



EUROFEDOP



Response to the European Commission's Consultation regarding Community action on Health Services

The European Federation of Employees in Public Services groups 52 Christian and other democratic trade unions in 23 European countries, including recently joined and possible future member states. Our field of interest is the public service in its largest possible sense and this also includes health services.

1. General

Both the Finnish and the German Presidencies attach great value to the developments in the health sector and give the issue of health care high priority on the European Agenda. Although approached from different perspectives, it is obvious that the sector is gradually developing and that 'European' approaches are being more seriously taken into consideration as the process continues. This means that a mentality change with European citizens and those involved in the health care sector has already taken place; ten years ago it would have been unimaginable to think of some sort of 'European framework' for health issues (considering the national character of the issue). Eurofedop too realises there is a need for greater cooperation between nationally based health care systems. The trends show that patients get increasingly mobile, and the health care systems are becoming increasingly interconnected. It is clear that a coherent political response is necessary apart from well structures and well functioning information channels in order to optimally inform and respond to anyone involved in the health care system (we could say, all European citizens!). Eurofedop therefore welcomes the initiative of the European Commission to come forward with special proposals for health services and to consult a variety of stakeholders in this process. By expressing our ideas and recommendations, we hope to provide a valuable contribution to shaping the future plans regarding health care systems in Europe.

2. Cross-border issues

Eurofedop agrees that it is highly important to 'ensure clarity for European citizens' when moving from one state to another. Citizens should be informed about their rights and about legal issues they

will face in other countries. The lack of accurate information could cause many unnecessary problems that particularly *patients* should not be dealing with. The moment one is mobile and moves across the border, several factors and actors come into play; health care systems, hospitals, insurance companies, reimbursement regulations, language barriers, transport. It is important that those all operate in harmony with each other.

Even though the *patient* is the one we want to secure with high quality health care services, Eurofedop focuses on those who deliver the services, namely the health care *professionals*. It goes without saying that apart from patients crossing borders, professionals show the same trend and this too hugely affects and shapes the structure of Europe's health care systems.

Cross-border healthcare is not easy. Before a patient actually receives the benefits (if any) of treatment abroad, many administrative and financial burdens have to be overcome. Subsequently, this leads to difficulties in cross-border cooperation between health care providers.

3. Services of general interest

We state over and over again that services that are of interest to all of us should not be dominated by market regulation. We feared that the principles of accessibility and equality for all were threatened when health care services were discussed within the context of the 'services directive' the past few years. We have always strongly opposed this, and were glad to see the health services excluded from the scope of this controversial directive.

One could wonder what the exact intention is of this consultation document. After all, not a single European institution is actually calling for a major reform of the health care systems in Europe. This is the case because everybody understands that the policy is subject to the subsidiarity principle and should therefore be managed and regulated at Member State level. Apart from the legal clarification, we do, however, appreciate the efforts the Commission wants to make in clarifying the shared principles that exist within the European health care system. Nevertheless we remain vigilant when it comes to creating a special framework for these or other (social) services of general interest. Once again, we are glad that health services were not included in the services directive, as originally initiated by Commissioner Bolkestein. Nevertheless, we will not accept a policy framework that does in fact harm the quality and accessibility of the health services 'through the back door'.

3. Mobility vs. Migration

The consultation document mentions that a careful analysis of economic, social and health impacts of cross-border healthcare should be established. This analysis would include the impact of cross-border healthcare on 'receiving' countries. Although this was written in the context of *patient* mobility, we would like to stress that it is equally (if not more) important to examine the situation in the 'sending' countries, particularly when talking about the mobility of health care professionals. It seems that disproportionate attention is often given to the receiving countries, when discussing migration and mobility, however, the situation that it leaves a country in is worth analysing too. Migrating health care personnel is causing enormous problems in for example hospitals in the rural areas in the 'new' member states.

Furthermore, the document states that free movement of health professionals is already largely addressed by Community legislation. Since the opportunity is given to react on this, and to bring up topics that might need further and more attention, we would like to take this opportunity:

Eurofedop wishes to see more action on the issue of the migration of health professionals, aiming particularly at the countries that ‘send’ the professionals. There is something treacherous about this word, since the countries probably do not deliberately ‘send’ away their highly skilled and very much needed professionals. Nevertheless, we ask the European Commission, DG Health and Consumer protection, maybe in consultation with DG Development, which also actively addresses these issues (worldwide) to come forward with proposals that will tackle the roots of these problems (i.e. in the ‘new’ and acceding countries).

4. Eurofedop’s actions

Naturally, Eurofedop is not only demanding, but also undertaking actions to contribute to the debate and pleads for an improved cooperation between national health care systems.

On the issue of the Migration of health care professionals, we have organised a working breakfast in the European Parliament. The main objective was raising awareness among members of European Parliament. We were delighted that your DG contributed to this event too. Other themes mentioned in the consultation document such as e-Health are being dealt with at our Trade Council meetings on health (at least once a year) when our members from different EU member states and accession countries meet.

For more detailed information see www.eurofedop.org

5. Investing in human capital

10% of Europe’s working population works in the healthcare sector¹. Eurofedop strives for more investment in the sector’s biggest capital: its workers. Keeping the demographically changing European society in mind, this is even more important. Results of studies show that the trend that is currently visible in the EU will eventually lead to a society with older people; more people who need healthcare, but less people who can provide this. Pathologically speaking, it is one of the most hazardous sectors to work in. Both physical (e.g. infections, MRSA, AIDS and sharps’ injuries) and psychological problems (burn out) are very frequent in this sector. Health and safety should therefore be seen as a real management task for the institutions. We are aware that legislation on these matters does not directly belong in this document; however, precarious situations occur in the hospitals of the countries that are losing their skilled healthcare professionals due to migration. Therefore indirectly, this issue is highly relevant for this consultation process and as a federation representing those professionals; we feel the need to stress it once again.

Professionals in the health care sector are “people engaged in actions whose primary goal is to enhance health”².

¹ Ludwig Boltzmann Institute for the sociology of health and medicine and the Institute for Sociology, HUSO University of Vienna: ‘Health of Healthcare workers’ by Sonja Novak-Zezula.

² World Health Organisation *The World Health report. Working together for health* (Geneva:2006)
http://www.who.int/whr/2006/whr06_en.pdf

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