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From: Staffan Svensson [<mailto:staffan.svensson@pharm.gu.se>]

Sent: Thursday, October 14, 2004 9:03 AM

To: SANCO REFLECTION HEALTH STRATEGY

Subject: Commissioner Byrne's strategy paper

Dear Commissioner Byrne,

Here are some brief comments on your paper "Enabling Good Health for all". (http://europa.eu.int/comm/health/ph_overview/Documents/byrne_reflection_en.pdf)

As a general comment, I was disappointed to read a paper that did not seem sincere in its approach to the readers. The language seems to have passed through a "spin filter". After coming out of the filter, the words had less meaning. Perhaps this is inevitable as the paper deals with future development and has to have an optimistic tone. Nevertheless, it makes one wonder what the original text looked like.

One of the main points you make is that the way forward is to enable the citizens to make the right choices. This sounds fine but there are (at least) two worrying tendencies in the Union that I think counteract the making of right choices:

1) The low level of transparency as regards what actually goes on in the Union is inadequate: how are the citizens to get involved in the policy-making if they cannot get a grip on the background to making important decisions concerning health? For example, I think the citizens have a right to know a lot more about what happens in EMEA.

2) It is difficult to make the right choices if the environment facilitates making wrong choices. The EU doesn't always seem to put the health of its citizens first in this regard. In my country, this is evident as to the radical fall of prices of alcoholic beverages that has taken place recently. This is in turn an effect of the very much increased quota of alcohol that may be taken through customs. This increased quota is, in turn, an effect of EU harmonization. After the price fall, we have seen an increased alcohol consumption and, with some lag, the statistics now show an increase in alcohol-related diseases as well as domestic violence. Why is this not mentioned under the section on prevention and lifestyle diseases?

Another point you make is that "everybody wants access to the latest and best treatments". Here, you equal "new" with "better". This is sometimes true but, at least when it comes to pharmaceuticals, it is not a general rule. A more general rule would be that "new" equals "more expensive". The recent Vioxx (rofecoxib) debacle is an illustration of this.

I have a question regarding this phrase: "EU Health policy must be based on solid grounds: facts, data and scientific evidence." (page 9). Do you mean to make a distinction between these three entities (eg scientific evidence is data that has been analysed properly and when the results get into the textbooks they are facts)? Or is the recounting just a stylistic turn?

I hope these comments may be of some use.

Yours sincerely,

Staffan Svensson, MD
Dept of Clinical Pharmacology
Sahlgren's Univ Hospital
Gothenburg
Sweden

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