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# European Union Geriatric Medicine Society

## Health in Europe: A Strategic Approach Discussion Document for a Health Strategy

*Some comments from the European Union Geriatric Medicine Society*

### **1 Introduction**

On behalf of the European Union Geriatric Medicine Society, we write to welcome the Commission's initiative to put in place a comprehensive EU strategy in the health domain. The discussion document provides us with a welcome opportunity to share our thoughts on this matter.

Geriatric medicine is the medical specialisation for health related problems in older people, including acute, chronic and rehabilitation problems, delivered in the community as well as in institutional and hospital settings. It addresses the management of multi-system and multi-organ diseases, underlines the need for tailored and safe prescription of medicines, is multidisciplinary and aims to intervene at the lowest possible level of intervention and care.

The EUGMS encompasses all the National Societies of geriatric medicine experts in the European Union and EFTA countries. In total this comprises 15,000 doctors whose main activity is the specialist care of older people.

### **2 Healthy ageing and medical care for older people are a key issue**

EUGMS agrees with the Commission that a healthy population is crucial if the EU is to achieve its ambitious strategic social and economic objectives, as reflected in the Lisbon agenda. Over the course of recent years, the Commission has made enormous progress in addressing health issues and while we agree that the ultimate responsibility for the organization, financing and delivery of health and medical care lies with member state governments, we do feel that the EU has a role to play. Indeed, a variety of health issues (e.g. movement of patients or health professionals) do call for closer cooperation at EU level.

The 2004 Reflection process – to which EUGMS responded favourably as well – already represented a major step forward and we are happy to see that this initiative has found a concrete follow-up with this current consultation.

The Commission lists a number of challenges faced by Europe, and the ageing of the population is one of them. It is true that the increasing number of older people (e.g. due to better health care and health developments) represents both a major societal accomplishment (e.g. better living conditions, better health care and medical developments) as well as a vast challenge to the ways health care systems are being structured and financed.

The percentage of people in Europe over 60 is estimated to rise from 3.9 to 9.4% between 1993 and 2020. Whereas EUGMS would like to underline that the majority of older people live healthy and independent lives, the risk of morbidity and ill health *does* increase with age. Despite this growing need for health care and social services, access to geriatric medicine does not exist in most EU Union Member States. The most important access barrier is the lack of formal recognition of geriatric medicine as an independent medical specialisation<sup>i</sup>. This leads to low status, which in turn leads to little interest. There hardly seems to be awareness of both the potential contribution of specialised geriatric care to quality of life of older people and the positive effects of appropriate, focused interventions with minimal institutional care on limited national health budgets. For example, a recent review of geriatric medicine in general hospitals showed that admission to a department of geriatric medicine is associated with a 25% reduction in death and disability<sup>ii</sup>

EUGMS therefore believes that improved, across-the-board access to specialized geriatric care could make an enormous contribution to both the quality of life of older people and their carers as well as to the sustainability and efficacy of health care systems.

A future EU strategic framework, setting objectives to guide future work and to put in place the instruments and actions to achieve them should definitely take account of this issue and actively address issues relating to healthy ageing across the lifespan as well as the provision of appropriate and high quality care and treatment.

The document states that the EU has already set up networks of expertise which enable exchange of good practice (e-health, nanotechnology, rare disease treatments), and EUGMS would like to recommend similar initiatives in the area of health and ageing.

### **3 The focus of the strategy**

In relation to the focus of the strategy, the Commission lists three main elements of which the following two are most relevant to EUGMS:

- 1 Core Issues, which will address protection and improvement of health across the EU. EUGMS is happy to note that healthy ageing is listed as one of these. The objectives of these core issues - improve prevention of and response to health threats, help reduce health inequalities, support citizens and patients, complement national health systems in providing quality and safety and promote health and address health determinants (e.g. nutrition, mental health) - are very positive as well. All of these objectives are relevant in connection to healthy ageing and appropriate and high quality health and medical care in old age.

If the strategy is to address demographic ageing, geriatric medicine ought to be considered a core element too. EUGMS has a number of practical recommendations to facilitate access to and increase the status of geriatric medicine:

- across the board recognition of geriatric medicine as an independent medical specialisation with a specific and holistic contribution to the care of all older people with age-related health problems,

- invest in basic research to investigate the health related problems of older people, leading to prevention and health promotion strategies. This could be facilitated by the establishment of a (virtual) European research institute for geriatric medicine, with links to centres of excellence across the European Union.
  - Invest in clinical research to find better treatments and rehabilitation strategies for the main health problems in older people
  - development of new clinical and practice guidelines for care of older people,
  - investment in specialised educational and training programmes for health, social care and paramedical professionals,
  - inclusion of older and geriatric patients in clinical trials since the potential for medicine interventions is higher than assumed
  - inclusion of medical gerontology and geriatric medicine in the training of medical students and specialists
  - support for the education of trained qualified teachers
  - investment in hospitals and community services
- 2 A second element of the future strategy is 'health in all policies', to ensure that all sectors work to improve and protect health. The cross-sectional impact of demographic ageing on health does not need further explanation. In the context of ensuring that health issues are reflected in all policies, the Commission refers to a future 'framework for common understanding and policy partnerships' and 'support co-operation with Member States and stakeholders'. In the area of healthy ageing and healthcare for older people, such common understanding and stakeholder cooperation is extremely relevant. The Commission has recently organized its first Demography Forum to facilitate the exchange between stakeholders, and while this is a positive start, more specific and more frequent platforms for exchange and sharing learnings ought to be put in place. Healthy ageing touches on all areas of health: prevention of illness, promotion of healthy behaviours, high quality treatment and appropriate care, and would therefore classify as a key issue for partnership and exchange under the new strategy.

#### **4 Conclusion**

In conclusion, EUGMS would like to recommend continuous monitoring of the implementation and output of the strategy, as well as the establishment of a clear framework for cooperation with health stakeholders. This will guarantee the relevance and efficiency of the strategy, and will have a positive effect on health outcomes for all EU citizens.

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<sup>i</sup> O'Neill D, Hastie I, Williams B, on behalf of EUGMS. Developing specialist healthcare for older people: a challenge for the European Union., *J Nutrition Health and Ageing*, 7, (6), 2003, pl – 4

<sup>ii</sup> Ellis G, Langhorne P. Comprehensive geriatric assessment for older hospital patients, *Br Med Bull*. 2005 Jan 31;71:45-ç

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