

Message from the CPME President:

Dear colleagues and friends,

Welcome to this edition of the CPME newsletter. The following pages present latest developments at EU level and recent CPME activities. September was a very busy month and five meetings also feature within the newsletter, namely the ZEVA symposium of Central and Eastern European medical chambers in Albania, the 65th session of the WHO Regional Committee for Europe in Lithuania, the 25th anniversary of the European Medical Students' Association and of the Slovak Medical Chamber and the meeting of the [European Health Forum Gastein](#). Regarding policy activities, CPME issued [recommendations on the data protection](#) regulation in view of the triologue negotiations.

We welcomed the [State of the Union](#) address of Commission President Jean Claude Juncker, notably with regard to the attention given to the situation of refugees that must be solved through European solidarity between EU member states. CPME co-signed an [open letter](#) on 17 June calling on member states to drive developments towards universal access to healthcare. Increasingly dangerous migration routes due to tightened border controls, detention, and living in fear of expulsion is what awaits the majority of migrants who decide to seek safety and refuge in Europe, with obvious consequences for their physical and mental health and that of their children.

Last but not least, it is our hope that European doctors continue to be involved within such matters at the heart of the CPME mission statement and we welcome your participation to the European Medical Organisations' conference on Continuous Professional Development taking place on 18 December in Luxembourg.

I hope you enjoy reading this edition.

Yours sincerely,



Dr Katrin Fjeldsted



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INVITATION

Continuing Professional Development for Doctors – Improving Healthcare

Luxembourg, 18 December 2015



Agenda

Registration form

The

AEMH — European Association of Senior Hospital Doctors

CEOM — European Council of Medical Orders

CPME — Standing Committee of European Doctors

EANA — European Working Group of Practitioners and Specialists in Free Practice

EJD — European Junior Doctors

EMSA — European Medical Students Association

FEMS — European Federation of Salaried Doctors

UEMO — European Union of General Practitioners and

UEMS — European Union of Medical Specialists

are delighted to invite you to their **joint conference ‘Continuing Professional Development for Doctors – Improving Healthcare’** taking place in Luxembourg on 18 December 2015.

In this conference we underline the importance of CPD for doctors and its contribution to improving healthcare for every patient.

With the input of expert speakers from national, European and international level, the conference will offer an insight into best practice and illustrate different systemic approaches to CPD with a view to advancing the debate among policy-makers and doctors.

We look forward to welcoming you in Luxembourg!

To register to the event, please click [here](#).

CPME PUBLISHES RECOMMENDATIONS ON THE GENERAL DATA PROTECTION REGULATION

On 17 September 2015, the CPME published its recommendations on the General Data Protection Regulation (GDPR) ahead of trilogue negotiations. The ongoing negotiations are planned to be finalised by the end of 2015. The [CPME recommendations](#) focus on the impact of the draft Regulation on healthcare and address in particular the definitions of 'data concerning health' and the use of personal data for medical research purposes.

It is suggested that the definition of 'data concerning health' should be broad enough to cover situations where the processing of standard personal data reveals information about the health status of an individual, such as in mHealth applications. Mobile Health (mHealth) is understood as the medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices. Certain wellbeing mHealth applications process data concerning diet, sleep, lifestyle choices or physical activity. Although these data are not 'health data' by nature, they may reveal information about the health status of the individual, ie. provide sensitive information. In the context of defining 'data concerning health', it is not simply the nature of the data which has to be considered but also very much the purpose for which it is being processed.

The CPME recommendations also address the use of data for medical research purposes and remind that the Regulation should provide a proportionate legal framework to help medical research progress while protecting the rights and interests of the individuals. In this regard, CPME favours the approach proposed by the European Data Protection Supervisor in its [opinion of 27 July 2015](#), as it strikes the right balance between the need to foster medical research and maintain existing standards of confidentiality and public trust.

For further information, please contact:
[Constance Colin](#).



*Image courtesy of
Stuart Miles at
FreeDigitalPhotos.net*

HIGHLIGHTS

In the context of defining 'data concerning health', it is not simply the nature of the data but what the data is being used for that should be considered.

The Regulation should provide a proportionate legal framework to help medical research progress while protecting the rights and interests of the individuals.

THE CPME RECOMMENDATIONS ARE
AVAILABLE HERE:

[CPME 2015/O87FINAL](#).

WHO REGIONAL COMMITTEE FOR EUROPE - 65TH SESSION



On 14-17 September 2015, the Standing Committee of European Doctors attended the 65th session of the WHO Regional Committee for Europe. The 4-day event was held in Vilnius, Lithuania, and attended by Health Ministers and high-level representatives of the 53 Member States of the WHO European Region, partner organisations and civil society. This year's agenda included, inter-alia, discussions on the prevention and combating multidrug- and extensively drug-resistant tuberculosis, the achievement of the health-related Millennium Development Goals and the WHO European Region physical activity strategy 2016-2025.

The Regional Director, Ms Zsuzsanna Jakab also [announced](#) the health implications stemming from the refugee crisis. She called for *'an urgent response to their health needs'*. She also highlighted that *'the common association of migration with importation of infectious diseases is not evidence based'*.

During the discussion of the item regarding the roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in Europe 2015-2025, the CPME Secretary General, Ms Birgit Beger intervened with an oral declaration. In particular, Ms Beger argued that CPME welcomes all initiatives which contribute to the ever-stricter control of tobacco products. CPME remains a dedicated partner in 'making tobacco a thing of the past' and continues to call on the signatories of the WHO Framework Convention on Tobacco Control to implement its provision, also with regard to policy-makers' conduct in the policy-making process. CPME is especially encouraged by an increasing awareness of the dangers of smoking in the presence of children and calls for the adoption of effective measures to tackle this problem. Please, find [here](#) the video.

Furthermore, CPME was invited by WHO Regional Committee for Europe to submit a written statement with comments on the session's agenda items. The text, with strong links to relevant CPME policies in these areas, may be found [here](#). Moreover, the CPME together with the International Federation of Medical Students' Associations (IFMSA), World Federation of Occupational Therapists, European Public Health Alliance, Medicus Mundi International, European civil society coalition 'Health workers for all and all for health workers', World Organisation of Family Doctors Region Europe, and the International Alliance of Patients Organisations and European Forum for Primary Care, took the chance to present a strong statement on the agenda's item about the promotion of intersectoral and interagency action for health and well-being in the WHO European Region. Please find the statement [here](#).

Last but not least, the recently announced scale-up of cooperation between the WHO and the European Commission is a welcome step forward. This cooperation will include key areas such as health systems, health security, health information, chronic diseases and innovation.

For further information, please contact: [Miriam D'Ambrosio](#).

'CPME's experience of the revision of EU legislation on tobacco products has shown that even 10 years after the adoption of the FCTC, it is necessary to continuously hold the convention's signatories to the commitments made therein. These attitudes trivialise tobacco-related harm and endanger the progress made to change societies' perception of smoking.'

Birgit Beger
CPME Secretary General

EUROPEAN ANTIBIOTIC AWARENESS DAY



A EUROPEAN HEALTH INITIATIVE

Antimicrobial resistance, or the ability of microorganisms to withstand treatment with medicines to which they were once susceptible, is a multifaceted public health problem. Infections with multidrug-resistant bacteria, i.e. resistant to multiple antibiotics, are increasingly being responsible for infections in European patients that therefore require treatment with last line antibiotics. The societal and financial costs of treating multidrug-resistant infections place a significant human and economic burden on society, as individuals infected with multidrug-resistant bacteria are more likely to remain in the hospital for a longer period of time and to have a poor prognosis.

European Antibiotic Awareness Day (EAAD) is a European health initiative coordinated by the European Centre for Disease Prevention and Control (ECDC). Each year on 18 November, it provides an opportunity to raise awareness about the threat to public health posed by antimicrobial-resistant bacteria and to communicate about the importance of prudent use of antibiotics.

EAAD provides a focus for national campaigns, for the engagement of key stakeholders and for communication capacity development. The involvement of European countries has steadily grown since the first EAAD in 2008. In 2014, with the support of WHO/Europe, over 40 European countries organised activities to mark EAAD. This year, the World Health Organization (WHO) is organising the very first World Antibiotic Awareness Week that will take place on 16-22 November. ECDC will contribute to this global initiative by promoting prudent antibiotic use across Europe, with an EU-launch event on 16 November in Brussels and with social media activities during the whole World Antibiotic Awareness Week.

HIGHLIGHTS

'The societal and financial costs of treating multidrug-resistant infections place a significant human and economic burden on society, as individuals infected with multidrug-resistant bacteria are more likely to remain in the hospital for a longer period of time and to have a poor prognosis.'

'Doctors have a key role to play :

- by ensuring that antibiotics are only prescribed when indicated, that the right antibiotic is chosen and that it is administered with the correct dosage and duration of treatment;*
- by correctly informing patients about when and how to take the prescribed antibiotic, and stressing that compliance with treatment as prescribed is important;*
- by informing about the risks of self-medicating with antibiotics and about the fact that antibiotics do not work for viral infections, especially during the cold and flu season.'*

Dominique Monnet

EAAD also provides support to European countries by developing evidence-based key messages and materials for different target audiences, including messages and template materials for medical doctors (primary care prescribers and hospital prescribers). These materials are provided for adaptation at national and local level. They are translated in all European Union official languages and are available from the EAAD website (<http://antibiotic.ecdc.europa.eu>).

Doctors have a key role to play in promoting and practicing prudent use of antibiotics, in primary care and in hospitals:

- by ensuring that antibiotics are only prescribed when indicated, that the right antibiotic is chosen and that it is administered with the correct dosage and duration of treatment;
- by correctly informing patients about when and how to take the prescribed antibiotic, and stressing that compliance with treatment as prescribed is important;
- by informing about the risks of self-medicating with antibiotics and about the fact that antibiotics do not work for viral infections, especially during the cold and flu season.

Dominique Monnet

Head of the Antimicrobial Resistance and Healthcare-Associated Infections Programme at ECDC.



PREVENTION IS STILL BETTER THAN CURE

Prevention of disease is an important aspect of modern medicine. National and international vaccination programmes are examples of this. Physicians are trained to not only treat but to also prevent disease. It is then not surprising that physicians have involved themselves in the debate around environmental influences on health¹. We promote cessation of smoking, we promote mother-child health centres, we promote healthy diets and encourage physical activity.

Yet, prevention needs to be taken a step further: we need to prevent disease through better choices in the products we use within health care. Ignoring the warning signs could prove to be a costly misjudgement in the years to come.

In health care in the Western World, approximately eighty percent of all purchases are for one-time usage. The products are thereafter disposed of. Many of the products contain chemicals potentially of concern to health, especially in children. While health care is certainly not the primary source of exposure, patients are exposed to environmental contaminants within health care, within hospitals. The health care institution is a source of exposure, through water, food, inhalation and dermal contact. Exposure also occurs as a result of medical devices we use in daily practice.

Most at risk are the foetus, the prematurely born, the small for gestational age and the very ill infant and child. The foetus and nursing infant have a higher fat to water ratio but often less total body fat. The prematurely born, small for gestational age and very ill infant and child are often admitted to hospitals for extended periods of time. Furthermore, it must be borne in mind that they will face exposures for the rest of their lives, often resulting in an accumulative effect. Finally, they have organs that are still developing and they have a blood-brain and blood-testicle barrier that is not yet as effective as in adults.

The European Union banned the use of Di(2-ethylhexyl)phthalate (DEHP) in toys for children under the age of 3 years (EU 1999/815/EG). Young children tend to put toys in their mouths and DEHP easily leaches out of the plastics whereby the mucous membranes are exposed. While legislation is in place for toys, legislation regarding medical devices is still lacking. DEHP is a low cost product and is widely used as a plasticiser or softener in PVC products, which may contain up to 40% DEHP². DEHP has traditionally been widely used as a plasticizer in [medical devices](#). Examples include intravenous tubing and bags, catheters, nasogastric tubes, dialysis bags and tubing, blood bags and transfusion tubing, and endotracheal ventilation tubes³. Furthermore, it has been known for more than 30 years that DEHP readily leaches out of these products, because it does not bind with the plastic, and subsequently enters the human body⁴. This led to the American Medical Association's [recommendation](#) to her members.

Not enough is being done at present. This is partly due to limited political will. Although a number of European countries, such as Denmark and France, have taken bold steps towards elimination, European legislation is still lacking. What could be more important than the health of Europe's citizens?

As physicians we took an oath to treat our patients in the best manner possible, and we swore to "first do no harm". Preventing disease is still better than treating it. Let us make a conscious decision to choose better products when treating our patients.

To access the full article and list of references, please click [here](#).

Gavin W. ten Tusscher, MD, PhD, paediatrician
Healthcare Without Harm Expert
Former Chair of Healthcare Without Harm Europe



HIGHLIGHTS

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Without Harm Europe



25 Years Anniversary of Restoration of the Slovak Medical Chamber

The Slovak Medical Chamber celebrated its 25th Anniversary of Restoration on the 25th of September 2015 in Kosice. Several invitees attended the celebrations, in particular CPME President Dr Katrín Fjeldsted, the President of the Hungarian Medical Association Dr István Eger, the Vice-President of the Czech Medical Chamber Dr Zdenek Mrozek PhD, the President of the Regional Chamber of Bielsko-Biała Dr Klaudiusz Komor, the Chair of the British Medical Association (BMA) International Committee Dr Terry John and other representatives of friendly medical associations, as well as representatives of other healthcare professional organisations. On this occasion, many doctors were honoured for several merits, in particular for having actively participated in the restoration of the medical chamber. The “Professor Makai Prize” was awarded in memoriam to Dr Mikulas Buzgo, former Vice-President and long-time Chair of the Foreign Committee.

The Slovak Medical Chamber (SMC) saw its first lights during the Austro-Hungarian Empire period. With the Empire’s falls and the creation of the first Czechoslovak Republic in 1929, a medical chambers was established

on the Slovak territory. Over the following years, the chamber underwent several changes, especially with the creation of the Slovak Republic in 1942, the post-war Czechoslovak Republic in 1946, and the transformation in Association of Slovak doctors in 1969. Its activities were ended in 1970 and finally restored in 1990. On the 26th of January 1990, the Memorial assemblage of its members in Žilina decided to change the name of the Association to Slovak Medical Chamber. At first, membership to the Chamber was compulsory for doctors, but since 2004 it is on a voluntary basis again.

The Standing Committee of European Doctors congratulates Slovak Medical Chamber for celebrating its 25th anniversary of reestablishment as independent professional associations and looks forward to continuing their excellent collaboration to bring together results for the best possible quality of health, access to healthcare for everyone and a strong, independent medical profession at European level.

For further information, please contact: [Miriam D’Ambrosio](mailto:Miriam.D'Ambrosio@cpme.eu)



Dr Katrín Fjeldsted,
CPME President

Dr Marian Kollár,
Slovak Medical
Chamber President



EMSA celebrates its 25th Anniversary



1990, Leuven, Belgium

The idea to create a European organisation gathering the medical students of Europe was born 25 years ago, at a students' symposium at the Catholic University of Leuven.

1991, Brussels, Belgium

Under the auspice of the Belgium Crown, the first General Assembly of the European Medical Students Association is held and a new era begins.

Three weeks ago, EMSA celebrated its 25th Anniversary during the General Assembly that took place at the Charité Campus from 16th to 20th September 2015. Medical students across Europe gathered to attend pillar sessions, interactive trainings and lectures from notable speakers. During the plenary the EMSA European Board 2015/16 was elected by the representatives of the membership, organisational matters were decided and debates on policy papers took place. Medical Education, Medical Science, Medical Ethics and Human Rights and Public Health are among the key EMSA policy areas.

The EMSA Autumn General Assembly 2015 also included an EMSA Alumni meeting and the Presidents' Meeting of the European Medical Organisations.

Being an international students' organisation is an ever-growing challenge. As Europe evolves, more projects, further policy areas and more cooperation opportunities are to be explored. Our organisation enjoyed an expansion on its membership and its impact over the past years. Such a rapid development combined with the challenge of international communication is an exciting adventure for EMSA members and we can't wait for the next 25 years to come.

You can find out more about EMSA on our website: <http://emsa-europe.eu>

For further information, please contact:

[Athanasios Vaiopoulos](mailto:Athanasios.Vaiopoulos@emsa-europe.eu)
EMSA Permanent Officer

From left to right: Dr Enrico Reginato, FEMS President, Dr Katrin Fjeldsted, CPME President, Yannis Papazoglou, EMSA President, Dr Joao de Deus, AEMH President and Kristina Mickevičiūtė, VP External Affairs EMSA



A UNITED FRONT: CPME AT THE ZEVA MEETING OF CENTRAL AND EASTERN EUROPEAN CHAMBERS OF PHYSICIANS

ZEVA is a symposium of Central and Eastern European Chambers of Physicians meeting each year which provides a forum for representatives of bodies of physicians' self-governance from the Central and Eastern European region to meet and discuss issues of mutual concern.

On 11 September, CPME President, Dr Katrín Fjeldsted addressed a speech during the opening ceremony highlighting the importance of self-regulation and self-governance of the medical profession.

She highlighted European level developments providing a common front for all CPME members: namely the idea to regulate the profession from a purely economic perspective and initiatives of public and private bodies to adopt standards for healthcare services. Regarding the latter, Dr Fjeldsted stated: "It is doctors' expertise which can best ensure that treatment standards are developed in full coherence with clinical skills, ethical requirements and regulatory requirements."

The ZEVA symposium took place between 11 and 12 September 2015 in Tirana, Albania and was hosted by the Order of Physicians of Albania, a CPME observer member. The meeting was also attended by the CPME Immediate Past President, Dr Konstany Radziwiłł (PL) and two CPME Vice-Presidents, István Éger (HU) and Dr Milan Kubek (CZ).

For further information, please contact: [Anamaria Corca](mailto:Anamaria.Corca@cpme.eu).



"It is doctors' expertise which can best ensure that treatment standards are developed in full coherence with clinical skills, ethical requirements and regulatory requirements."

Dr Katrín Fjeldsted
CPME President

From left to right: Dr Katrín Fjeldsted, CPME President, Mr Ilir Beqaj, Health Minister of Albania and Dr Fatmir Brahimaj, President of the Albanian Medical Chamber



EU Institutional News

22 September

The European Commission and the European Medicines Agency (EMA) have agreed with the World Health Organisation to share certain non-public information on the safety, quality and efficacy of medicines which are already authorised or under review in the EU, or pre-qualified or under review by WHO. This cooperation will strengthen communication between the organisations and make it simpler to take action to protect public health. More about the announced co-operation can be read [here](#).

16-17 September

The European Economic and Social Committee adopted the opinion 'Towards digital health - electronic information for safe use of medicinal products' during its 510th plenary session. The opinion in all language versions is available [here](#).

7 September

European Commission's Scientific Committees: Call for membership. The Commission has launched a call for membership in the Scientific Committees (2016-2021) for scientists who wish to apply as members to the Scientific Committees on Consumer Safety and/or the Scientific Committee on Health, Environmental and Emerging risks. The call will run until 2 November and more information can be found [here](#)

3 August

The European Medicines Agency (EMA) started publishing summaries of the recommendations of its Committee on Herbal Medicinal Products (HMPC) on the medicinal uses of a herbal substance. The purpose of these summaries is to assist people with making informed choices concerning herbal medicines. This public-friendly information on herbal medicines is [available here](#).



CPME Meetings 2015-2016

Brussels
30-31 October 2015

Brussels
8-9 April 2016

Athens (tbc)
18-19 November 2016

CPME NEWS

The European Health Forum Gastein takes place between 30 September and 2 October. CPME Secretary General, Ms Birgit Beger attends the event. This year the forum showcases several workshops on topics such as 'Global Health and Health Systems Financing', 'Workforce Skill-Mix', 'Measuring Value' and patient empowerment.

On 29 September, 1st Vice-President elect of CPME, Dr Patrick Romestaing delivered a speech and exchanged views on the topic of health literacy and its contribution to personalised medicine. This was part of a lunch debate chaired by MEP Françoise Grossetête (FR, EPP). Further information is available here: [press release](#).

On 21-23 September CPME President, Dr Katrín Fjeldsted attended the 7th International Congress for Gender Medicine (IGM) which was held in Berlin.

On 20 September CPME President, Dr Katrín Fjeldsted attended the European Medical Organisation's Presidents meeting held in Berlin.

On 17 September Prof André Herchuelz attended the meeting on the 'study on enhanced cross-country coordination in the area of pharmaceutical product pricing' organised by Gesundheit Österreich Forschungs- und Planungsgesellschaft mbH (Austria), together with SOGETI (Luxembourg) and UMIT - Private Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik GmbH (Austria) in Brussels.

On 15 September, Dr Bernard Maillet held a speech at a Cambre event on Big Data in the European Parliament in Brussels.



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CPME Mission Statement

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

- *We believe the best possible quality of health and access to healthcare should be a reality for everyone. To achieve this, CPME promotes the highest level of medical training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services. We offer support to those working towards these objectives whenever needed.*
- *We see the patient-doctor relationship as fundamental in achieving these objectives and are committed to ensuring its trust and confidentiality are protected while the relationship evolves with healthcare systems. Patient safety and quality of care are central to our policies.*
- *We strongly advocate a 'health in all policies' approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.*

CPME's policies are shaped through the expertise provided by our membership of national medical associations, representing physicians across all medical specialties all over Europe and creating a dialogue between the national and European dimensions of health and healthcare.

