



This issue

Message from the CPME President 2

SPOTLIGHT - ARTIFICIAL INTELLIGENCE

Improving European health and care through artificial intelligence - European Commission 3

CPME emphasises ethical dimension of AI application in healthcare - CPME 4

How to incorporate artificial intelligence into daily healthcare - COCIR 5

LATEST NEWS

New CPME policy and working group on healthy living 7

European doctors call for an end to uncertainty on Brexit 8

CPME adopts Position Paper on Defensive Medicine 8

Pharmacists, dentists and doctors call on EU Member States to provide adequate funding for health - Joint Statement on ESF+ 9

NEWS FROM CPME MEMBERS

A call from Bulgarian doctors towards their colleagues from Europe - No to violence against medics 10

Kosovo* Doctors' Chamber success story 11

European Medical Students - young advocates for a healthier Europe 12

EVENTS - UPDATES

Institutional events 14

CPME HEALTH CHECK

15

* 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.

SAVE THE DATE! - CPME Meetings



15 - 16 November 2019
Helsinki (Finland)

03—04 April 2019
Brussels (Belgium)

MESSAGE FROM THE CPME PRESIDENT

Dear colleagues and friends,



Welcome to the 29th edition of the CPME newsletter.

On 23-26 May 2019, 426 million EU citizens were asked to participate in the European elections, making it one of the largest democratic events in the world. More than 50% of those eligible to vote took part in the elections, the highest turnout in 20 years. 751 new Members of the European Parliament (MEPs) have been elected.

The European People's Party (EPP) and the Progressive Alliance of Socialists and Democrats (S&D), who had traditionally held a majority, will now have to form alliances. It is possible that a coalition will be created with ALDE and the Greens, as these groups significantly increased their number of seats.

One of the first tasks of the European Parliament is the [election of the new President of the European Commission](#) who will take office on 1 November 2019. The European Council nominates a candidate for the post, but in doing so, the European election results must be considered. The European Parliament then needs to approve the nominated President of the European Commission by a majority vote (half of MEPs plus one). It remains to be seen if one of the "Spitzenkandidaten" will actually become the next Commission President.

CPME will closely follow the political developments and will meet with the newly elected MEPs to make sure that health is kept high on the EU agenda.

This newsletter edition opens with a spotlight on artificial intelligence. We are pleased to have the Director General of DG CONNECT (Directorate General of Communication, Networks, Content and Technology), Mr Roberto Viola, present the current situation of AI policy at European level. This is followed by an article by the European Coordination Committee of the radiological, electromedical and healthcare IT industry (COCIR) sharing its view from an industry perspective.

Furthermore, this edition presents recent news from four CPME members, featuring articles from the Bulgarian Medical Association and the Kosovo* Doctors' Chamber.

I hope you enjoy reading this edition.

Best regards,

A handwritten signature in purple ink, which appears to be "F. U. Montgomery". The signature is written in a cursive, flowing style.

Prof. Dr Frank Ulrich Montgomery
CPME President

* 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.

IMPROVING EUROPEAN HEALTH AND CARE THROUGH ARTIFICIAL INTELLIGENCE



From helping citizens to better monitor their health, receive better diagnoses and more personalised treatments to giving healthcare professionals the tools they need to more effectively analyse data, produce better diagnoses and recommend better treatments, [artificial intelligence](#) has the potential to revolutionise the healthcare sector.

Secure access to large-scale, high quality, standardised health and care data is crucial for enabling AI-based innovations in the sector. For example, one key goal is to develop a European health data space underpinning the uptake and use of digital solutions for the benefit of practitioners and citizens whilst ensuring privacy and security. To help achieve this, we are supporting initiatives and projects seeking to interconnect health datasets (including genomic repositories and medical images databases) that will allow the use of digital technologies to discover new treatments and drugs based on personalised medicine approaches. An [AI-on-demand platform](#), which will bring together a wide range of AI resources, including many of importance for the health and care sector, is already being developed.

Trust is a vital part of AI, just as it is in the healthcare profession. This is why the Commission has created a [High-Level Expert Group on Artificial Intelligence to develop a set of ethics guidelines for AI](#), which has identified seven requirements for trustworthy AI. While many ethical concerns regarding AI apply more broadly (e.g. data protection, discrimination, transparency), there are a number of concerns that are particularly salient in the healthcare sector, such as privacy, safety, liability, and personal autonomy.

In parallel, the Commission is also investing in concrete research and innovation projects developing AI solutions for health and care, such as digital health monitoring applications, hospital workflows and medical decision support systems. Some €1.1 billion from the Horizon 2020 research programme have been set aside to fund projects on the use of ICT for health and wellbeing, including those based on AI.

Among the many and varied AI-based projects are:

- ◆ [MURAB](#) (MRI and Ultrasound Robotic Assisted Biopsy), which is developing technology to take more precise and effective biopsies in order to diagnose cancer
- ◆ [PULSE](#), which aims to build models to predict the onset of type 2 diabetes and asthma
- ◆ [BD2Decide](#), which uses AI and big data to support clinicians in personalised treatments
- ◆ [IASIS](#), which integrates medical records, imaging databases and genomics data to create a system that supports clinicians in developing more personalised diagnoses and treatments for lung cancer and Alzheimer's disease.

As of 2021, the Commission is proposing to invest over €9 billion in a new [Digital Europe Programme](#), and there are possibilities for investments in health and care systems within each of the programme's five pillars (supercomputers, artificial intelligence, cybersecurity, advanced digital skills, and deployment in areas of public interest and interoperability). For AI specifically, the programme would support the creation of the common data spaces mentioned above, as well as potentially helping the development of specialised large-scale reference and experimenting sites on artificial intelligence - the AI equivalent of pharmaceutical testing facilities. The funding could also support the development of the supercomputing facilities needed to analyse the vast data sets that can bring about research breakthroughs in fields such as personalised medicine.

Artificial Intelligence (AI)

Making sure that the increasingly large amounts of health data needed to ‘fuel’ AI are safe and secure will be one of the key focuses of the programme’s investments in cybersecurity. We also want to support the development of new digital skills, for example for clinical staff and other professionals involved in the delivery of health and care. Supporting public sector collaboration, for example the development of a European electronic health record exchange, will also be a key focus. AI and digital technologies in general have many potential applications in the health and care sector. They will undoubtedly bring many benefits for doctors and patients alike and it is our task in the EU to make sure that the right policies, the right support and the right conditions are in place for this potential to become a reality.

Roberto Viola, Director General, DG Communication Networks, Content and Technology, European Commission

CPME EMPHASISES ETHICAL DIMENSION OF AI APPLICATION IN HEALTHCARE

AI has not yet made it into daily medical care on a large scale. But an increasing number of clinicians, including outside radiology and pathology, are becoming interested in it, and more and more research papers on AI algorithms are being published in mainstream medical journals.

AI-based technologies have the potential to become significant tools for preventive and curative healthcare, to achieve more efficient treatment and, ultimately, improve the wellbeing of European citizens. Therefore, it is of utmost importance to ensure such tools are evidence-based, trustworthy and patient-centric, while respecting core ethical principles.



The European Commission has reiterated that the EU should build its approach to AI ensuring an appropriate ethical and legal framework, establishing Europe as a global leader in developing and using AI for good and promoting a human-centric approach and ethics-by-design principles.

To enable this vision to be fulfilled, the Commission’s High-Level Expert Group (HLEG) on Artificial Intelligence has released the [Ethics Guidelines for Trustworthy AI](#). The Guidelines outline a framework for achieving trustworthy AI and offer guidance on two of its fundamental components: (1) that AI should be ethical and (2) that it should be robust, both from a technical and societal perspective. In its paper, HLEG deliberated on 4 ethical principles: (1) respect for human autonomy, (2) prevention of harm, (3) fairness and (4) explicability, and their translation into 7 key requirements (e.g. human agency and oversight, privacy and data governance or diversity, non-discrimination and fairness).

CPME welcomes the European Commission’s ambition to include the ethical dimension when shaping the future EU framework on artificial intelligence and reaffirms the importance of ensuring data security and safeguarding medical confidentiality.

During its meeting in Malta on 6 April 2019, CPME adopted a [statement](#) on the guidelines.

CPME stated that AI systems must be open, transparent and reproducible to build the trust and confidence necessary for physicians, as well as patients, to accept and use AI solutions. The algorithm becomes a “black box” when the process behind the results is too complex to understand.

Artificial

Intelligence (AI)

Physicians will need to understand AI methods and systems to the extent that they can feel secure in making clinical recommendations. This includes the possibility for physicians to have access to information on datasets used to develop AI systems.

Moreover, it was observed that the deployment of such technology also means significant changes in terms of a patient's expectation of confidentiality. CPME reaffirmed the fundamental importance of this principle. It is necessary to take all the required precautions to guarantee data security and privacy when applying this new technology.

Personal health information must be treated in a privacy-preserving manner. According to GDPR, data must be sufficient, relevant and limited to what is necessary to achieve the purpose for which the data is processed. Patients must be fully informed about the cause of data processing to be able to choose whether or not to allow the use of their data in an algorithm.

On a final note, CPME called for the appropriate involvement of DG SANTE and relevant stakeholders, including healthcare professionals, in future EU developments affecting the healthcare sector.

Following this initial statement, CPME will prepare a more comprehensive policy paper on artificial intelligence to be adopted later this year.

[Piotr Kolczynski](#), CPME EU Policy Advisor



HOW TO INCORPORATE ARTIFICIAL INTELLIGENCE IN- TO DAILY HEALTHCARE

There is a sense that we are at the beginning of a new era. As artificial intelligence (AI) has become more and more widely available and affordable, applications are also making headway into daily healthcare practice.

Rather than replacing the human component, we see AI in healthcare as an essential tool, a companion for physicians to help them improve patient outcomes.

This became very apparent when we recently organised a public session¹ on Artificial Intelligence in Healthcare where clinicians from different fields (radiology, cardiology, oncology, genomics) presented use cases demonstrating how AI already adds significant value to their daily healthcare practice: improved accuracy in diagnosis and treatment, opportunities for personalised medicine, improved efficiency in workflows.

In order to ensure the effective implementation of AI in healthcare further work is needed on a range of priority topics, which we set out in our recent publication "Artificial Intelligence in Healthcare"².

As a first step, there is a clear need to build awareness of the possibilities and benefits the development and deployment of artificial intelligence offers. More communication is needed on new and existing use cases.

Trust will play a crucial role in the further uptake of AI in daily healthcare practice. Both healthcare professionals and patients will need convincing of the positive contribution of AI to the care process.

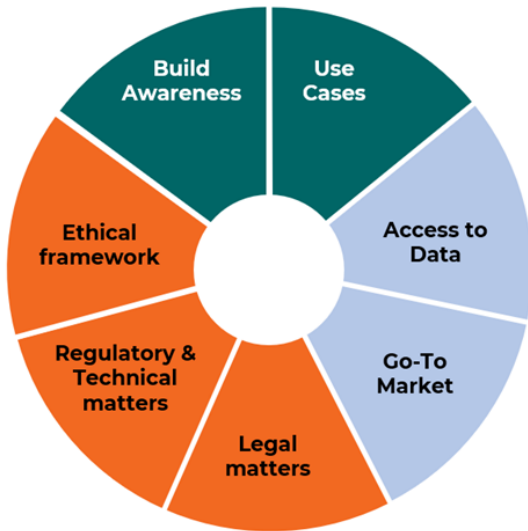
The Ethics Guidelines for Trustworthy AI that were recently published by the European Commission, which define an assessment framework that is built upon a human-centric approach, might become a useful instrument in this respect if sufficiently tailored to the specificities of the healthcare sector.

Even though data is all around us, it can be challenging to get access to the highly qualitative data that is essential to build effective artificial intelligence applications. Data that is available may require additional curation before it can be put to good use, for instance by cleaning or labeling the data or linking several data repositories together along a single patient. To ensure a level playing field and spur innovation, it is vital that access to high quality data is ensured in a fair, transparent and non-discriminatory way.

Artificial Intelligence (AI)

It is important that there be a robust regulatory and technical framework that provides certainty and safety as new technologies are being developed and introduced into the market. Where possible, such provisions should be defined or clarified within existing legislative frameworks.

Further to this, standards and definitions should be endorsed on a European level to ensure interoperability and avoid fragmentation at the country and/or sector level.



© COCIR, 2019

In the end, more AI applications should find their way into daily healthcare practice. To make these implementations successful, integration should be carefully considered. Multiple algorithms may need to work together to provide the best decision-making support and platforms may require some versatility to easily integrate into existing workflows and IT infrastructure.

Whereas we foresee a bright future for artificial intelligence in healthcare settings, this can only be realised if we involve all stakeholders (healthcare providers and physicians, patients, payers, industry, policy makers and others) in the discussion. Only then will we be able to overcome the barriers that prevent the further scaling up and uptake of these technologies for the benefit of all.

[Danny Van Roijen](#), COCIR Digital Health Director

COCIR is the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (<http://www.cocir.org>).

- 1 - Presentations from the COCIR General Assembly Open Session on Artificial Intelligence are [publicly available](#).
- 2 - The publication "Artificial Intelligence in Healthcare" is available on the [COCIR website](#).

NEW CPME POLICY AND WORKING GROUP ON HEALTHY LIVING

On 6 April, CPME adopted a new [policy paper on healthy living](#). It calls on central and local political authorities to structure local communities and health services in a way that ensures equal opportunities for healthy living for all. It also asks them to continue to reinforce structural measures such as taxation and regulation that support the availability of healthy food and limit access to unhealthy products. Furthermore, the policy recommends facilitating regular physical activity and promoting healthy environments.



© Photo by Marion Michele on [Unsplash](#), 2019

Last year, CPME decided to expand the scope of the work of its Working Group on Diet, Nutrition and Physical Activity. As a result, a new Working Group on Healthy Living was created. This group now also deals with matters relating to alcohol and tobacco. Moreover, the meetings of the new Working Group have been organised as a part of an even more inclusive CPME Session on Public Health and Disease Prevention. The new policy paper on healthy living describes the scope of the Working Group's task.

The concept of healthy living refers to practices that are consistent with supporting, improving, maintaining and enhancing the health of individuals and of populations. It implies the physical, mental, spiritual and economic capacity to make healthy choices. Healthy living focuses on healthy eating, physical activity and their relationship to maintaining a healthy weight, but also goes beyond that to avoiding the use of tobacco and the harmful use of alcohol and other substances, as well as addictive behaviours. Moreover, it involves getting adequate sleep and being able to cope with life's stresses and other mental health issues.

Healthy living will be less likely where people's lives are negatively impacted upon by the social determinants of health and the poor physical design of residential areas. This includes factors such as socio-economic deprivation, inadequate housing, poor infrastructure and a lack of community support. Overall, there is a need for political will, locally and nationally, to ensure that all people can live in health facilitating and promoting communities. Local authorities have to facilitate the choice of low threshold, regular physical activity on a daily basis for all residents.

The incidence of noncommunicable diseases (NCDs) and the associated burden of mortality can be reduced if healthy lifestyles are adopted. Socio-economic inequality in the prevalence of NCDs emphasises the importance of the promotion of healthy lifestyles by healthcare professionals, but also other actors. CPME therefore calls on its own member associations to encourage all doctors to promote healthy lifestyles during their contacts with patients.

[Markus Kujawa](#), CPME EU Policy Advisor

EUROPEAN DOCTORS CALL FOR AN END TO UNCERTAINTY ON BREXIT

On 27 February 2019, CPME joined the British Medical Association, the Irish Medical Organisation and other European Medical Organisations, as well as the European Centre of Employers and Enterprises providing Public Services (CEEP) in supporting a conference on '[Brexit: the impact on healthcare services in the EU27](#)'. The event took place within the framework of the European Parliament's Intergroup on Common Goods and Public Services and was hosted by MEP Karine Gloanec Maurin and moderated by MEP Julie Ward. Its aim was to present the European medical profession's concerns regarding Brexit to Members of the European Parliament. Bringing together MEPs, advisers and other representatives of the health community, the event saw a presentation by Dr Denis McCauley, a general practitioner from the north of the Republic of Ireland, who recounted the importance of cross-border cooperation with Northern Ireland. From emergency care to long-term cancer treatment, cross-border cooperation has become an integral part of healthcare in the region. Dr McCauley shared his personal experiences with this successful model and deplored the uncertainty the on-going Brexit negotiations are causing.

This feeling was echoed by CPME President Prof. Frank Ulrich Montgomery. In an appeal to Brexit negotiators on both sides, he pointed to the many areas of successful European cooperation which are now threatened, in particular the mobility of doctors supported by the mutual recognition of professional qualifications. He stressed the need to clarify the legal status of all students and doctors and strive for the closest possible cooperation, concluding that "British medicine is European medicine". The follow-up discussion illustrated the grave concerns among patients and doctors alike. Not only were practical questions as to authorisation and reimbursement processes addressed, but also the personal, emotional cost, including the burden on mental health. All participants committed to continuously highlighting health as a primary concern in the Brexit negotiations and calling on negotiators to find a responsible resolution.

[Sarada Das](#), Deputy Secretary General

CPME ADOPTS POSITION PAPER ON DEFENSIVE MEDICINE

At its Board Meeting on 6 April 2019, CPME adopted the [CPME Position Paper on Defensive Medicine](#). Defined as "the practice of ordering medical tests, procedures, or consultations which are not medically indicated or refusing the treatment of certain patients in order to protect the responsible physician from malpractice challenges", defensive medicine is not the subject of EU-level policy debates, but is well-known among international regulators and in academia.

As research on its prevalence in Europe is scarce, CPME first looked into the topic in 2016. While data on the practice is hard to come by, CPME members pursued further discussions, looking into root causes, contextual factors and opportunities to mitigate the impact of defensive medicine.

The position paper acknowledges the sensitive and complex dynamics which surround the topic, including judicial and economic factors. Nonetheless, the position paper clearly confirms the duty of European doctors to provide evidence-based care and every patient's right to receive care appropriate to that patient's health needs. The position paper sets out a series of recommendations, both to professionals and to policy-makers, in an attempt to identify some of the common aggravating or mitigating circumstances relating to defensive medicine. CPME will continue to support its members in further discussions on this topic.

[Sarada Das](#), Deputy Secretary General



At its Board Meeting on 6 April 2019, CPME adopted the [CPME Position Paper on Defensive Medicine](#). Defined as "the practice of ordering medical tests, procedures, or consultations which are not medically indicated or refusing the treatment of certain patients in order to protect the responsible physician from malpractice challenges", defensive medicine is not the subject of EU-level policy debates, but is well-known among international regulators and in academia.



JOINT STATEMENT: PHARMACISTS, DENTISTS AND DOCTORS CALL ON EU MEMBER STATES TO PROVIDE ADEQUATE FUNDING FOR HEALTH

The Pharmaceutical Group of the European Union (PGEU), the Council of European Dentists (CED) and the Standing Committee of European Doctors (CPME) consider the European Parliament's [position](#) on the proposal for the European Social Fund Plus (ESF+) to be a positive step towards keeping health high on the EU agenda.

The three organisations call on Member States to endorse the European Parliament's amendments and to provide the EU with the capacity to confront health related challenges. It is essential that the co-legislators do not compromise EU citizens' future and secure an appropriate budget for health during the upcoming negotiations.

As 70% of EU citizens want the EU to do more in the area of health, PGEU, CED and CPME support the European Parliament's proposal to increase the funding of the health strand to EUR 473 million. This would allow EU Member States to enhance their cooperation in key policy areas, including health promotion and disease prevention, as well as providing better and equal access to high quality healthcare for all European citizens.

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 33 European countries. In Europe over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily. PGEU's objective is to promote the role of pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process.

The Council of European Dentists (CED) is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health. The CED is registered in the Transparency Register with the ID number 4885579968-84.

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 proactive cooperation on a wide range of health and healthcare related issues. § We believe the best possible quality of health and access to healthcare should be a reality for everyone. § We see the patient-doctor relationship as fundamental in achieving these objectives. § We are committed to interdisciplinary cooperation among doctors and with other health professions. § We strongly advocate a 'health in all policies' approach to encourage cross-sectorial awareness for and action on the determinants of health.



A CALL FROM BULGARIAN DOCTORS TO THEIR COLLEAGUES IN EUROPE—NO TO VIOLENCE AGAINST MEDICS

Cases of aggression against white coat specialists continue. This problem probably exists in other countries too, but there is an alarming tendency in Bulgaria of increasing attacks against doctors, nurses and paramedics. Daily, we stand in position to save lives, to help and care for the lives and health of the population. It is unacceptable that we must fear for ourselves while we conscientiously perform our duties. This is why we from BuMA feel that aggression towards medical specialists must be discontinued in a categorical and uncompromising way.

In 2017, BuMA started a national campaign against violence on medics #FightAnger using the slogan "To save is a calling, it does not deserve punishment". In February 2019, the campaign was restarted under the motto "Good words heal." As part of the campaign, an exhibition of photographs will take place to visualize the good that doctors do on daily basis for their patients. There is also a video statement in support of the work and efforts of doctors, which will be broadcast on one of the Bulgarian national television stations. We want to awaken society towards our work devoted to the benefit of the patients and change the thinking and attitudes of people as much as possible. Our accomplishments so far have not been insignificant. At the initiative of BuMA in 2013, amendments to the Penal Code were made and severe sanctions were imposed on aggressors. However, the problem has not been resolved. Between 2011 and 2013, two people were convicted for such crimes; between 2014 and 2016 only one person was convicted, with charges being brought against 10 and 11 individuals during the respective periods. The comparison covers a period 3 years prior to and 3 years after the changes to the Penal Code that criminalised attacks on medical professionals. It is clear that this measure did not produce the desired result. Statistics issued by the Prosecutor's Office for the years 2017 and 2018 indicate that newly opened proceedings for aggressive acts against medics number 37 and 26 respectively. In 2018, a sentence was passed in only two instances. And here we are only talking about the serious assaults. According to data from the Bulgarian Ministry of Health, 114 cases of verbal aggression against staff in emergency centers were recorded for just the first two months of 2019, with nearly twice this number in healthcare centers. A physical assault on one of our colleagues is recorded every single day. The statistics do not include all the unrecorded cases of physical or verbal aggression. This problem exacerbates the acute deficiency in the numbers of specialists in the health care system that we are currently struggling with, with experienced members leaving. We continue to insist that the responsible disciplining authorities in Bulgaria be rigorous and uncompromising in applying the lawful measures, not taking into account extenuating circumstances and enforcing effective sentences.

As a full member of CPME, the largest European doctors' organization, we contacted our partners from CPME, calling for your support and to join our efforts at various levels to break this vicious cycle. This is in the interests of the whole of European society.



As a full member of CPME, the largest European doctors' organization, we contacted our partners from CPME, calling for your support and to join our efforts at various levels to break this vicious cycle. This is in the interests of the whole of European society.

Dr. Ivan Madzharov, Chairman of the Management Board of Bulgarian Medical Association



KOSOVO* DOCTORS' CHAMBER SUCCESS STORY

The Kosovo* Doctors' Chamber is an independent professional organisation of doctors practicing professional medicine in Kosovo*. Despite the fact that the Chamber was founded 6 years ago, it only became functional last year with the election of the new president and the establishment of new structures.

The first step towards the establishment of the Kosovo* Doctors' Chamber was taken in 2010 through the initiative of German Medical Association. After many talks between the relevant bodies in Kosovo*, the Law on Chambers of Healthcare Professionals L. Nr. 04/L-150 was adopted

by the Assembly of the Republic of Kosovo* on 30 May 2013.

Soon after the adoption of the Law, on 10 November 2013, the Assembly elections were organised and the first Kosovo* Doctors' Chamber (KDCH) was inaugurated. In the presence of local and international guests, the first president of the Kosovo* Doctors' Chamber, Prof. Dr Zylfije Hundozi, was elected.

Despite the fact that the Law on Healthcare Professionals foresees the transfer of competencies from the Ministry of Health to the KDCH within the three first years of the KDCH, this unfortunately did not happen due to various challenges during the process of the transfer. Therefore, the first term of the Kosovo* Doctors' Chamber, led by Prof. Dr Zylfije Hundozi, could not achieve its primary mission, to create an independent body that would represent the medical profession in Kosovo*.

In December 2017, the Kosovo* Doctors' Chamber held its second Assembly elections, during which a new president and Assembly members were elected. During his inauguration speech, newly elected president Dr Pleurat Sejdiu committed to making the Chamber functional within the first six months of his term by doing the following:

- Registering doctors and creating a unified doctors register
- Assuring financial stability
- Reviewing existing regulations and adopting new ones
- Transferring the competences from the Ministry of Health
- Creating an environment which would ensure the upholding of the high standards of the Code of Ethics and Medical Deontology
- Promoting and protecting the activity of healthcare professionals in public, private and public-private healthcare institutions
- Gaining membership of international organisations

Determined to deliver on the goals promised, the newly elected management successfully carried out the registration and membership of doctors (one of its core competencies) for the first time since its foundation in 2013. Today, the Chamber has a membership of 3946 registered doctors.



Kosovo Doctors Chamber, Official transfer of the competencies.
Dr. Uran Ismaili – Minister of Health, MoH,
Republic of Kosovo*
Dr. Pleurat Sejdiu – President, Kosovo*
Doctors Chamber*

* 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.

In February 2018, following the successful process of registration, the Ministry of Health transferred the first public competencies to the Chamber, the supervision of the Ethical Code, which resulted in the official functionalisation of the Chamber.

In April 2018, the Ministry of Health transferred two more competencies to the chamber: licensing and re-licensing and Continuing Medical Education. As a result of this, the Kosovo* Doctors' Chamber has issued about 996 licenses for new doctors, specialists and renewed licenses that had expired. With these competencies, the Chamber became fully functional and since then has actively represented the interests of doctors for the benefit of both doctors and patients. This last transfer marked the fulfilment of the president's commitment to functionalise the Chamber within 6 months, also making it financially independent. Moreover, on 10 November 2018, the General Assembly of the Standing Committee of European Doctors approved the membership of the Kosovo* Doctors' Chamber as an Observer Member. This membership was highly regarded in the medical community in Kosovo*, taking into consideration that as an observer member, Kosovan doctors will have an opportunity to exchange experiences, concerns and queries with the highest level of medical representation in the EU.

The Kosovo* Doctors' Chamber's future priority is to work closely with the Ministry of Health on the process of transferring the competency for Specialty Training, which is still under the authority of the MoH. Furthermore, the Kosovo* Doctors' Chamber is dedicated to ensuring an annual programme of Continuing Medical Education to its members and making sure that the collection of the necessary points for relicensing is offered by the Chamber.

[Amela Kolenovic](#), National Expert, Kosovo Doctors Chamber*

* 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.



EUROPEAN MEDICAL STUDENTS - YOUNG ADVOCATES FOR A HEALTHIER EUROPE

European Medical Students know that their future depends on who will be in power after the next European Elections. Even though a recent study has shown that EU citizens demand more action on health, these needs are not reflected in the current political debate. This is why EMSA decided to actively engage in the political discourse by preparing a Manifesto concerning the European Elections in May 2019. It encompasses European medical students' calls for

actions to be taken by European Institutions after the upcoming elections to tackle Europe's health challenges.

EMSA has chosen 6 priority calls for action to be taken by European Institutions in the future:

Foster Health Literacy and Health Promotion

EMSA calls upon the next European Parliament to support and acknowledge the importance of health literacy education and ensure access of all populations to accurate and appropriate health information. Furthermore, EMSA calls for European citizens to be encouraged to make informed choices for healthy lifestyles in order to beat non-communicable diseases by avoiding tobacco, the harmful use of alcohol and unhealthy diets.

Tackle Communicable Diseases

EMSA calls upon the next European Parliament to effectively tackle communicable diseases in the EU by increasing public trust in vaccines and raising awareness about antibiotic use.

Furthermore, EMSA calls for more support to be shown for the One Health approach to antimicrobial resistance and for necessary scientific and soft skills to be included in the medical curriculum to train the future health workforce to manage vaccine hesitancy.



MANIFESTO FOR THE 2019 EUROPEAN PARLIAMENT ELECTIONS

The European Medical Students' Association (EMSA) is committed to ensuring the highest standards of healthcare and medical education in accordance with the highest ethical principles. This manifesto encompasses the European medical students' call for actions to be taken by the European Institutions.

- 1 FOSTER HEALTH LITERACY AND HEALTH PROMOTION**
 - Ensure access to accurate health information to increase health literacy
 - Promote healthy lifestyle to prevent non-communicable diseases
- 2 TACKLE COMMUNICABLE DISEASES**
 - Support One Health approach to antimicrobial resistance
 - Implement necessary skills on vaccine hesitancy into medical curricula
- 3 FIGHT CLIMATE CHANGE AND ITS HEALTH IMPLICATIONS**
 - Develop an overarching EU SDG strategy for Member States and the EU
 - Foster youth participation in regional and global climate change negotiations
- 4 PROMOTE MENTAL HEALTH**
 - Implement mental health support and services in medical faculties
 - Educate medical students on mental health and stigma around it
- 5 INCLUDE DIGITAL HEALTH IN MEDICAL EDUCATION**
 - Implement educational formats on digital health into medical curricula
 - Enhance citizens' awareness and trust in digital technologies
- 6 ADDRESS MEDICAL MOBILITY AND MIGRATION**
 - Improve the working environment and access to information about medical education
 - Ensure international recognition of European qualifications

SEE THE ENTIRE MANIFESTO AT
EMSA-EUROPE.EU © EMSA, 2019

EMSA calls upon the next European Parliament to put training and education in digital health on the policy agenda and enhance awareness and trust in digital technologies, the lack of which has until now been a major barrier to a large-scale implementation of eHealth. More specifically, EMSA calls for the inclusion of educational formats on digital health in medical curricula and for the creation of platforms for faculties to exchange information about best practices in digital health education.

Address Medical Mobility and Migration

EMSA calls upon the next European Parliament to support initiatives on data collection and forecasting on the European health workforce, to improve the working environment for medical interns and doctors, to improve access to medical education and postgraduate training, and to improve access to information about medical education and postgraduate training across Europe. EMSA calls upon the European Union to recognise the significance of the international recognition of European qualifications. EMSA encourages the next European Parliament to advocate for the fulfillment of the World Federation for Medical Education (WFME) criteria for Medical Schools accreditation by the European Association for Quality Assurance in Higher Education (ENQA) so that European Medical Graduates can apply for ECFMG Certification from the United States.

Jan Skrzypczak, EMSA Representative towards European Institutions

Fight Climate Change and Its Health Implications

EMSA calls upon the next European Parliament to develop an overarching EU SDG strategy to guide all the actions of Member States and the EU, maintain their international collaborative efforts against climate change and its health implications, and foster youth participation in regional and global climate change negotiations.

Promote Mental Health

EMSA encourages the recognition of mental health as a primary health issue and actively advocates against stigma surrounding mental illness. EMSA advocates for the installment of healthcare services in medical schools and healthcare structures for patients as well as healthcare providers. EMSA recognizes mental illness as an integral aspect and direct repercussion of human rights violations, and through its core mission condemns any discrimination against mental health patients and victims of human rights violations.

Include Digital Health in Medical Education

To support a meaningful digitalization of healthcare,

EU INSTITUTIONAL NEWS

21 April 2019	The DG SANTE Expert Group on Health System Performance Assessment (HSPA) has published a report that explores the recent methods and theories of the efficiency of health care systems in Europe. The main aim of the report is to support national policy-makers in developing new tools and methodologies to assess health care efficiency.
24 April 2019	On 24 April 2019, the European Commission adopted a new Regulation that strictly limits the amount of industrially produced trans-fat in all foods sold to EU consumers. The maximum limit corresponds to 2 grams of industrially produced trans fats per 100 grams of fat in food intended for the final consumer and food intended for the supply to retail.
26 April 2019	The DG SANTE Expert Panel on Effective Ways of Investing in Health (EXPH), has published updates on its activities. The most recent activities includes its draft Opinion on 'Task shifting in healthcare systems' and its Reflection on priorities for the future of healthcare in the EU . Furthermore, the EXPH will hold hearings for stakeholders to provide further input on EXPH research on ' Value-based healthcare ' and on 'Task shifting in healthcare systems' on 4 and 5 June respectively. Dr Jacques de Haller will attend on behalf of CPME.
26 April 2019	The European Commission, in cooperation with the World Health Organisation, will host a Global Vaccination Summit in Brussels on 12 September 2019. The event takes place under the joint auspices of the European Commission President Jean Claude Juncker and WHO Director General Tedros Adhanom Ghebreyesus. The overall objective is to give high-level visibility and political endorsement to the topic of vaccination. It is also intended to issue a statement to endorse and promote the benefits of vaccination as the most successful public health measure that saves millions of lives every year. The conference aims to demonstrate EU leadership for global commitment to vaccination, boost political commitment towards eliminating vaccine-preventable diseases and engage political leaders and leaders from the fields of science, medicine, industry, philanthropy and civil society. Around 400 participants are expected at this high-level meeting. CPME will participate. Please find more information here .
26 April 2019	On 26 April 2019, the European Commission published the first Eurobarometer on attitudes towards vaccination. It shows that 85 % of EU citizens believe that vaccination is an effective way to prevent infectious diseases. The Eurobarometer also shows that around half of EU citizens have been vaccinated in the last five years and a large majority consult and trust a healthcare professional to get information about vaccinations. However, 48% of Europeans believe that vaccines can often produce severe side effects and 38% think that vaccines can cause the diseases against which they protect. The publication may be downloaded here .

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**.



4

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.



5

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.



6

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



Editorial Board

Annabel Seebohm, LL.M.
CPME Secretary General

Sarada Das
Deputy Secretary General

Markus Kujawa
EU Policy Adviser

Carole Rouaud
EU Senior Policy Adviser

Jan Skrzypczak
EMSA Intern to CPME

Cathrine Bärthel
CPME Policy Intern

Editor

Miriam D'Ambrosio
Communication and Project Officer

Guest commentary

For feedback, further information, questions or to express an interest to contribute to future editions, please contact:

Miriam D'Ambrosio

Stay in contact with CPME!

Rue Guimard 15
B-1040 Brussels, Belgium
Tel: +32 2732 72 02
Fax: +32 2 732 73 44
Mail: secretariat@cpme.eu

[LEARN MORE](#)



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

