



ISSUE

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## Message from the CPME President:



Welcome to the 11<sup>th</sup> edition of the CPME newsletter. The next months will be especially busy and important in the context of the forthcoming elections to the European Parliament and the appointment of the new Commission. In this edition of the newsletter you will find information about the recommendations for political priorities from European doctors presented in the CPME Manifesto. We strongly encourage you to show your support and sign it as well. This issue also includes updates on legislative activities, including clinical trials which is to be concluded in April 2014 and data protection which might be postponed to the next mandate. Over the recent months CPME has been preparing responses to the Council of Europe consultation on the Draft Additional Protocol to the Convention on Human Rights and Biomedicine and the European Commission consultation on patients' safety, I invite you to consult our positions on these topics. We are also proud to announce the renewal of the CPME – CED cooperation formalised by a Memorandum of Understanding. Lastly, I warmly invite you to join the upcoming conference on "Better Working Conditions for Better Care" and an event organised jointly by CPME and FVE that will address a one-health approach to prevention.

Yours sincerely,  
Dr Katrín Fjeldsted



## CPME MANIFESTO

**T**he Standing Committee of European Doctors (CPME), representing the National Medical Associations of 32 countries in Europe, launched its Manifesto in view of the upcoming European elections.

The CPME Manifesto, developed by the CPME members, puts the main emphasis on the right to quality of care and patient safety, access to health, healthcare budget considerations and professional autonomy of physicians. It is structured around 7 recommendations. One of the main proposals refers to 'health in all policies', a principle which encourages cross-sectorial awareness for and action on determinants of health, prevention of disease and promotion of good health across society.

The future newly-elected European Parliament and European Commission will have the power to contribute concretely to the creation of a healthier European Union.

Therefore, we call upon the political groups within the European Parliament, national representatives in EU Member States and the new Commission, to commit to promoting the best possible quality of health and access to healthcare across Europe and to put this as a priority in their working agenda. To express your support, please click [here](#). The CPME Manifesto is available on page 2.

For further information, please contact:  
[Miriam D'Ambrosio](#)

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SAVE THE DATES !

April 2014	April 2014
Friday	Monday

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# Manifesto for the 2014 European Elections

The Standing Committee of European Doctors (CPME) represents the National Medical Associations of 32 countries in Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active 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.**

## **"Health in all policies"**

We strongly advocate a "health in all policies" approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.

## **Economic restraints for healthcare budgets**

Budget cuts affect healthcare services in terms of, for example, access to care, health technologies, innovation and staffing levels, thus causing structural inequalities in access to care. Although recognising the need to respect budgetary restraints, the potential for budgetary cuts in healthcare is limited and the impact has to be carefully assessed. CPME also believes there are opportunities for smarter spending, e.g. on the prevention of disease to avoid the greater personal and economic burdens of treating ill health.

## **A strong medical workforce is key for high quality patient care**

CPME promotes the highest level of medical education, training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services in order to achieve the highest quality of healthcare for all patients in Europe.

## **Professional autonomy**

CPME asks for a clear recognition of professional autonomy, i.e. the independence of physicians to provide healthcare in the best interest of patients, which is a patient right. Whether at organisational or patient-physician level, it is a vital tool to achieve high quality healthcare.

## **Patient Safety and Quality of Care**

CPME promotes a culture of patient safety across healthcare systems. At EU level, CPME encourages a system analysis approach when studying adverse events in an effort to understand how human factors, medical devices, organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector. CPME also supports the highest standards of medical practice in order to achieve the highest quality of healthcare for all patients in Europe.

## **Ethics and medical research**

Medical research is essential to the development of new treatments and new medicines. CPME calls on EU decision-makers to support medical research to strengthen the European knowledge base, while respecting ethical standards and the highest level of protection for patients participating in research.

## **Equal access to health**

Inequalities in access to healthcare and healthy choices can be found across Europe, not only between Member States, but also within individual Member States. CPME believes these inequalities to be not only socially unjust, but also morally wrong. They violate patients' fundamental right to health. CPME calls for these specific legal and social determinants of health to be addressed.

### **European doctors call on EU decision-makers:**

- To support the professional autonomy of doctors to ensure high quality healthcare
- To safeguard an effective framework for patient safety and quality of care
- To take cross-sectorial action to close the gap in health inequalities



CPME is available to provide expertise and support regarding all of the above objectives whenever needed.



## Clinical trials regulation - not enough safeguards

On 22 January 2014, the Committee for Environment, Public Health and Food Safety (ENVI) of the European Parliament voted in favour of the agreement reached with the Council of ministers on the clinical trials regulation. The agreement will be sent to the plenary for its formal adoption on 2 April 2014, thus allowing its entry into force.

The adopted text will incentivise drug development in Europe, through simplified administrative provisions and full publication of all clinical trials results – whether negative, positive or inconclusive. Also the decision of an ethics committee will be made binding on the start of a clinical trial – meaning that the trial will not start if the responsible ethics committee gave a negative opinion on the protocol.

There still are however grave concerns that not all safeguards have been established to ensure that ethical standards are guaranteed. The definition of ethics committee is weak and does not sufficiently address the basic requirements, notably in terms of its composition. Ethics committees should always be composed of a significant number of healthcare professionals who possess the necessary skills and competences. Furthermore, derogations to informed consent have been introduced in a way that patients' right to autonomy and self-determination will not be fully guaranteed. A CPME-WMA joint press release was issued on 19 December 2013 (accessible [here](#)). The [WMA Declaration of Helsinki](#) provides the appropriate ethical standards for the conduct of medical research on human beings. European physicians feel obliged by these standards and will continue to advocate for these to be respected.

For further information, please contact:  
[Constance Colin](#).



### CPME News

◆ On 20 March 2014, the European Voice organizes a conference on “Multi-drug-resistant tuberculosis: what EU response to a growing health threat?”. CPME will join the event as a supporting partner. Further details on the event will be available on the [CPME website](#).

◆ On 12 February 2014, Prof. Dr Frank Ulrich Montgomery attended a conference on ‘Modernisation of the Professional Qualifications Directive: safe mobility’. Prof. Dr Montgomery will deliver a speech during a panel entitled ‘Reinforcing safeguards for citizens and patients: The Alert mechanism and knowledge of languages’. Draft agenda of the event can be consulted [here](#).

◆ Between 25 and 26 February Dr Erszébet Podmaniczky will participate in the Healthcare Professionals Working Party of the European Medicines Agency. More information on the meetings of Patients' and Consumers' Working Party's meetings can be found [here](#).

## Data protection - a lot ahead of us

On 28 January 2014, the EU celebrated the data protection day. The EU data protection reform started two years ago; negotiations to harmonise data protection standards are still ongoing and will probably last longer than initially planned. EU Commissioner for Justice, Viviane Reding, reiterated her call to see inter-institutional dialogues start before July 2014 – with a vote in Parliament in March – so that a final agreement may be reached before the end of the year.

As negotiations are ongoing, it seems unclear to what extent and how health and medical data will be covered by the regulation. CPME is particularly concerned about attempts to weaken ethical and medical law through this regulation. In the field of medical research for instance, ethical standards such as consent provisions are in no way to be defined or modified through a law on data protection.

~ Continued on page 4

Medical ethics requires that healthcare professionals, patients and the scientific community as a whole are extensively consulted before any standard is introduced in an EU binding regulation. European physicians conducting research are committed to the [WMA Declaration of Helsinki](#) and strongly refuse any attempt to weaken its ethical standards.

For further information, please contact:  
[Constance Colin](#).



## Convention on Human Rights and Biomedicine: CPME response to consultation

On 20 January, the Standing Committee of European Doctors submitted recommendations on the Protocol to the Convention on Human Rights and Biomedicine. (CPME 2014/007 FINAL) in response to a consultation launched by the Council of Europe Committee on Bioethics (DH-BIO).

The consultation referred to necessary legal safeguards for the protection of incapacitated persons under involuntary placement, including aspects that justify treatment decisions in emergency situations (e.g. direct danger to the patient or others).

*If a person with a mental disorder is to be treated/placed in a hospital and is unable to give his/her consent, an immediate court decision is necessary. If, in emergency situations, treatment/placement is introduced, the patient must be given a right to immediate appeal to the court.* ([CPME 2014/007 FINAL](#))

Furthermore, the CPME statement mentions that either a legal caregiver or a person nominated specially by a court could assist the incapacitated patient.

For further information, please contact:  
[Anamaria Corca](#).

## CED and CPME Memorandum of Understanding: dentists and doctors join forces



On 15 January 2014, Dr Wolfgang Doeneus, President of the [Council of European Dentists \(CED\)](#), and Dr Katrín Fjeldsted, President of CPME, came together in Brussels to formally sign the [Memorandum of Understanding](#) adopted by both organisations in November 2013 to consolidate their cooperation towards better healthcare for every patient in Europe. The Memorandum of Understanding addresses cooperation in the area of patients' rights, professional practice and healthcare.

For further information, please contact:  
[Sarada Das](#).



*'Ensuring Health & Sustainability in Europe: Doctors and Veterinarians emphasise "prevention is better than cure".'*

FVE - CPME conference  
7 April 2014

CPME in collaboration with the Federation of Veterinarians of Europe (FVE), supported by the Greek Presidency of the Council to the EU and the European Commission, will organise a conference in Brussels, entitled *'Ensuring Health & Sustainability in Europe: Doctors and Veterinarians emphasise "prevention is better than cure"'*. The event will take place at the International Auditorium on Monday, 7 April 2014. The conference aims to bring together stakeholders active in the medical and veterinary sector and to discuss further action from a 'One-Health' perspective. The purpose of this initiative is to highlight the importance of prevention, in order to ensure human and animal health and welfare.

Please find more information on [the FVE website](#). To register your participation please click [here](#).

For further information, please contact:

[Sarada Das](#)

[Miriam D'Ambrosio](#)

*'Better working conditions for better care'*  
*Discussing responsible health system policy*

CPME conference  
4 April 2014

CPME has the pleasure to invite you to its upcoming conference, *'Better working conditions for better care'*. The event will take place on 4 April 2014 at the [International Auditorium](#) in Brussels from 09.30h to 13.00h.

Healthcare services and working conditions will be discussed during two panel debates, first from the perspective of several national experiences and second from the viewpoint of EU level developments, future action as well as added value of EU cooperation. We are honored to also welcome Commissioner Tonio Borg.

Further information on the conference is available [here](#).

We also invite you to join the live discussion on twitter using the hash tag: [#CPME2014](#).

For further information, please contact:

[Sarada Das](#)

[Miriam D'Ambrosio](#)

*Guest article*



From left to right: Dr Maris Plavinis, Latvian Medical Association Vice-President  
Dr Katrín Fjeldsted, CPME President

## Dr Katrín Fjeldsted Tempus Hominis Award

Dr Katrín Fjeldsted, CPME President was honored in Latvia on 20 December 2013. She received the highest award of the Latvian Medical Association for her achievements in strengthening cooperation among professional organizations in Europe in the field of health care and her support to the Latvian Medical Association. The medal, called "Tempus Hominis" was awarded by Dr Pēteris Apinis, President of the Latvian Medical Association.

**Velta Poznaka**

Head of Office  
Latvian Medical Association  
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Federation  
of Veterinarians  
of Europe



COUNCIL OF  
EUROPEAN DENTISTS

## JOINT PRESS RELEASE

# European Health Professionals join forces against Antimicrobial Resistance

**To you keep yourself and your loved ones in good health**

European health professionals – doctors, dentists and veterinarians – join their voices on [“How to use antibiotics responsibly”](#).

Antibiotics are vital to treating and preventing the spread of disease in animals and humans. However the risk that the bacteria causing a disease will develop a resistance to an antibiotic increases every time it is used. Once bacteria are resistant, the antibiotic is ineffective and can no longer treat the disease.

It is the responsibility of each one of us to follow some simple sanitary rules. It is our responsibility to visit our health professional before we use an antibiotic. It is in our hands to follow thoroughly their instructions when we use an antibiotic to treat ourselves, our family members or our animals.

FVE President, Dr. Christophe Buhot, emphasized: *“Although resistant microbes are tiny, they represent a huge threat to every living organism in the world by severely compromising their health. Both humans and animals need efficient medicines to treat this kind of infections. A collaborative approach and our joint efforts would ensure that antibiotics keep their efficacy now and in the future.”*

CPME President Dr Katrín Fjeldsted: *“Losing the option to treat diseases with antibiotics would be a shocking set-back to modern medicine. We must realise that everyone can make a personal contribution to ensuring that these valuable medicines stay effective, by taking some very simple steps. Veterinarians, doctors and dentists have come together with some ‘easy to follow’ advice which will help safeguarding our health and that of future generations.”*

CED’s President Dr Wolfgang Doneus: *“According to experts and recent studies, appropriate use of antibiotics in the field of dentistry is important. Advantages and risks as well as the threat of side-effects and resistance building must be considered. Instant diagnosis tests should be developed and widely-used in order to offer the best treatment to patients. Working together we will be able to achieve low prescribing rates and combat antimicrobial resistance”*

Read the health professionals’ advice [here](#).

## Patient safety - intensified stage of policy and implementation

On 20 January 2014, the CPME Executive Committee renewed its commitment for the promotion and EU recommendations on patient safety. The CPME answer to the European Commission consultation on patient safety is available [here](#).

At EU level, CPME is engaged within the Joint Action for Patient Safety and Quality of Care. Its latest development refers to a series of webinars aimed at training of multiplicators within 5 safe clinical practices: **surgical safety, paediatric early warning scores, medicine reconciliation, hand hygiene and management aspects related to patient safety**. We invite you to consult the project’s website for further information on the [calendar of webinars](#) as well the [wiki platform](#) and in particular Patient Safety and Quality of Care Good Practices.

For further information, please contact:  
[Anamaria Corca](#).





## Regulations in Turkey Violating the Right to Health and Privacy of Personal Data

Official arrangements introduced in Turkey one after another in recent years violate the principles of neutrality in health services, right to health and privacy of the personal health data.

### Declaring Independent Health Services as “Breach”

The last one in the series was the All-Inclusive Law on health taking effect on 18 January 2014 upon publication in the Official Gazette. Article 46 of this Law, in particular, was being debated for about 7 months in both Turkey and abroad. The article imposes imprisonment from 1 to 3 years and monetary fines up to 2 million TL (about 900,000 USD) to health professionals who deliver or cause the delivery of health services without authorisation by the Ministry of Health. This law and its article made health services driven by humanitarian motives in such extraordinary cases as earthquake, flood or in demonstrations subject to “licence” and thus breached the fundamental principles of the medical profession. Against this legislation that restricted emergency services to patients and wounded persons, including even first aid with some vague expressions, professional organisations including the Turkish Medical Association (TMA) raised their voices. They called the Government to withdraw this particular article of the act in the name of the right to health, human rights and professional ethics of medicine. Meanwhile, the World Medical Association (WMA), Standing Committee of European Doctors (CPME), Physicians for Human Rights (PHR) as well as British and German Medical Associations sent letters first to the Minister of Health<sup>1</sup> and then to the President of Turkey<sup>2</sup> and wrote articles to eminent journals<sup>3</sup> stating their objection to the act and requesting the deletion of the article mentioned. The United Nations Special Rapporteur on the Right to Health stressed that the act makes independent health services a crime<sup>4</sup>. The adoption of the law in spite of all these aroused reaction worldwide. Unfortunately, from now on in Turkey one can witness the trial of physicians for imprisonment or heavy fines for fulfilling their professional duties and acting for the benefit of human beings.

The passing of this law reminded many wounded people, some losing their lives, and suffered permanent injuries almost totally as a result of police violence during protests taking place in all parts of Turkey in last June. In these events named as “Gezi Park protests” and closely watched by the world, physicians rushed to help wounded protesters and delivered first aid services right at the point. The TMA gathered information and data from individual physicians and chambers of medicine related to the health status of demonstrators and shared them with the public<sup>5</sup>. This attitude of the TMA and physicians which was in fact nothing beyond fulfilling the requirements of their profession unfortunately irritated the Ministry of Health and Government. Investigations were launched on the TMA and Ankara, İstanbul and İzmir Chambers of Medicine, they were accused of giving “unregistered” medical care, and they were asked to supply the names of doctors giving first aid service to wounded people and of wounded persons.

International medical and human rights organisations published articles about these unacceptable implementations<sup>6</sup>.

It is extremely disturbing that the legislation considering independent health services as “offence” and its enactment despite objections from Turkey and other parts of the world came right after this process. The Health Minister’s statement that Gezi Park demonstrations showed the necessity for such a legislation is particularly alarming in that it openly shows the threat to

~ Continued on page 9

the neutrality of health services<sup>7</sup>. At present, it is the expectation of citizens and physicians in Turkey to have the law annulled by the Constitutional Court.

### **Forcing Physicians to report the personal health data of patients**

There are also new legislative arrangements violating the obligations of doctors to keep personal information confidential as one of the most fundamental ethical codes of the medical profession. This obligatory practice was first introduced in November 2011 with a Government decree-law. Now legislations make it imperative for all health institutions and facilities, even the private offices in Turkey to supply personal health data of all their patients, whether examined or given treatment, to the Ministry of Health and Social Security Agency. While the original act was annulled by the Constitutional Court, it was enacted again in another way; the act violates most fundamental patient rights while doctors are forced to breach their obligation to keep personal information confidential. As the act was being brought again before the Constitutional Court, the most recent All-Inclusive Law mentioned above introduces provisions envisaging condemnation and monetary penalties for doctors and health facilities refusing to share their patients' personal health data.

Our objection to and struggle against these arrangements is ongoing in the name of our profession and patients.

### **Collection of Biometric Data of those Receiving Health Services**

Another hard-to-believe practice in the field of health in Turkey starting from 1 December 2013 is the collection of biometric data from all patients by private health facilities through fingerprints and palm vessel reading system. In order to benefit from the Social Security coverage to which they are entitled, patients have to go through fingerprint and palm vessel reading procedures every time they visit private health facilities. Identity documents with photographs are not considered sufficient, they are considered as potential swindlers and forced to prove their identities through biometric data. The TMA rejects this practice considering it as a clear violation of human rights<sup>8</sup>.

Almost every day many citizens call on the TMA stating various cases of victimisation. Those who refuse to go through biometric testing are told they cannot benefit from their social security rights and they have to pay for examination and treatment costs! The Turkish Medical Association is now preparing to bring a lawsuit against this preposterous practice.

### **Good Medical Practice and Quality Services in Spite of All**

The Turkish Medical Association and physicians in Turkey are struggling for good medical practice and quality health services in Turkey. In the same vein, they declare their desire and will for solidarity with health professionals all over the world.

**Dr Bayazit İlhan**

**Turkish Medical Association, Secretary General**

*Please consult [here](#) a list of references.*

## EUROPEAN WEEK OF ETHICS

The European Week of Ethics is an initiative aimed at raising awareness regarding questions, potential solutions and opinions of ethical experts within the field. In Marmara University, İstanbul,

The first European Week of Ethics was launched January 2-5 2014 and took place under the auspices of Marmara University, İstanbul. The event turned into three unforgettable days for all participants, including renowned guest speakers.

This year's theme was "Being a Stranger in Health Care", which was considered from several perspectives: the patient-doctor relationship in the examination room or the supply of essential medicines in less fortunate parts of the world. Medical students with different backgrounds and origins gathered around the same topic and engaged in a mutual learning process. For the upcoming year, the Medical Ethics and Culture enthusiasts of EMSA are preparing a sequel in Heidelberg. New themes, new speakers, and new discussions will be there to get us to our feet and start thinking!

Damla Yagmur

EMSA Medical Ethics and Culture Director (2013/2014)





## Action Plan on Reducing Alcohol-Related Harm : CPME looks ahead to new policy framework

CPME welcomes the European Commission's announcement of launching an action plan on reducing alcohol-related harm. The objectives set out in the 2006-2012 EU Alcohol Strategy, i.e. to protect young people, children and the unborn child; to reduce injuries and deaths from alcohol-related road traffic accidents; to prevent alcohol-related harm among adults and reduce the negative impact on the workplace; and to inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns; develop, support and maintain a common evidence base, remain relevant and urgent. CPME hopes that the action plan will provide a suitable framework to take forward policy activities, also in terms of legislation. In the area of non-legislative action, CPME looks forward to continuing its contribution to informing the medical profession of the latest policy developments and good practices, as well as taking action to highlight the importance of protecting children and young people from advertising and marketing of alcohol products. CPME will also continue its activities in supporting doctors in addressing patients' excessive alcohol consumption, with a special focus on prevention in a workplace setting.

*For further information, please contact:*

[Sarada Das](#).

## US NSA Surveillance programme – professional secrecy to be protected

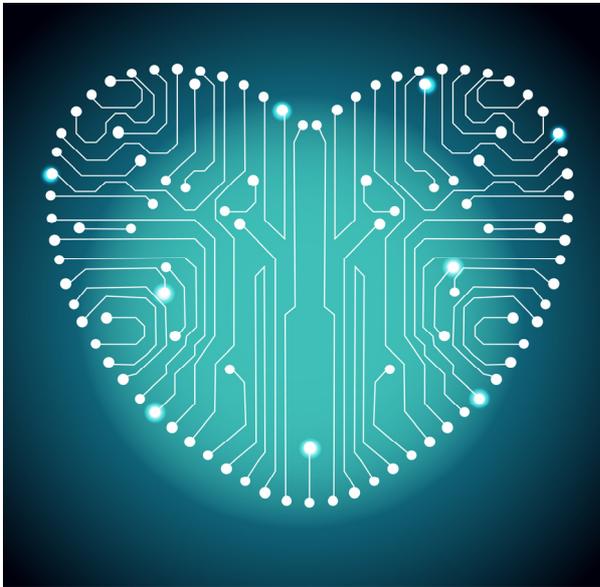
Following the scandal over access by US authorities of billions of individual personal data, the European Parliament decided in July 2014 to set up an inquiry committee to investigate on the electronic mass surveillance of EU citizens. The inquiry committee is led by MEP Claude Moraes (UK-S&D) who issued on 8 January 2014 a draft report on the US NSA surveillance programme. 520 amendments were tabled to the report, the vote in the Civil liberties committee (LIBE) took place on 12 February 2014, the final vote in plenary is planned for 11 March 2014.

The report as well as a number of amendments, demand that professional secrecy and confidentiality are protected. More concretely, the report proposes the launch of a *European Habeas Corpus for protecting privacy* based on 7 actions with a European Parliament watchdog. One of the actions planned within this Habeas Corpus is to protect the rule of law and the fundamental rights of EU citizens, with a particular focus on professional confidentiality. CPME issued a [supportive statement](#) emphasizing the importance of professional confidentiality and underlining that the trust relationship between a patient and his physician should in no way be breached by the interference of a third party. Already in September 2013, CPME had addressed the Heads of EU institutions and the US Ambassador with an [open letter](#).

*For further information, please contact:*

[Constance Colin](#).

## Parliament adopts a resolution on the eHealth Action Plan



On 14 January 2014, the European Parliament adopted a resolution on the [‘eHealth Action Plan 2012-2020 – Innovative healthcare for the 21<sup>st</sup> century’](#) in response to the Commission’s communication.

The resolution highlights the important role of eHealth in supporting healthcare systems and the delivery of healthcare. It welcomes the Commission’s communication, notably the intention to launch a study on eHealth implementation and stresses the need to tackle liability, reimbursement and data protection

issues. According to the resolution, healthcare professionals and patients should be involved in the design and the implementation of these services, so that they are user-oriented. CPME issued in April 2013 a statement on the Commission’s eHealth Action Plan ([CPME 2013/017](#)) and will continue to monitor policy developments regarding eHealth. CPME will pay particular attention to the Commission’s upcoming communication on mobile health applications.

For further information, please contact: [Constance Colin](#).

◆ Between 13 and 14 March, CPME President Dr Katrín Fjeldsted and CPME Secretary General Ms Birgit Beger will attend the EFMA FORUM in Belgrade, Serbia.

◆ Between 8 and 9 April, CPME President Dr Katrín Fjeldsted will participate the Global Transparency Congress where she will give a speech during the panel entitled *Transparency Initiatives in Europe — Where Do Physicians Stand?* More information on the event and registration details can be found [here](#).

◆ Between 12 and 14 May 2014, the eHealth Forum will take place in Athens, Greece and will bring together the high-level eHealth experts conference on European priorities, the eHealth Network meeting, the 4th EU-US eHealth marketplace & co-operation assembly, the European Innovation Partnership on Active and Healthy Aging and many more events. More info: [www.ehealth2014.org](http://www.ehealth2014.org)



## CPME Meetings 2014 SAVE THE DATES!

April 2014

November 2014

Brussels

Budapest

4

5

14

15



- ◆ On 10 December 2013, CPME Treasurer, Prof. Dr Frank-Ulrich Montgomery and CPME Secretary General, Ms Birgit Beger attended a conference on 'Improving quality and safety of healthcare' hosted by the European Committee for Standardisation (CEN). European standardisation in the policy context as well as standardisation at national level were discussed during the conference. More information on the event can be found [here](#).
- ◆ On 11 December 2013, Dr Mads Koch Hansen participated in a 'Joint Conference on Antimicrobial Resistance: State of play of the 5 year action plan'. During this multi-stakeholder interactive meeting, Dr Hansen had a speaking engagement during the panel on challenges to stakeholders. Information about the conference can be consulted [here](#).
- ◆ On 15 January 2014, CPME President, Dr Katrín Fjeldsted and CPME Secretary General, Ms Birgit Beger had a bilateral meeting with Dr Andrzej Ryś, Director from DG SANCO to discuss the issue of standardisation in healthcare.
- ◆ On 15 January 2014, Dr Katrín Fjeldsted and CPME Secretary General, Ms Birgit Beger had a bilateral meeting with Mr Pettinelli, Director from DG Enterprise and Industry to discuss the issue of standardisation in healthcare.
- ◆ On 16 January 2014, CPME Executive Committee took place in Brussels, Belgium.
- ◆ On 16 January 2014, Dr Bernard Maillet participated in EUnetHTA training course for EUnetHTA stakeholders taking place in Brussels, Belgium.
- ◆ On 20 January 2014, Dr Konstany Radziwiłł met with Working Group on eHealth of the Council of European Dentists.
- ◆ On 27 January 2014, Dr Konstany Radziwiłł attended the eHealth Stakeholders Group, in Brussels, Belgium.
- ◆ On 28 January 2014, CPME Secretary Ms Birgit Beger and CPME Senior EU Policy Advisor, Ms Sarada Das attended the plenary assembly meeting and conference of Joint Action on Health Workforce in Bratislava, Slovakia.
- ◆ On 05 February 2014, Dr Tomasz Kostka (PL) attended the EU-level Summit meeting on fall prevention in older people. It was the first meeting of the ProFouND EU-level Support Group for Actions on Fall Prevention and an opportunity to discuss raising awareness and concerted actions for falls prevention among senior citizens in Europe.
- ◆ On 06 February 2014, Dr Stefan Poriau and Senior EU Policy Advisor, Ms Sarada Das attended Diet Platform in Brussels, Belgium.



## EU Institutional News

22 January 2014

The European Parliament's Committee on Environment, Public Health and Food Safety (ENVI) approved the outcomes of the trilogue negotiations for a new Tobacco Products Directive. Please find the approved text [here](#).

12 February 2014,  
16h00

Vote in LIBE Committee on the Claude Moraes report on electronic mass surveillance of European citizens.

3-4 April 2014

This first EU summit on chronic diseases will discuss medical, social and economic benefits of sustainable investments in health, ways to reduce the burden of chronic diseases, and how to strengthen the prevention and management of chronic diseases, with a focus on EU added value and action. It will take place at the Berlaymont Building, "Piazza", in Brussels. Draft programme available [here](#).

8 - 10 May 2014

The European Conference on Rare Diseases & Orphan Products (ECRD) is organising the European Conference on Rare Diseases & Orphan Products that will take place at the Andel's Hotel, Berlin, Germany. More info available [here](#).

## Editorial Board

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## CPME Mission Statement

*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 and European policy-making through pro-active 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. To achieve this, CPME promotes the highest level of medical training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services. We offer support to those working towards these objectives whenever needed.*
- *We see the patient-doctor relationship as fundamental in achieving these objectives and are committed to ensuring its trust and confidentiality are protected while the relationship evolves with healthcare systems. Patient safety and quality of care are central to our policies.*
- *We strongly advocate a 'health in all policies' approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.*

*CPME's policies are shaped through the expertise provided by our membership of national medical associations, representing physicians across all medical specialties all over Europe and creating a dialogue between the national and European dimensions of health and healthcare.*



The CPME Twitter account is open to discuss relevant health policy topics. Please follow us on Twitter: [@CPME\\_Europa](#).

## Guest commentary:

CPME values your feedback! Feel free to leave us a message by [clicking here](#).



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
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