

This public consultation seems to be open to all health sector stakeholders.

As a health worker, clinician and general physician, I would like to add some of my own thoughts to this European medical network, building up consultation.

## HUMAN FACTS

People prefer to receive hospital treatment whenever possible in their own country, where their own family reside, where their first language is spoken, the obvious exception being emergencies.

People should enjoy basic health care, preventive, curative care, in the country where they are living most of the time and working.

In most countries, people are clear about their responsibilities in looking after their health. The financial aspect is also part of their commitment, but there should be clear guidelines.

## PERSONAL VIEWS

Government should regulate or supervise medical insurance. (not for profit providers, private, “mutuelle”,.....), in respect of delivery of a safe, high quality and efficient health service.

It does seem pretty clear that member states will have to make adjustments to their national system of social security, in that regard.

Gps, family doctors do have a certain responsibility for the safety, high quality and efficiency provided by health services and are expected to apply current medical guidelines and ethics.

Medicine is constantly developing and so will the guidelines.

Guidance for the doctor should be given by their general medical council, le conseil national de l'ordre des Medecins.

Guidance is also expected from every medical defence union. It should be the duty of all medical protection society to gear up to a European level.

Organisations such as WHO give reliable and practical information.

## PROPOSITION FOR A PILOT PROJECT

A project which would have international mobility at the point of delivery. (even if to start with, with limited mobility within few countries).

Use of multilingual skills permitting ease of contact, plus inter-personal skills. (both in relation to patients and the host country).

Register with the selected member states, in order to access referral to the local health network and to engage in a dialogue with them to assure the continual monitoring of patients health.

The project would follow up the health care of mobile patients, of working age, retired age, for a prescribed period.

The advantage for the patients is obvious, as they will be able to keep the same medical advisor and have a main interlocutor. This puts emphasis on optimal continuity of care for patients.

It does increase the practitioner's knowledge of patients and encourages good clinical care. This would be a mosaic of care but with the same stem.

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