



ISSUE

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December
2012

Message from the CPME President:



Welcome to the 6th edition of the CPME Newsletter. This issue highlights the successful CPME general meetings in Limassol, Cyprus, 23-24 November 2012. The meetings started on 23 November with a series of CPME Working Groups, engaging European doctors in fruitful discussions regarding tobacco, eHealth, pharmaceuticals, medical devices, antimicrobial resistance and healthy ageing. Then, at the CPME General Assembly on 24 November, CPME welcomed the address of Dr Androulla Agroutou, Cyprus Minister of Health. Later the same afternoon, the CPME Board unanimously adopted its position on data protection, clinical trials, non-prescription medicines and released a statement on the situation of healthcare in Greece. The CPME is grateful for the support and organisation provided by its member, the Cyprus Medical Association as well as by the Limassol Medical Association.

The CPME newsletter also brings you news on the European Medical Organisations joint call for decisive action against tobacco-related harm and an open letter calling on EU institutions to protect quality of care against standardisation.

Last but not least, I encourage you to consult our guest articles regarding volunteer opportunities for healthcare professionals in Western Kenya and Nairobi as well as recent findings on the link between loss of sleep and non-communicable diseases.

As this will be my last message addressed to you as CPME President, I take the opportunity to not only send you my heartfelt good wishes for a peaceful and Merry Christmas to enjoy with your families and friends, and a happy and healthy 2013, but also a sincere farewell. I wish you well in all your future endeavours and hope to see you all again in the near future.

Yours sincerely,
Dr Konstanty Radziwill
CPME President

CPME autumn meeting policy outcomes:

On 24 November 2012, the CPME Board adopted unanimously the following:

- [CPME Statement on data protection](#)
- [CPME Statement on clinical trials](#)
- [CPME Statement on non-prescription medicines](#)
- [CPME Statement on the situation of healthcare in Greece](#)

CPME prepares for the next phase of negotiations on the Professional Qualifications Directive



Over the past year, CPME has been following the proposal for a Directive amending the Professional Qualifications Directive 2005/36/EC actively. At its meeting on 23 November 2012, the CPME Working Group on Professional Qualifications debated the most recent developments in the EU institutions' negotiations on the dossier. The key issues from CPME's point of view relate in particular to the

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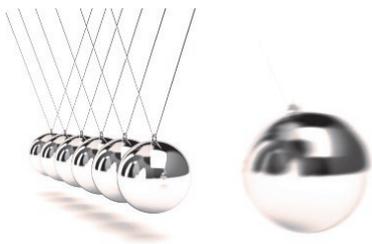
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Directive's provisions regulating the healthcare professions and especially medical training. Here the institutions' recognition of the need to safeguard the framework for high quality basic medical training was welcomed. However CPME regretted that the call for an acknowledgment of family medicine as a medical speciality on an equal footing with all others had not been reflected in the amendments to the proposal so far. The CPME Board agreed that this topic shall remain a focus of activities to explore options to move towards a convergence of the recognition of medical specialities. The monitoring of negotiations shall be continued in the next phase.

For further information, please contact:
[Sarada Das](#)

European doctors call for decisive action against tobacco-related harm



Following the recent events relating to the awaited renewal of the Tobacco Products Directive 2001/37/EC, the CPME Working Group on Tobacco Policy at its meeting on 23 November dis-

cussed the next steps of action with a view to highlighting the urgency of the publication of a legislative proposal to regulate the manufacture, presentation and sale of tobacco. The medical profession's unwavering support for stringent legislative action to support the reduction of tobacco-related harm was reaffirmed. In response to the appointment of Dr Tonio Borg as Commissioner replacing Mr John Dalli, all European Medical Organisations join forces to bring the [call for action](#) to the newly appointed Commissioner ([CPME 2012/190](#)).

For further information, please contact:

[Sarada Das](#)

Data protection and Healthcare



On 24th November, the CPME Board added to its existing policy statement on the General Data Protection Regulation concrete proposals for amendments and written questions to the European Commission ([CPME 2012/064](#)).

CPME reiterates the importance for consent to be given. In situations where patient safety is at stake, consent should be provided in an appropriate manner, adapted to the concrete situation. Since any kind of medical situation needs to be addressed, consent should not be based on sole "explicitness" in the healthcare sector. Additionally, CPME is concerned with the provision that "*consent shall not provide a legal basis for the processing when there is a significant imbalance between the data subject and the controller*" (Art.7.2). The notion of "*significant imbalance*" should be clarified in order for this paragraph to stick to its initial spirit to apply to the employer-employee relationship only. The current wording could indeed be understood as also applying to the patient-physician relationship.

The right to be forgotten is a cornerstone of the protection of privacy. However, the erasure of healthcare data might be damageable to the patient; CPME would therefore advise Members of the European Parliament to amend the Regulation accordingly. Finally, CPME invites the Parliament to ask for clarifications on the delegated acts foreseen to set up the impact assessments'



and medium sized medical practices might face difficulties in implementing these new measures. The Commission is invited to clarify its position.

For further information, please contact:

[Constance Colin](#)

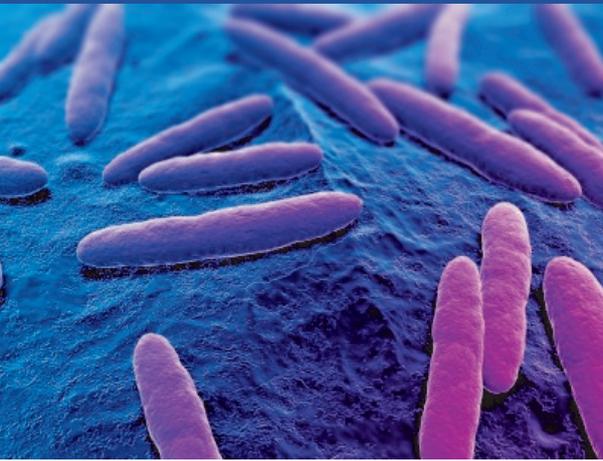
Clinical trials: Patient safety is our priority

On 24 November, the CPME Board issued a statement on the revision of the Clinical Trials Directive ([CPME 2012/132](#)). CPME shares the European Commission's concerns on the decreasing number of clinical trials conducted in the EU. Simplifying the procedures and lessening the administrative and financial burdens is therefore a real necessity. However, CPME is concerned about the insufficiency of the safety provisions in the [current proposal](#). This relates to the absence of the ethics committees in the proposal, as well as extremely short time limits both for the submission and the assessment of the application dossiers.

CPME also regrets that the provisions laid down in the [WMA Helsinki Declaration](#) are so insufficiently reflected, especially on the protection of the subject undergoing a clinical trial.

Additionally, CPME insists that physicians should be more broadly involved, as they provide the necessary scientific knowledge and experience in patient care. By weakening the role of physicians in the conduct of clinical trials, there is a real risk of putting patient safety at stake as well as high quality of care. Finally, the sharing and publication of the results should be made more prominent, as well as the importance of academic trials and public research.

CPME took note of the nomination of Glenis Willmott as EP rapporteur and looks forward to the upcoming negotiations in the Parliament and the Council. Similar expectations exist for the upcoming negotiations on the draft regulation on [medical devices](#) and [in vitro medical devices](#).



Antimicrobial Resistance – CPME reaffirms its commitment to take up the challenge

CPME has a [long-standing commitment](#) to tackling Antimicrobial Resistance. To better interact with the current political momentum on this issue, the CPME Working Group on Antimicrobial Resistance was established. Its first meeting took place in Li-massol on 23 November 2012. Under the chairmanship of Dr Mads Koch Hansen (DK), the Working Group discussed the framework of future activities, which shall include a mapping exercise to identify guidelines at national level. Following an invitation from the Federation of Veterinarians of Europe (FVE), focus of discussions was on a draft Memorandum of Understanding which sets out both organisations' commitment to joining efforts in implementation of the 'one health' approach to combatting AMR. The CPME Board welcomed this initiative and endorsed the text. The signature of the Memorandum of Understanding shall take place shortly.

The CPME is preparing its position paper for the legal instruments on medical devices and in vitro medical devices, following up on its [previous position](#) on medical devices ([EC 2012/026](#))

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

European doctors call for the protection of quality of care against standardisation



Over the past months, CPME has repeatedly spoken out against the on-going drafting of a standard on aesthetic surgery services by the European Committee for Standardisation (CEN), pointing to the dangers to quality of care resulting from such action as well as the lack of regulatory competence of the bodies involved. Jointly with the other European Medical Organisations and numerous National Medical Associations, CPME reaffirms its appeal for the drafting of medical standards to be carried out exclusively by the bodies within the profession competent to take such action. In an [Open Letter](#), the European institutions are called upon to recognise the need to ensure that patient safety is protected by safeguarding the legal validity and substantive quality of standards in healthcare services ([CPME 2012/189](#)).

For further information, please contact: [Sarada Das](#)

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Non-prescription medicines: high quality care and patient safety are key



On 24th November, the CPME Board issued a statement on Non-prescription medicines, also known as "Over the counter" medicines ([CPME 2012/145](#)).

The statement takes a fresh on-look on a previous position paper issued in 1997 ([CP 1997/006](#)). Physicians believe that the use of non-prescription medicines should always be made in a framework where high quality care and patient safety is the priority. Economic constraints cannot be ignored in times of crisis. Non-prescription medicines can therefore be seen as a way to positively relieve healthcare systems. However, this should in no way compromise patient safety. CPME also reminds that when it comes to non-prescription drugs, self-diagnosis carries risks, therefore information to the patient is key. CPME is member of the Working Group on Non-prescription Medicines led by the European Commission in the framework of the [Platform on Access to Medicines](#). CPME is committed to provide input to the group's work, putting forward the physicians' point of view.

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

CPME News

10 October 2012

CPME President, Dr Konstanty Radziwill and CPME Secretary General, Birgit Beger took part in World Medical Association (WMA) Council 192nd and 193rd sessions and 63rd General Assembly where topics such as organ donation, ethical issues on capital punishment and the protection of health personnel were addressed.

For further information please see the website of the [WMA Annual General Assembly](#).

17 October 2012

Dr Konstanty Radziwill participated as an invited speaker in the international conference on "Transparency in medicine" organised by the Romanian College of Physicians in Bucharest.

For further information please access the website of the [Romanian College of Physicians](#).

26 November 2012

Dr Konstanty Radziwill provided an interview for the Parliament Magazine arguing that health should not be seen as a trade-off for economic growth but rather as an investment for the whole society.

For further information, please consult: [The Par-](#)

April 2013

Friday

Saturday

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SAVE THE DATE
26-27 April 2013

CPME Board and General Assembly, Dublin, Ireland.

EU Institutions News

25 October 2012

The European Council adopted a regulation aimed at modernising and improving the European standardisation system.

For further reference click [here](#).

6 November 2012

The European Innovation Partnership on Active and Healthy Ageing and CPME: a robust partnership contributing to a brighter future.

For further information please consult the [CPME Press release](#).

8 – 9 November 2012

CPME President-elect Dr Fjeldsted attended the conference "Addressing societal changes through the EIT" in Cyprus. Dr Fjeldsted spoke during the panel discussion on "Innovation for healthy living and active ageing".

For further information, please consult the [Cyprus Presidency website](#) [here](#).

16 – 17 November 2012

CPME President-elect Dr Fjeldsted attended the "EU conference on childhood immunisation: progress, challenges and priorities for further action" in Luxembourg. Dr Fjeldsted spoke on the panel "How to strengthen the role of healthcare professionals on advocating vaccination".

For further information, please consult the [European Commission website](#).



Save the date:
Closing conference
Chain Of Trust
24 January 2013
Hotel Bloom
Rue Royale 250, 1210 Brussels.

CPME takes action on the situation of healthcare in Greece

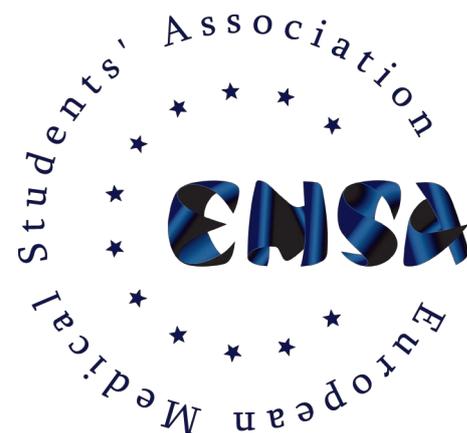
Following a report from CPME's member, the Panhellenic Medical Association, illustrating developments which threaten to severely undermine the Greek healthcare system at the CPME Board meeting on 24 November 2012, the CPME Board adopted the '[CPME Statement on the Situation of Healthcare in Greece](#)' to express its support for its Greek colleagues and call on the Greek government to take decisive action to ensure that the quality of healthcare is not endangered.

For further information, please contact: [Sarada Das](#)

EMSA political think tank

The European Medical Students' Association (EMSA Europe) launched [a political think tank](#) for medical students. While being politically neutral, members will be discussing the most current issues related to health policies in the European Union arena.

For further reference, please contact: [Olga Rostkowska](#)



GUEST ARTICLES:

Volunteering opportunities for health professionals in Western Kenya and Nairobi

Interested in serving the Siaya community and the Eastleigh migrant population, applying your knowledge, skills and practice for the most in need?

Please read further below:



The Matibabu Foundation (the MF-K) provides primary health care, HIV counselling and testing as well as maternal-child health (MCH) services to the migrant population and host communities of the Siaya County, Western Kenya and Eastleigh, Nairobi. They look for health volunteers, medical equipment, supplies, and ICT support.

The MF-K is happy to host volunteer health personnel (doctors, nurses, researchers, laboratory experts, health record specialists) to bridge the existing human resource gap, perform surgeries and exchange best practices to improve health service delivery. MF-K also receives and distributes medical supplies and equipment.

The Matibabu Foundation is a registered Kenyan-based non-profit health care organisation dedicated to meet the changing health needs of the population and to provide holistic, integrated and continuous care that is patient-centred.

To fulfil these goals, the MF-K relies on the active involvement of individuals, families and communities targeting the rural and urban settings of the Siaya County, Western Kenya and Eastleigh, Nairobi.

In the Siaya County, the MF-K provides maternal-child health (MCH) and TB/HIV services through the Ukwala Women and Children Hospital and the Nzoia clinic.

The MF-K partners with the government to strengthen the health systems of 22 facilities that serve nearly 850,000 people.

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Olga Rostkowska
EMSA Trainee to CPME



The Standing Committee of European Doctors (CPME) represents medical doctors across Europe and is composed of the most representative National Medical Associations of 27 European countries. CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of healthcare for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors, and the free movement of doctors within the EU. CPME also cooperates closely with national medical associations from associated and observer countries, as well as with specialised European medical organisations and international medical associations.

Guest commentary:

CPME values your feedback! Feel free to leave us a message by [clicking here](#) or by simply [contacting us](#).

The Siaya County is characterised by:

- high HIV prevalence of about 24% (against the national aggregate of about 6.4%);
- frequent medical supplies shortages;
- understaffing (less than 10 doctors for the entire county; most facilities manned by 1 clinical officer or 3 nurses that see about 200 patients a day);
- highest malaria, maternal and infant mortality in the country;
- poorly equipped health facilities.

In Eastleigh, the MF-K also partnered with the International Organization of Migrants (IOM) to provide preventive and curative health services to the migrant population (mainly Somalis) and the host communities. Eastleigh is characterized by traffic congestion, poor drainage and a degraded environment, outbreaks of cholera, diarrhoea, measles, polio and other vaccine preventable diseases.

If you are interested in serving the Siaya community and the Eastleigh migrant population, applying your knowledge, skills and practice for the most in need, please contact directly:

[Dan Ogola](#).

More information about the Matibabu Foundation:

- [About](#)
- [Video of the Matibabu Foundation](#)
- [Experience in Training](#)
- [Improving service delivery and community outreach](#)
- [Building stronger systems](#)
- [The community health workers](#)

[Ms Karolina Lagiewka](#)

Volunteer for the [Matibabu Foundation](#) & [goal4.org](#). Policy officer, Innovation for Health and Consumers, DG SANCO, European Commission.



Sleep loss and non communicable diseases

Sleep loss due to voluntary bedtime reduction is now a common behavior in our western societies. The proportion of adults sleeping less than six hours per night is greater than ever. Self-reported sleep duration has decreased by 1h to 2h, over the last 40 years. The opportunities and the demands of the 24h society such as continuous access to media, greater work pressure, extended working hours, shift work, lead many people to curtail their sleep to minimal duration. Beside its well known effect on vigilance, sleep loss has been shown to induce alterations in metabolic, endocrine, cardiovascular, immune and inflammatory systems. Epidemiological data and sleep deprivation experiments lead to similar conclusions. Likewise, shift workers, particularly exposed to chronic sleep loss and circadian disruption, are at higher risk for diabetes, obesity, cardiovascular disease and some forms of cancer. Chronic sleep loss due to sleep disorders such as insomnia or sleep-disordered breathing leads to similar consequences. Thus lack of sleep either due to voluntary sleep curtailment or to pathological conditions affects more and more men and women and has to be taken seriously into account in the management and prevention of non communicable diseases.

Further references on the importance of adequate sleep in prevention:

1. [Sleep duration predicts cardiovascular outcomes: a systematic review and meta-analysis of prospective studies](#)
2. [Interacting epidemics? Sleep curtailment, insulin resistance, and obesity](#)

Prof Dr Myriam Kerkhofs PhD

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COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



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