Tonio Borg

Member of the European Commission, responsible for Health

Commissioner Borg delivers speech on the crucial objective of ensuring safe and efficient healthcare in Europe.

Tonio Borg, European Commissioner for Health, attends the Conference on professional liability : **"TOWARDS A EUROPEAN DIRECTIVE TO PROTECT DOCTORS AND PATIENTS"**

Rome, Italy, 2 July 2014.

COMMISSIONER TONIO BORG'S PARTICIPATION AT THE CONFERENCE ON PROFESSIONAL LIABILITY

"TOWARDS A EUROPEAN DIRECTIVE TO PROTECT DOCTORS AND PATIENTS"

ORGANISED BY:

THE ITALIAN ASSOCIATION OF HOSPITAL OBSTETRICIANS AND GYNAECOLOGISTS (AOGOI)

AND

STUDIO LEGALE CIRESE

WEDNESDAY 2ND JULY 2014, ROME

SPEECH

Honourable Members of Parliament,

Professors,

Ladies and Gentlemen,

I am very pleased to be here today to address this distinguished audience on the crucial objective of ensuring safe and efficient healthcare in Europe.

As doctors, you are at the forefront of our collective efforts to meet this challenge. Your very important and challenging mission is to treat people, and when possible, to cure them.

When our citizens go to a hospital, they expect safe healthcare. Patients should feel confident that they will not suffer harm from the healthcare they receive.

An EU-wide survey which we published just a couple of weeks ago showed, however, that just over half of EU citizens think that people could be harmed by hospital care.

There are wide variations across Member States – ranging from 21% of citizens thinking they could be harmed by hospital care, to an alarming 82%.

(Here in Italy for example, 57% of the people asked think they could be harmed when they go to a hospital; and 13% stated that they – or a member of the family – has actually suffered an "adverse event" when receiving care.)

There are indeed significant gaps in the way that patient safety is addressed – and perceived - across the European Union.

In recent years, the EU has been working closely with Member States and stakeholders to help bridge these gaps.

In 2009, the Member States of the European Union committed themselves to putting in place specific programmes to address patient safety, by endorsing a Council Recommendation on patient safety and healthcare-associated infections.

This Council Recommendation underlined the importance of empowering patients; of having in place systems for reporting and learning from adverse events; and, of specific training for healthcare professionals.

Last month the Commission published a report on how this Recommendation has been implemented in the Member States.

The good news is that there has been significant progress. For example, 26 Member States (out of 28) now have patient safety strategies or programmes. 27 have reporting and learning systems for adverse events.

The bad news is that, despite such progress, there are still adverse events in healthcare settings; patient safety is seldom part of healthcare workers training; and at least 10 Member States do not seem to inform patients about safety measures to reduce errors, or about complaint procedures.

This is why I have put forward – in the report of a couple of weeks ago – some actions for Member States to consider – guidelines on informing patients; common patient safety standards; and common definitions of quality of care.

When speaking of quality and safety, I must also refer to the state of the health workforce.

Our last survey on this issue concluded – unsurprisingly – that well-trained healthcare staff is the most important factor in the delivery of safe, high-quality care.

It is clear that, to ensure patient safety, the Member States need sufficient numbers of well-trained and highly motivated health professionals in the right place.

The perceived shortage of health workers – specialist doctors and nurses in particular - is a matter of great concern for Member States and stakeholders, who are now working together at EU level on health workforce planning and forecasting.

Our European partnership of 25 Member States and 30 professional organisations is developing tools to guide the huge investments needed to train enough health professionals to meet future needs.

We are also encouraging Member States to make better use of their training capacities, for example through bilateral agreements.

A major development in EU health policy I would like to focus on today is the Directive on patients' rights in cross-border healthcare. This Directive was due to be in place in national laws by October 2013.

The Directive enshrines the rights of patients to obtain reimbursement for healthcare received in another Member State.

In addition, the Directive contains a number of measures which are relevant to our discussion today.

The Directive places great emphasis on the provision of information. National Contact Points should provide patients with information about the architecture of a health system as regards quality and safety.

This includes particularly relevant information about: *Who sets the standards? Who monitors compliance? What happens when something goes wrong?*

Healthcare providers are also required to inform patients about their quality and safety records, along with their registration or authorisation status.

The Directive requires that a number of other procedural guarantees are in place:

- Patients must have the right to complain and seek remedies if they suffer harm as a result of receiving healthcare;

- They must have access to a copy of their medical record;

- All healthcare must be covered by a system of liability insurance, or an arrangement which offers a similar guarantee.

I know this last point is of particular interest to many of you – so I would like to expand on it a little.

We have already seen significant changes in some Member States as a result of this provision.

Providers or institutions who were not previously obliged to have such insurance are now required to do so. This "levelling up" of coverage is most welcome.

At the same time, we must be clear about what the Directive does and does not require.

The Directive stipulates that the insurance system or equivalent should be appropriate to the nature and the extent of the risk.

However, the text of the Directive is very clear that it is for each Member State to determine "the nature and modalities" of such a system.

This is because, under the Treaty, the primary responsibility for the management of health systems resides with the Member States.

And the sheer variety amongst the 28 health systems of the 28 Member States means that Member States are, unsurprisingly, keen to ensure that they have enough flexibility to adapt requirements to their particular national context.

On the particular question of liability, this means that national arrangements vary greatly:

- Some countries have a general compensation fund;

- Other countries require liability insurance to be arranged and held at institutional level; and

- Still other countries place the obligation of liability insurance on individual healthcare professionals – namely on doctors.

The levels of coverage and limits of indemnity, the availability of insurance and the cost of the premiums vary greatly depending on the national context.

Each Member State of the European Union is therefore responsible for deciding on the applicable legal specifications for liability and the requirements for insurance.

Ladies and Gentlemen,

All this leads me to the fundamental question that must be answered about EU health policy: **where next?**

I have outlined some of the actions being taken at EU level to address the issues of patient safety and quality. These range from hard law to soft law, to co-operative joint projects.

I am persuaded that there is much we can achieve with the tools we have.

Yet there is a limit to how far we can currently go in law and policy, given the division of competences and responsibilities between the EU and the national level.

The question we can address is:

Is there more that we could do together to improve the safety, quality and efficiency of the healthcare we deliver to EU citizens?

This, after all, is our common goal.

Thank you for your attention.