning systems should become better educated about their construction, the data sets they are built on and their limitations. Remaining ignorant about the construction of machine-learning systems, or allowing them to be constructed as black boxes, could lead to ethically problematic outcomes.

Establishing ethical guidance for the process of designing and using 'autonomous' and 'intelligent' systems in order to ensure that they will be human-centric, serving humanity's values and ethical principles, is of the utmost importance. There is, therefore, a real need for extensive discussion on the ethical implications of using machine-learning tools in making health care decisions for patients. Physicians and scientists have to carefully examine the ethical risks of incorporating AI into this process.

[Piotr Kolczynski](#), CPME Policy Intern

1. CBinsights, [From Virtual Nurses To Drug Discovery: 106 Artificial Intelligence Startups In Healthcare](#), 3 February, 2017,
2. B. Kalis, M. Collier, R. Fu, [10 Promising AI Applications in Health Care](#), Harvard Business Review, May 10, 2018
3. Jiang F, Jiang Y, Zhi H, et al. *Artificial intelligence in healthcare: past, present and future*, Stroke and Vascular Neurology 2017, p.1;0: e000101. doi:10.1136/svn-2017-000101
4. Between 1978 and 2001, a total of 8.1 million journal articles were published on MEDLINE. On PubMed there are 23 million papers. In the domain of physicians trained in epidemiology it would take an estimated 627.5 h per month to evaluate these articles. See more: Arthur André (ed.), Pitié-Salpêtrière Hospital, Paris, France, Digital Health... op.cit., 2019, p. 34.
5. Nuffield Council on Bioethics, [Artificial intelligence \(AI\) in healthcare and research](#), Bioethics briefing note, 2018, pp. 4-6.

HOW TO ENSURE INNOVATION AND QUALITY IN DELIVERING BASIC MEDICAL EDUCATION?



The '[CPME Statement on the digitisation of cross-border basic medical training](#)' was adopted by the CPME Board at its meeting on 10 November 2018. The statement welcomes the increasing Europeanisation of basic medical education. New forms of delivering training and education across borders are increasingly available to students. One example is satellite branches of universities, originally established in one Member State, which then offer education in a second Member State, sometimes in the host country's language. Another trend is the creation of online training courses, which deliver the theory of medical education while students complete clinical rotations in whichever country they are located. To ensure that the training and

education delivered in these innovative ways is of high quality, the CPME statement underlines the need to ensure compliance with the Professional Qualifications Directive 2005/36/EC and national regulations. It also highlights that maintaining links to the university which hosts the programmes is vital. In this respect it is recommended that part of the basic training is completed in the accrediting Member State, e.g. to ensure that students have full access to universities' research capacities.

Sarada Das, Deputy Secretary General

CPME ON SOCIAL MEDIA

We are happy to announce that CPME is now on [Facebook](#) and [LinkedIn](#).

Follow us !



CPME JOINED FORCES WITH THE LANCET COUNTDOWN ON CLIMATE CHANGE



CPME was invited to contribute to the 2018 Lancet Countdown report on climate change. As a result, the Briefing for EU Policymakers was published at the end of November 2018. It is written by Dr H el ene Rossinot, a French junior doctor, and reviewed by Dr Martin Balzan, CPME Rapporteur on Environmental Health.

[The Lancet Countdown](#) is an international, interdisciplinary research collaboration dedicated to tracking progress on health and climate change. It strives to communicate its research to health professionals and the broader health community, with an

understanding that doctors, nurses, and allied health professionals have a pivotal role to play in ensuring that the response to climate change strengthens public health. The annual report is published in The Lancet medical journal and launched in parallel with regional policy briefings around the world.

[The 2018 Briefing for EU Policymakers](#) provides seven take-home messages and recommendations, including the development of national action plans for climate, health and wellbeing by EU Member States, the inclusion of climate change and health in the medical curriculum and consistent, pro-active communication by health bodies on links between climate change and health. CPME strongly encourages its member associations and individual physicians to continue to bring home this message for action to their national authorities in the best interest of the health and quality of life of their patients.

The research shows that emissions, climate change and rising temperatures are already exposing people everywhere to an unacceptably high health risk. The Lancet Countdown research network identified that last year globally 157 million more vulnerable people were subjected to a heatwave than in 2000.

“We hope that EU policymakers will take to heart the new evidence on the huge threat to people’s health climate change poses as they enter the COP24 climate negotiations. This year’s heatwave impacted many people in Europe and was a glimpse of what is expected to



Lancet Countdown 2018 Report: Briefing for EU Policymakers

November 2018

come in the future. Heat stress is a particular threat to elderly people living in urban areas, and those with pre-existing conditions. The WHO European Region is one of the worst off – with 42% of the population being over 65 years and a more elderly population living in urban areas.” (Dr Martin Balzan, CPME Rapporteur on Environmental Health)

The Lancet Countdown also highlights developments in the energy sector, which contributes both to greenhouse gas emissions and air pollution, pointing out that the carbon intensity of total primary energy supply has remained unchanged since 1990. For the first time, the report attributes early death from air pollution to specific sources, finding that coal power generation accounts for approximately 16% of air pollution related premature deaths globally.

The launch of the Briefing for EU Policymakers was scheduled to be ahead of the 2018 United Nations Climate Change Conference (COP24) in Katowice, Poland. The event took place in Brussels and was hosted by the Health and Environment Alliance (HEAL), an organisation CPME has also collaborated with in the past. All the major Belgian media channels covered the launch, which was also attended by the European Commission.

HEAL also organised a COP24 side event in Katowice with a focus on the Polish healthcare sector's actions on climate change. Dr Jacek Kozakiewicz, Vice-president of the Regional Medical Council of the Regional Chamber of Physicians and Dentists in Katowice and Vice-president of the Polish Supreme Medical Council, was there to present the Briefing for EU Policymakers on behalf of CPME.

Preventing climate change is a key priority for the European Union. Doctors also seem more and more interested in addressing this challenge and taking an active role in defending their patients from the adverse effects of climate change. Doctors and other healthcare professionals can be influential in ensuring politicians develop and implement climate change strategies, which would benefit people's health worldwide. This opportunity should not be missed.

“This year's heatwave impacted many people in Europe and was a glimpse of what is expected to come in the future. Heat stress is a particular threat to elderly people living in urban areas, and those with pre-existing conditions.”

Dr Martin Balzan, CPME Rapporteur on
Environmental Health

[Markus Kujawa](#), EU Policy Adviser

DENTISTS, DOCTORS AND VETERINARIANS CALL FOR TRUE ONE HEALTH COLLABORATION STARTING FROM UNIVERSITY

The European associations representing medical doctors, dentists, veterinarians and their students organised a regional workshop on the 'Implementation of One Health in undergraduate education' bringing together academics, practitioners and students to exchange views on the concept of One Health. The debate identified challenges and looked into best practices on how to facilitate interdisciplinary education for interdisciplinary collaboration. The event took place on 5th December 2018 and included participants from France, Belgium, the Netherlands and Luxembourg.

One Health is a concept that recognises interlinks between human health, animal health and the environment. The value of the One Health holistic approach is undisputed when it comes to tackling different challenges to public and animal health.

The Council of European Dentists, the European Dental Students' Association, the Standing Committee of European Doctors, the European Medical Students Association, the Federation of Veterinarians of Europe and the International Veterinary Students' Association remain committed partners for future actions to be undertaken towards the implementation of the One Health approach in education and practice, and call on academics and policy makers at national and European level:

- To work on the development of a clear definition to ensure a common understanding of the One Health concept;
- To foster exchanges between medical, dental and veterinary schools under the One Health approach;
- To work together on One Health Competences;
- To support and ensure the continuation of this open debate;
- To support the further investigation of the implementation of One Health interdisciplinary education of doctors, dentists and veterinarians.

The outcomes of the open debate have been summarised in a briefing report available [here](#).

[Miriam D'Ambrosio](#), Communication and Project Officer

EU INSTITUTIONAL NEWS

30 November 2018	The OECD has published a report which maps the role of medicines in health systems and recent trends in pharmaceutical expenditure and financing. Furthermore, it summarises approaches used by OECD countries to determine coverage and pricing.
1 January 2019	On 1st January 2019, for the first time in its history, Romania took over the rotating six-month presidency of the Council of the European Union from Estonia. More information on the presidency's priorities can be found here .
29 January 2019	The European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) adopted its opinion on the proposal amending Regulation 251/2014, on definition, description, presentation, labelling and the protection of geographical indications of aromatised wine products. The adopted opinion suggests that labelling of wine should be limited to energy value. Thereby it fails to ensure that labelling of wine follows the requirements already set out in Regulation (EU) 1169/2011 on the provision of food information to consumers. Alcohol producers, unlike other food industries, have enjoyed an exemption from obligations to provide nutritional information and listing ingredients. The provisions voted for in the ENVI Committee could create a sector by sector rules for labelling, making it harder for customers to find information on the nutritional value of products.

Editorial Board

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Guest commentary

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