

To:
European Commission
Health and Consumer Protection DG
Brussels

Subject: Communication from the Commission

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Responses to the consultation

1)

As long as supra-regional patient mobility does not account for more than one to several percent, this will not have any adverse effects on the health care systems in most countries. Patient mobility will help to improve quality and thus safety, and may also lower costs.

2)

It will have to be made very clear to all parties concerned that patients are free to choose their doctor, and that this freedom may not be restricted in any way, i.e. not by the authorities or purchasers, and certainly not by the health care providers themselves.

3)

The authorities in the "receiving" country remain liable.

4)

Whenever the Commission feels responsible for the protection of patients as consumers, and thus also for their safety, it draws up a directive or regulation requiring the countries to introduce a no-blame provision, as is being planned in Belgium.

5)

This problem might possibly arise in border regions. Regions can deal with this themselves, possibly acting on EU recommendations as regards how, what and when.

6)

No opinion: this is unknown under existing legislation and practices regarding the movement or establishment of health services and providers.

7)

As regards legal certainty: in the case of patients, health care providers and other interested parties, there is a need for a computerised patient dossier meeting the following specifications:

- the patient must have access to the complete dossier, i.e. health care providers should not be able to communicate with each other using a partitioned-off section of the dossier. The dossier and its contents are the property of the patient, and it is the latter who determines which parts may be duplicated by other health care providers for treatment purposes;
- the patient can use a small field to make corrections. A built-in word-checker ensures that an appropriate language is used. In addition, the computer programs used contain a medical translation module for translation of national languages into medical English;

- each country has at least one public prosecution service, with extensive medical and legal expertise, where witnesses or expert witnesses may be required to appear and give evidence under oath. This is in case one of the parties seriously or intentionally infringes legal provisions or rules.

This public prosecution service is also entitled to inspect a dossier, possibly at the sole request of the patient.

(The health care providers do not need to fear any financial implications in this connection, since the question of redress is dealt with in Question 4; nor, if they adhere to the rules, do they need to worry about the dossier requirements).

8)

Practical measures may be considered in the framework of FP07.

Those responsible for health services at national and European level can take the measures required to achieve optimum quality and safety for cross-border patients, for example by means of objective and comprehensible information systems, reference centres (for special treatments or for recuperation following blame-free reporting and second opinions) and measures to increase efficiency and reduce costs.

The Commission can offer advice, lay down rules and quality requirements, provide coordination, make funds available and carry out monitoring.

9)

The European Court of Justice has ruled that Community measures to adapt national social protection schemes in order to comply with the objectives of the European Treaties are not subject to restrictions under any provisions of the Treaties.

Conclusion: the Commission may adopt any regulation or directive in the field of health care provision which is in the interests of patients in Europe.

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(signature)

Replies given in my capacity as a stakeholder and patient

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