IVAA Internationale Vereinigung Anthroposophischer Ärztegesellschaften
International Federation of Anthroposophic Medical Associations
Fédération Internationale des Associations Médicales Anthroposophiques

IVAA comments on the consultation communication from the Commission regarding Community action on health services of 26.9.06

About the IVAA

In Europe, the International Federation of Anthroposophic Medical Associations represents national doctors' associations with over 2 000 qualified anthroposophic doctors in 16 Member States (Belgium, Denmark, Germany, Estonia, Finland, France, Great Britain, Italy, Latvia, the Netherlands, Austria, Poland, the Czech Republic, Romania, Sweden, Spain) and in Norway, Switzerland and other European countries. Anthroposophic medicine is practised in both doctors' surgeries and clinical facilities with over 2 200 beds.

The function of the IVAA is to lobby for the legal safeguarding of anthroposophic medicine and for the political interests of its member associations in constant dialogue with international and European institutions. The following comments are a contribution to the above consultation process.

Introductory remarks

For all astute observers of European integration – and particularly since the enlargement of the European Union to 27 Member States – it is clear that this positive development also affects the healthcare systems in the EU and that the requirement for cross-border health care between the Member States will increase. This will take place, even if at present both the cross-border utilisation of health services and the cross-border provision of services between the Member States and within the EU have just begun.

The IVAA therefore wholeheartedly supports the EU's plan to make the necessary arrangements for this in good time and to create an appropriate environment for these consequences of European development.

The improvement of health services as a contribution to the optimisation of health care in the EU should not, however, be restricted to problems of quantity, market regulation and cross-border reimbursement of costs. The IVAA would like to state clearly that the European health services area must also cover not only questions regarding information, health protection and prevention, but also issues concerning the safeguarding of patients' rights and the preservation of freedom of choice of treatments and of the flexibility of corresponding healthcare providers.

The IVAA therefore emphatically supports the comments of other health players in the EU, such as the EPHA, that have pointed out that the EU's future initiatives focus on the central values and rules for health services and should therefore follow the WHO definitions of public health and health system.

In this context, as an actor in the established field of complementary medicine (CAM) in the EU, the IVAA points out the urgent need for the EU's future healthcare initiatives to create an environment which ensures that complementary medicine and its types of treatment can be provided and utilised. This comes from the fundamental right of patients to freedom of choice of treatment and from the requirement for healthcare systems to be financially sustainable, which would make it ill-advised to forgo the total contribution made by complementary medicine.

Question 1: What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?

There are no concrete figures on how cross-border healthcare in the field of complementary medicine and anthroposophic medicine currently affects the healthcare system as a whole. National competence for structuring healthcare systems means that the EU's Member States have such different structures concerning the provision of types of anthroposophic medicine (AM) treatments and types of complementary medicine treatments that we have to speak of a real curtailment of patients' freedom to choose to avail themselves of these types of treatment within the EU. The same applies to the providers of health services for these types of treatment.

This is all the more regrettable since demand for these types of treatments is increasing and their efficacy, suitability and cost-effectiveness, and thus their financial sustainability, are beyond question.

Question 2: What specific legal clarification and what practical information is required by whom (e.g. authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?

The EU should create a regulatory framework obliging the national supervisory authorities to develop, in cooperation with healthcare providers, information systems that provide patients with reliable information on which services and facilities they could avail themselves of in another EU Member State under which (cost) conditions. This could tie in with, and, if necessary, build on the existing patient information requirements in the area of medical products.

Question 3: Which issues (e.g. clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2 above?

As long as competence for the structure and financing of health systems within the EU rests with the Member States, the final competence and responsibility for the provision of health services, their quality and safety and so on, along with the conditions for using these services should remain with the competent national authorities.

Question 4: Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

The EU is currently developing rules for contractual and non-contractual liability and compensation for damages. These should include corresponding rules for the cross-border provision of health services.

An EU-wide information and clearing house for patients, similar to the "DO IT" system for SMEs set up by the European Commission, would be an important service the EU could provide to make it easier for patients to avail themselves of cross-border health services.

Question 5: What action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in 'receiving' countries)?

Question 6: Are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?

Question 7: Are there other issues where legal certainty should also be improved in the context of each specific health and social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States – such as healthcare providers and social security institutions – suggest in order to facilitate cross-border healthcare?

Question 8: In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

As requested by other European health players, the IVAA underlines the necessity of keeping reliable and comparable records on the demand for types of treatments, patient mobility and service personnel in health care. This applies in particular to the area of complementary medicine. Initiatives from the European Commission are urgently required here.

The IVAA likewise supports the demand for a European "Health Impact Assessment". It goes without saying that such an assessment would have to include the types of complementary medical treatments.

Together with other European health players, the IVAA supports the introduction of European reference centres in the area of health, which could, through the consolidation of different sectors, contribute significantly to the optimisation of health care and the cohesion of healthcare systems in the EU. A reference centre on complementary medicine would contribute significantly to the mobilisation of this "resource".

Question 9: What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

The IVAA supports all the efforts towards the creation of a European Charter of Consumer Rights and for quality standards in the area of health as non-legislative measures. For example, the European complementary medicine doctors' organisations are developing a corresponding standard for their work, which could contribute to these efforts.

In principle, the "open method of coordination" is a suitable instrument for progressively achieving coherence in the existing healthcare systems in the EU in the context of continuing European integration.

Legislative measures should be restricted to measures that contribute to improving and harmonising patient information, making training standards comparable throughout the EU and preventing distortions of competition amongst health service providers, be they public or private.

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