

Dear Sanco-Future-Health-Strategy,

Here are some comments concerning the 'Discussion Document for a Health Strategy' followed by some propositions with respect to the questions put forward:

On the document:

Over all we find the document rather defensive.

We want to draw your attention to the following:

- In page 2, paragraph 3 we are of the opinion that you should include 'health information flow'
- In page 2, 4<sup>th</sup> paragraph, you should include 'social responsibility' and 'social support'
- In page 2 paragraph 5, 'cost effectiveness' should be mentioned; this can be achieved by 'public-private sector cooperation'<sup>[1]</sup>. This should also be related to page 7, section 4.2
- In page 3, box you should include 'health education'
- In page 7, paragraph 1 you should include 'health education'
- In page 7, 3<sup>rd</sup> bullet (or somewhere else in the document) you should add 'informed consent'. This is vital because citizens/patients have to take decisions from a very weak position with respect to the professionals

Our propositions:

- One policy statement that will help the harmonisation and improvement of the national systems is 'no European citizen will receive inside European Union health services inferior to the ones offered in its own country'. This policy statement is related to section 4.3 and concerns more than 120 mio per year European citizens that visit the Mediterranean region countries for holidays, business, or other social reasons. The same concept can be negotiated and implemented with the help of EU to the non EU Mediterranean States (for example with the wide application of Telematic Health Services).
- We propose Modern Asclepieions (MAs)<sup>[2]</sup> as an appropriate implementation mechanism for improving health (as it is defined by WHO), support the 'Health in all Policies' and strategies (e.g. section 4.2), facilitate the implications of the Information Society to all Member states and in particular the less developed countries and regions, support less developed third countries (e.g. WSIS initiative of ITU/WHO in which CEU participates), support countries waiting or negotiating EU entry etc. Our proposition responds partially to the last paragraph of page 8, to the 4<sup>th</sup> Question on page 10. In addition responds to the 7<sup>th</sup> Question on page 10 since MAs can among other serve as citizens' participation forum. MAs can also be thought as a OMC scheme for citizen empowerment with significant implications and important expectations

<sup>[1]</sup> In Greece for example private diagnostic centres account for more than 30% of the health expenses – mainly paid by citizens- while public diagnostic facilities usually within hospital are ineffective, work usually only 5 days a week -,more or less one sift-, are frequently out or order for large periods of time and do not have state of the art equipment – all these for obvious reasons!

<sup>2</sup> Information on Modern Asclepieions can be found in the WSIS/Stocktaking web pages at <http://www.itu.int/wsis/stocktaking/scripts/documents.asp?project=1101457213&lang=en>

We hope that our comments will be taken into consideration and we will receive a response from you. This will make us accept that you take the consultation procedure seriously.

We remain at your disposal for further communication and collaboration.

We wish to all the responsible officers and the participants of this endeavour a Very Happy

and successful New Year.

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