

European Commission
DG SANCO
Consultation regarding health services
B232 8/102
B-1049 Brussels
Belgium
health-services-consultation@ec.europa.eu

Ref: Communication from the Commission of 26.9.2006, SEC (2006) 1195/4.
Re: Points of view submitted by Suomen Reumaliitto ry [Finnish Rheumatism Association].

The Finnish Rheumatism Association would like to raise the following four points:

1) *Compensation of patients for injuries sustained in cross-border healthcare*

Section 31a of Law 856/2004 amending the Law on specialised medical treatment [*Erikoissairaanhoitolaki*], which forms part of Finnish legislation guaranteeing access to health care, reads as follows: "If the hospital district joint municipal board is unable to provide the treatment referred to in Section 31 within the stipulated maximum time limits in Finland, it must, at the request of the patient, issue advance authorisation to seek such treatment, the costs of which must be borne by the hospital district joint municipal board, in a Member State of the European Economic Area or in Switzerland".

NB The following two principles have been developed on the basis of two judgments issued by the European Court of Justice in 1998:

- a) patients are entitled, without advance authorisation and for the same fees, to any treatment to which they are entitled in their own country, other than hospitalisation, and
- b) a person who has received authorisation from his own Member State may go to any other Member State to receive hospital treatment for the same fees.

In Finland, however, compensation for injuries caused by healthcare or drugs is paid only for injuries sustained within the geographical territory of Finland.

This means that patients resident in Finland are not protected when receiving treatment in countries to which insurance arrangements for injuries caused by healthcare or drugs do not extend.

2) *Patients must have the right to the services they need in their mother tongue*

Patients are systematically entitled to the health care they need in their mother tongue, even in the event of cross-border health care.

Translation must be arranged for the patient, at no additional cost, with the help of an interpreter conversant with medical terminology, e.g. by phone or video link.

3) *Cross-border (electronic) transfer of patient information and prescriptions*

In Finland, as from April 2007, the electronic patient information system and electronic receipts will gradually be coming into use. It might also be possible in future to transfer data between the EU Member States.

However, in addition to technical problems, the language problem is creating a serious obstacle to the cross-border transfer of electronic data.

For non-urgent medical treatment, the problem can in principle be solved using professional translators and interpreters, though in practice there are not enough specialist translators and interpreters available.

4) *Comparable advisory services on what is available in the Member States*

Everyone requiring the health services of other Member States should be able to access information on the services available in each country, e.g. via a common database. Again, the language problems of advisory services should be solved to ensure that patients are not burdened with additional costs.

Helsinki, 29 January 2007

Kaarina Laine-Häikiö
Managing Director

Marja Eronen
Lawyer representing SR's interests

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.