

THINK EUROPEAN ACT LOCAL!
(Think Global, Act Local!)

The above adapted commercial mission statement of a well known global bank epitomizes what the EU can and needs to do in the Healthcare Sector.

Global commercial enterprises have long realized the great potential of the economies of scale in the cross border dimensions of their business but at the same time they are very attentive to the particular needs of the local market. It is at the local level where ‘the tires hit the ground’! – our patients seek care.

Likewise the EU has a very important and essential role in facilitating this cross border dimension of Healthcare while at the same time needs to be very sensitive to the particular needs of the EU patients contextualized in their regions and localities.

There are tensions between the individual patient’s needs to gain access to healthcare in another EU country and the organization and financing of the national healthcare – but this should not deter us from establishing clear rules on patients’ cross border mobility to gain efficiencies of the invisible hand of the EU internal market whilst at the same time ensure effectiveness by clear quality assurance regulations that transgress national borders.

Each country is contextualized in a diverse socio, political and geographic situation¹ and so a ‘one size fit all’ policies and Directives which are in effect a Standard Operations Procedures from the Operations Management perspective will only contribute to counter reactive dissent and opposition from local and national communities.

In my opinion, the EU internal market rules and the national policies on health matters can be reconciled if there is sensitivity to the potential impact of the former on the later. To achieve this it is necessary to study and analyse the potential impact of European Law and its interpretation, when policies and change is being planned.

And who is in a better position to contribute to this democratic debate and articulate these potential effects than the local communities at the regional or national level?

This need has been recognized for some time now², but in my opinion the granularity to reflect the local perspective has been missing.

Thus I propose that in each EU Member State there is an organizational architecture with the necessary capacity and networking to engage in active ‘market surveillance’ of the evolving landscape of EU Healthcare policies and the ECJ interpretations so as to proactively develop counter strategies at the national level.

In this way, not only are potential devastating side-effects at the national level recognized proactively and possibly minimized but threats are turned into opportunities³.

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¹ ‘The Implications of EU Membership on the Maltese Healthcare System’ 2005, MBA (Warwick) Thesis by Dr Richard Zammit

² Health care and the European Union, (2002), Elias Mossialos and Martin McKee, BMJ 2002; 324; 991-992.

³ ANNEX: Abstract of MBA (Warwick) Thesis (2005) by Dr Richard Zammit; ‘The Implications of EU Membership on the Maltese Healthcare System’.

ANNEX 1.

ABSTRACT

Following a national referendum Malta joined the European Union (EU) on the 1st of May 2004 to become the smallest Member State, at the southern most border of the enlarged European Community. As a small island state with a long tradition of medical care it has a sophisticated medical infrastructure that compares very favourably with industrial Western European countries offering a wide scope of treatment as a benefits-in-kind health care package.

A challenging scenario could develop when the Single European Market rules as applicable to the EU healthcare policy are transposed to the Maltese Health Care System with its unique geopolitical context.

Proactively reacting to these challenges necessitate policy makers to consider from various options, the two main ones being:

1. Constrict the offered health care package, and re-dimension the medical infrastructure so as to have a similar situation akin to that of Luxembourg, another small EU Member State with a comparable population base.
2. Build on the existing medical infrastructure in a way to take advantage of the recent EU membership. Malta as an island in the Mediterranean, with a service economy based mostly on tourism, could project itself as an ideal country for Northern European elderly citizens to have an alternative residence. A predilection to this option, or its possible hybrid variations could well succeed in preserving the 'ethos' of the Maltese Health Care System.

To follow this re-crafted strategy, the Maltese Health Care system needs to re-orient to the realities and implications of EU policies in healthcare and contribute in their development at EU level in a manner to derive advantage from their evolution.

Recommendations are suggested on how this could be achieved and transform EU membership from a potential threat to the Maltese Health Care System into an opportunistic challenge.

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