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*On 8 July 2021, the CPME Executive Committee adopted the 'CPME response to Public Consultation on Digital health data and services – the European Health Data Space (CPME 2021/071 FINAL).*

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**CPME response to Public Consultation on Digital health data and services –  
The European Public Health Data Space**

# Digital health data and services – the European health data space

Fields marked with \* are mandatory.

## Introduction

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The European Health Data Space (EHDS) is a Commission priority that aims at making the most of the potential of digital health to provide high-quality healthcare, reduce inequalities and promote access to health data for research and innovation on new preventive strategies, diagnosis and treatment. At the same time, it should ensure that individuals have control over their own personal data.

Innovative solutions that make use of health data and digital technologies, among others digital health solutions based on data analytics and artificial intelligence (AI), can contribute to the transformation and sustainability of healthcare systems, while improving people's health and enabling personalised medicine. The development of these technologies requires access by researchers and innovators to substantial amounts of (health) data.

The Commission announced in the [Communication on the European Strategy for Data](#) its intention to deliver concrete results in the area of health data and to tap into the potential created by developments in digital technologies. The collection, access, storage, use and re-use of data in healthcare poses specific challenges that need to be addressed within a regulatory framework that best serves individuals' interests and rights, in particular as regards the processing of sensitive personal data relating to their health. As a follow up, the Commission adopted its [Data Governance Act proposal \(2020\)](#) laying down conditions around access to certain categories of data, and containing provisions to foster trust in voluntary data sharing.

This public consultation will help shape the [initiative on the EHDS](#). It is structured in three sections focusing on:

1. the use of health data for healthcare provision, research and innovation as well as policy-making and regulatory decision;
2. the development and use of digital health services and products;
3. the development and use of Artificial Intelligence systems in healthcare.

The Commission has launched a separate public consultation on the Evaluation of patient rights in cross-border healthcare. You can follow the [relevant link](#) if you wish to reply.

Depending on your answers, the questionnaire may take approximately 40 minutes.

## About you

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### \* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Irish
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

### \* I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation

- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

\* First name

Sara

\* Surname

Roda

\* Email (this won't be published)

sara.roda@cpme.eu

\* Organisation name

*255 character(s) maximum*

CPME - Standing Committee of European Doctors

\* Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

Transparency register number

*255 character(s) maximum*

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

9276943405-41

\* Country of origin

Please add your country of origin, or that of your organisation.

- Afghanistan
- Djibouti
- Libya
- Saint Martin
- Åland Islands
- Dominica
- Liechtenstein
- Saint Pierre and Miquelon

- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Lithuania
- Luxembourg
- Macau
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- São Tomé and Príncipe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname

- Bhutan
- Bolivia
- Bonaire Saint Eustatius and Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Myanmar /Burma
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- North Korea
- North Macedonia
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Svalbard and Jan Mayen
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- The Gambia
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine

- China
- Christmas Island
- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russia
- Rwanda
- Saint Barthélemy
- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association, 'consumer association', 'EU citizen') country of origin, organisation name and size, and its transparency register number, are always published. Your e-mail address will never be published.** Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

## \* Contribution publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

### Anonymous

Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.

### Public

Organisation details and respondent details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published. Your name will also be published.

I agree with the [personal data protection provisions](#)

## Section 1: Access and use of personal health data for healthcare, research and innovation, policy-making and regulatory decision-making

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Personal health data include a wide range of data on individual's physical or mental health and information on healthcare received. Health data, including genetic and sometimes biometric data, may reveal information about the health status of a person. Individuals need to have the right tools at hand for managing their health data. These should allow them to consult and share their health data with health professionals or other entities of their choice. This should facilitate receiving adequate healthcare including abroad (doctors, hospitals, pharmacies, etc.).

In addition, sharing personal health data with researchers and innovators could improve health research and innovation in prevention, diagnosis and treatments. Sharing personal health data with policy-makers and regulators such as European and national medicine agencies could facilitate and speed up the approval of new medicines and pass laws that are based on real world data. For this, a mechanism would need to be established that facilitates access to personal health data for further use while protecting the individuals' interests and rights on their health data in compliance with the [General Data Protection Regulation \(GDPR\)](#).

**Q1. The [cross-border healthcare](#) Directive has established the eHealth Network and an infrastructure to facilitate health data sharing across the EU (Article 14) and includes other aspects with relevance for digital health. In the**

**last 5 years are you aware of any changes in the following aspects of health data sharing across border?**

	Greatly reduced	Slightly reduced	No changes	Slightly increased	Greatly increased	I don't know / No opinion
Exchange of health data such as patients' summaries and ePrescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity and access to safe and high quality healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of methods for enabling the use of medical information for public health and research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of common identification and authentication measures to facilitate transferability of data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access of patients to an electronic copy of the electronic health record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-border provision of telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2. Should a European framework on the access and exchange of personal health data aim at achieving the following objectives?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Facilitate delivering healthcare for citizens at national level	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitate delivering healthcare for citizens across borders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Promote citizens' control over their own health data, including access to health data and transmission of their health data in electronic format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Promote the use of digital health products and services by healthcare professionals and citizens	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support decisions by policy-makers and regulators in health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and accelerate research in health	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote private initiatives (e.g. for innovation and commercial use) in digital health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please specify:**

Research and innovation for the ‘public good’ as an overarching general principle. Clear legal criteria on what is ‘public good’ for the purposes of the European Health Data Space is required to avoid misuse.

## 1.1. Access to and exchange of health data for healthcare

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Currently, several Member States exchange health data across borders within the framework of the [cross-border healthcare Directive](#) to support patients in obtaining care when travelling abroad. Health data such as electronic prescriptions and patients’ summaries are exchanged through an EU infrastructure called [MyHealth@EU](#). Patient summaries provide information on important health related aspects such as allergies, current medication, previous illness, surgeries, etc. Work is being carried out to support the exchange of additional health data, such as medical images and image reports, laboratory results and hospital discharge letters and to provide citizens with access to their own health data.

Moreover, access and control of citizens’ over their own health data should be improved. The COVID-19 crisis also showed the importance of citizens being able to access and share in electronic format some of their health data (e.g. test results, vaccination certificates) with healthcare professionals or other entities of their choice. Facilitating such access and sharing by individuals of their health data in electronic format may require extending the rights of individuals with respect to their health data beyond those guaranteed in the **G D P R**.

Furthermore, some conditions need to be in place to ensure easy, lawful and trusted exchange of health data **c r o s s b o r d e r s** :

- Healthcare providers need to have digital systems in place to exchange data securely with other health professionals and digital health devices.
- Healthcare providers need to comply with the applicable provisions of the GDPR, in particular the requirement to rely on a legal basis in order to be able to lawfully exchange health data cross borders.
- Data need to be in the same format and correspond to a common data quality, cybersecurity and other interoperability standards on which healthcare professionals can rely.

- Relevant mechanisms may also be implemented to support the uptake of these standards (such as labelling, certification, authorisation schemes and codes of conduct).
- Cooperation of national digital health bodies in the development of interoperable standards and specifications.

The questions below seek to gather stakeholders' views on the rights and tools that would support access by citizens to their own health data (beyond the rights guaranteed in the GDPR).

### Q3. How important is it for you to be granted the following rights?

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
The right to access my health data in electronic format, including those stored by healthcare providers (public or private)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The right to transmit my health data in electronic format to another professional/entity of my choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The right to request public healthcare providers to share electronically my health data with other healthcare providers/entities of my choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The right to request healthcare providers to transmit my health data in my electronic health record	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right to request app providers to ensure the transmission of my health data in my electronic health record	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers that fail to provide me access to my health data in an electronic format and to transmit it to a healthcare provider/entity of my choice are sanctioned or receive a specific fine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Q4. Which of the following elements do you consider the most appropriate for controlling access and sharing your health data with healthcare professionals?

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Access my health data through a personal digital storage and share it with health professionals of my choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Access my health data that is exchanged between health professionals or with other entities via a digital infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access my health data that is exchanged between health professionals across borders via an EU electronic infrastructure	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access my health data on a mobile application and share it with healthcare professionals or other entities of my choice	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The infrastructure or personal digital storage for accessing the data should be secure and prevent cyberattacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please specify:**

The provision of this data has workload implications that requires resources. Subsidies should be provided to facilitate access to patients data by the doctors (e.g. The Netherlands).

The questions below seek to gather stakeholders' views on the measures needed to enhance the sharing of health data between healthcare professionals including across borders. Some common standards and technical requirements agreed at EU level could be applicable to healthcare providers in this view.

**Q5. In your view, who is best suited to develop these standards and technical requirements at EU level to support exchange of data in healthcare?**

- National digital health bodies cooperating at EU level
- An EU body
- Other

**Please specify:**

**Q6. In your views, how should these standards and technical requirements be made applicable at national level and across the EU?**

- Through a labelling scheme (a voluntary label indicating the interoperability level)
- By a certification scheme granted by third parties (a mandatory independent assessment of the interoperability level)
- By an authorisation scheme managed by national bodies (a mandatory prior approval by a national authority)
- Other

In addition to the requirements laid down in the proposed Data Governance Act, providers of personal data spaces/data sharing services could be subject to sectoral requirements to ensure interoperability of health data exchanges. The question below seeks to gather stakeholders' views on any additional measures needed.

**Q7. Which of the following measures would be the most appropriate:**

- By a labelling scheme (a voluntary label indicating the interoperability level)
- By a certification scheme granted by third parties (a mandatory independent assessment of the interoperability level)
- By an authorisation scheme managed by national bodies (a mandatory prior approval by a national authority)
- Other

**Please specify:**

A proposal for a Directive on minimum interoperability requirements.

The question below seeks to identify and assess the impacts (benefits and costs) that would arise from measures facilitating the access to, control and transmission of health data for healthcare including across borders.

**Q8. (For healthcare professionals only) In your views, what would be the costs on healthcare professionals/providers of measures facilitating access to, control and transmission of health data for healthcare?**

	No impact	Moderate impact	High impact	I don't know / No opinion
Implementation costs for national healthcare providers (setting up infrastructure, complying with defined standards, etc.).	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Costs for healthcare professionals and providers (human resources, finances, etc.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Information and monitoring	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please specify:**

- Appropriate training for staff to increase digital health literacy.
- The overall impact is 'high' if mandatory technical requirements (e.g. specific software) need to be implemented at the sole expense of healthcare professionals. Costs related to mandatory requirements should be supported by national authorities.

**Q9. In your views, what would be the benefits for stakeholders of measures facilitating access to, control and transmission of health data for healthcare?**

**Access to efficient and safe care**

	No impact	Moderate impact	High impact	I don't know / No opinion
Facilitated access to healthcare across borders in the EU	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Benefits for patients**

	No impact	Moderate impact	High impact	I don't know / No opinion
Transparency on the processing of their health data	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced costs stemming from not duplicating efforts and tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Reduced administrative burden	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Benefits on healthcare systems efficiencies**

	No impact	Moderate impact	High impact	I don't know / No opinion
Better healthcare provision (including risks and errors)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced costs and reduced duplication of efforts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced administrative burden	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Technological progress	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

## Other

Please specify:

### 1.2. Access and use of personal health data for research and innovation, policy-making and regulatory decision

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Access to health data for research, innovation, policy-making and regulatory decisions within the EU is currently quite complex and subject to national laws. In the [proposed Data Governance Act](#) the EU Commission proposes rules

- on access and sharing of data across sectors
- on access to data held by public bodies
- on data intermediary services (sharing of data between businesses and sharing of data between citizens and businesses)
- on sharing of data by individuals and companies through a trusted third party for wider good purposes (e.g. research) and based on their consent (so called “data altruism”).

Health data are considered to be particularly sensitive and their processing is subject to stricter requirements under the [General Data Protection Regulation](#). The proposed Data Governance Act allows for the possibility for additional sectoral legislation to set up and further specify the role of national bodies taking decisions on access to data by third parties; also in the area of health, such sectoral legislation must ensure full compliance with EU data protection rules. The Data Act currently in preparation will also assess how non-personal data held by businesses could be shared with the public sector for better policy making.

The questions below seek to gather stakeholders’ views on the measures needed to facilitate the access to health data by researchers, innovators, policy-makers and regulators, in a trustworthy manner and in line with EU data protection rules.

**Q10. What mechanism do you consider more appropriate to facilitate the access to health data for research, innovation, policy-making and regulatory decision?** Please rank from the most (1) to the least (4) preferred option

	1	2	3	4	I don't know / No opinion
Voluntary appointment of a national body that authorises access to health data by third parties	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory appointment of a national body that authorises access to health data by third parties	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A public body collects the consent of individuals to share their health data for specified societal uses (“data altruism”) and manages their health data	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A private not-for-profit entity collects the consent of individuals to share their health data for specified societal uses (“data altruism”) and manages their health data – as designed in the proposed Data Governance Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Q11. In your opinion, would additional rules on conditions for access to health data for research, innovation, policy-making and regulatory decision be needed at EU level?**

## Health data categories

	Yes, for policy and regulatory purposes	Yes, for research purposes	Yes, for innovation purposes and commercial use	Yes, for treating other patients	Yes, for education purposes	Yes in all cases	Not in all cases	I don't know / No opinion
Health data from medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative data in relation to reimbursement of healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic and genomic data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Format (for any of the above data categories)**

	Yes, for policy and regulatory purposes	Yes, for research purposes	Yes, for innovation purposes and commercial use	Yes, for treating other patients	Yes, for education purposes	Yes in all cases	Not in all cases	I don't know / No opinion
Anonymised aggregated format (e.g. statistics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pseudonymised format (without identifiers of individuals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully identifiable format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Eligibility

	Yes, for policy and regulatory purposes	Yes, for research purposes	Yes, for innovation purposes and commercial use	Yes, for treating other patients	Yes, for education purposes	Yes in all cases	Not in all cases	I don't know / No opinion
Criteria and conditions for providing / accessing data in the EHDS are defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguards for the access to health data for the purpose of re-use, in line with ethical and data protection requirements, are defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the transfer of non-personal health data outside the EU/EEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Security**

	Yes, for policy and regulatory purposes	Yes, for research purposes	Yes, for innovation purposes and commercial use	Yes, for treating other patients	Yes, for education purposes	Yes in all cases	Not in all cases	I don't know / No opinion
Conditions for the secure access to health data are defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Other

Please specify:

All further uses of health data for research, innovation, policy-making and regulatory decision should be for the 'public good' or in the 'public interest'. The EU should determine clear legal criteria to 'fill up' the meaning of such concepts and to avoid misuse. Moreover, such access will need to be subject to tight scrutiny of an independent authority, such as the national data protection authorities and the European Data Protection Board. Appropriate assurances should be given that the competence and resources are allocated to these entities in view of the increased responsibilities. A pre-condition to "access health data for research, innovation, policy-making and regulatory purposes" should be the improvement of the quality of care, a point missing in this questionnaire. Finally, access to health data of vulnerable individuals, in particularly children, should be surrounded by stronger safeguards.

**Q12. How appropriate do you consider the below elements in facilitating access to health data held by private stakeholders (hospitals, businesses) for research, innovation, policy-making and regulatory decision:**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Access to health data is granted by the data holder, on its own decision (current situation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health data is granted by a national body, in accordance with national law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health data is granted by a national body, subject to agreement of data subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please specify:

Governance as outlined in the World Medical Association Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks, adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002 and revised by the 67th WMA General Assembly, Taipei, Taiwan, October 2016.

**Q13. Which incentives would facilitate sharing of health data held by private stakeholders?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion

A fee	<input checked="" type="radio"/>	<input type="radio"/>				
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**Please specify:**

**Q14. Do you agree that an EU body could facilitate access to health data for research, innovation, policy making and regulatory decision with the following functions?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Bring together the national bodies dealing with secondary use of health data, for decisions in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Setting standards on interoperability together with national bodies dealing with secondary use of health data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Facilitating cross-border queries to locate relevant datasets in collaboration with national bodies dealing with secondary use of health data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Acting as technical intermediary for cross-border data sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Authorising access to cross-border health data (data processed in a cross-border or EU wide manner, such as European Reference Networks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q15. How useful would EU level action in the following areas be to address interoperability and data quality issues for facilitating cross-border access to health data for research, innovation, policy-making and regulatory decision?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion

Stakeholders participating in the EHDS cross-border infrastructure are subject to a voluntary labelling scheme on the use of data quality and interoperability technical requirements and standards	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stakeholders participating in the EHDS cross-border infrastructure are subject to the mandatory use of specific technical requirements and standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stakeholders need an audit, certification or authorisation before participating in EHDS cross-border infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

The question below seeks to identify and assess the impacts (benefits and costs) that would arise from measures facilitating cross-border access to health data for research, innovation, policy-making and regulatory decision.

**Q16. (For healthcare professionals only) In your views, what would be the costs on healthcare professionals/providers of measures facilitating such access?**

	No impact	Moderate impact	High impact	I don't know / No opinion
Implementation costs (setting up infrastructure, complying with defined standards, etc.).	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Operational costs such as human resources, finances, etc.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Information and monitoring	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please specify:**

- social cost: dehumanisation of patient-doctor relationship due to the implementation of an electronic procedure (instead of facing the patient, the doctor is facing a screen where he/she processes the data);
- duplication of protocols (time)
- legal counsel costs
- training costs for the healthcare providers involved.

**Q17. In your views, what would be the benefits for stakeholders of measures facilitating such access?**

**Access to cutting-edge, efficient and safe care**

	No impact	Moderate impact	High impact	I don't know / No opinion
Availability of new treatments and medicines	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased safety of health care and of medicinal products or medical devices	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faster innovation in health	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Benefits on healthcare systems efficiencies

	No impact	Moderate impact	High impact	I don't know / No opinion
Better informed decision-making (including risks and errors)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced administrative burden in accessing health data	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technological progress	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Other

Please specify:

**Q18. Please indicate any other impacts on relevant economic, environmental, social or fundamental rights of a future European Health Data Space allowing for the access and use of personal health data for research, innovation, policy making and regulatory decision-making.**

- Breaches in medical confidentiality and professional secrecy, privacy and protection of personal data;
- Endangering trust in patient-doctor relationship due to insufficient security of communications (e.g. cyber security risks, as the more you share online more risks you create);
- Possible discrimination in future policy making and regulatory decision-making;
- Mass surveillance measures concealed as public health measures attempting freedom of movement, of assembly and of expression;
- Attempts to the dignity and integrity of people, in particular of vulnerable groups. As more of their data could be exposed, the EHDS could increase the vulnerability of those contributing to the space with their data.
- Rule of law and principle of legality in case of non compliance of the rules and standards of the European Health Data Space by the actors involved;
- Abuse and misuse of power due to the lack of clearly defined roles and responsibilities of each actor involved.

## Section 2: Digital health services and products

New technologies offer digital health solutions to the current main challenges of the national healthcare systems. With the increase of digital literacy and adoption of digital health solutions, more and more patients now have the ability to access digital services and manage their data digitally.

Digital health services and products include remote care delivery, monitoring, diagnosis and therapeutic services but also the management of patient health data. Telemedicine can for example facilitate remote diagnosis or monitoring when patients and doctors/hospital are in different EU countries. Digital health services can be delivered via medical devices, such as remote monitoring of blood pressure, or specific software and algorithms are applied in analysing medical images or processing health data collected from wearable devices to process personalised medical suggestions.

National health authorities could pro-actively analyse the data from multiple sources to improve their healthcare system. Citizens could benefit from these services and products if they can be offered without barriers across the EU while ensuring data privacy and liability. To ensure this, solutions need to be found for adhering to minimum quality standards for example through certification and labelling, for interoperability and for reimbursement.

General principles for providing cross-border telemedicine services are set out in the [cross-border healthcare Directive](#). According to this legislation the rules of the country where the patient is treated apply. The place of treatment is the country where the health care provider is established. EU countries need to ensure the following:

- Patients should receive a written or electronic record of the treatment
- Patients have the right to receive, upon request, the relevant information on the applicable standards and guidelines on quality and safety
- Transparent complaints procedures have to be in place.

**Q19. How useful do you consider action in the following areas to ensure access and sharing of health data nationally and across borders through digital health services and devices?**

**Citizens**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Citizens have the possibility to transmit the data from m-health and tele-health into their electronic health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizens have the possibility to transmit the data from m-health and tele-health into the EU health data exchange infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Healthcare professionals**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Healthcare professionals have the right to access to patients' digital health records and to data pertaining to the patient's use of digital health products or services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare professionals can request transmission of the data from prescribed apps and other digital health services into the electronic health records of the patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Other

Please specify:

**Q20. Please indicate the most important impacts of the deployment and use of digital health products and services. Please consider relevant economic, environmental, social or fundamental rights impacts.**

- Breaches in medical confidentiality and professional secrecy, privacy and protection of personal data;
- Endangering trust in patient-doctor relationship due to insufficient security of communications (e.g. cyber security risks, as the more you share online more risks you create);
- Possible discrimination if it increases the digital divide in terms of accessibility and digital skills, but also in case of misuse or abuse (e.g. repurposing the collection of personal data for other uses than the ones consented or expected by the patient);
- Attempts to the dignity and integrity of people, in particular of vulnerable groups. As more of data is be available and accessible, the vulnerability of the users increases.
- Rule of law and principle of legality in case of non compliance of the rules and standards by the actors involved.

**Q21. Do you think that tele-health could entail additional risks for the patients and for the doctors?**

- Yes
- No
- I don't know / No opinion

**Please explain:**

In remote consultations, the potential for complex conditions to be missed, requiring a second in-person consultation in subsequent days exists, thus increasing pressure to the health system. They generally address more straight forward issues and they are seen as less “information rich”.

Moreover, there are also risks of/relating to:

- mis-identification of the patient;
- insufficient knowledge of the patient and their medical history;
- capacity and consent in children and vulnerable adults;
- poor patient understanding of the advice and treatment offered, medicine interactions;
- privacy and patient confidentiality as more patient data is exposed in online platforms and apps;
- insecure and unstable platforms which can cause loss or interrupt the exchange of data;
- poor internet connectivity which may interrupt the exchange of data;
- increasing digital divide as access to tele-health services is not always equitable and not all have the same level of digital literacy skills;
- closure of health care facilities in less populated or under-served areas;
- conflict of interests resulting from commercial tele-health practices;
- inappropriate prescribing of antibiotics and opioid-based medicines.

**Q22. If you see such risks, how should they be addressed?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
Through protocols/rules for tele-health established at EU level	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through minimum standards for tele-health equipments established at EU level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Through liability rules established at national level	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through liability rules established at EU level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Other**

Please specify:

**Q23. How appropriate do you consider the following actions to foster the uptake of digital health products and services at national and EU level?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
A labelling scheme (a voluntary label indicating the interoperability level)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A certification scheme granted by third parties (a mandatory independent assessment of the interoperability level)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
An authorisation scheme managed by national bodies (a mandatory prior approval by a national authority)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q24. How appropriate do you consider the following measures in supporting reimbursement decisions by national bodies?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know / No opinion
European guidelines on reimbursement for digital health products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
European guidelines on assessments for digital health products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
An EU repository of digital health products and services assessed according to EU guidelines to aid national bodies (e.g. insurers, payers) make reimbursement decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Extend the possibilities at national level for reimbursing all tele-health services (including telemedicine, telemonitoring, remote care services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Facilitate reimbursement of all tele-health services (including telemedicine, telemonitoring, remote care services) across the EU (i.e. mutual recognition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
National authorities make available lists of reimbursable digital health products and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

EU funds should support/top up cross-border digital health services that comply with interoperability standards and ensure the access and control of patients over their health data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Q25. In your view, should access to EU funds for digitalisation in healthcare by Member States be conditional to interoperability with electronic health records and national healthcare systems?**

- Yes
- No
- I don't know / No opinion

### Section 3: Artificial Intelligence (AI) in healthcare

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The objective of this section is to identify appropriate rules (e.g. on the deployment of Artificial Intelligence systems in daily clinical practice) that would allow EU citizens to reap the benefits of Artificial Intelligence in healthcare (e.g. improved diagnosis, prognosis, treatments and management of patients). Artificial Intelligence systems in healthcare are primarily used in providing medical information to healthcare professionals and/or directly to patients and this raises new challenges. The Commission will propose a horizontal Artificial Intelligence regulatory framework in 2021. This proposal will aim to safeguard fundamental EU values and rights and user safety by obliging high-risk Artificial Intelligence systems to meet mandatory requirements related to their trustworthiness. For example, ensuring that there is human oversight, and clear information on the capabilities and limitations of Artificial Intelligence.

**Q26. How useful do you consider the following measures to facilitate sharing and use of data sets for the development and testing of Artificial Intelligence in healthcare?**

	Not at all	To a limited extent	To some extent	To a great extent	Completely	I don't know /No opinion
Access to health data by Artificial Intelligence manufacturers for the development and testing of Artificial Intelligence systems could be securely, including compliance with GDPR rules, facilitated by bodies established within the EHDS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bodies established within the EHDS provide technical support (e.g. on control datasets, synthetic data, annotation/labelling) to data holders to promote suitability of their health data for Artificial Intelligence development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bodies established within the EHDS, alone or with other bodies established under the Testing and Experimenting Facilities, provide technical support to medicine agencies, notified bodies for medical devices, and other competent bodies in their supervision of Artificial Intelligence products and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q27. In your view, is the introduction of Artificial Intelligence in healthcare creating a new relationship between the Artificial Intelligence system, the healthcare professional and the patient?**

- Yes
- No
- I don't know/No opinion

**Please specify:**

For healthcare professionals, it is very difficult to know which companies entering in the market are trustable, particularly start-ups and scale-ups. In order to deploy and use AI systems in healthcare, there needs to be assurances that the training and validation of the algorithm is based on quality annotated data. Moreover, those assurances need to continue in case of an update, a bug and a cyber attack, as well as in AI systems with machine learning approaches, predicting specific diseases or proposing a combination of substances or medicines as a form of treatment. Necessary adjustments in current civil liability rules and users obligations are needed – clear definition of roles and responsibilities, possible exemptions for users – otherwise the feeling that an AI system cannot be controlled or, worst, that can be passed unnoticed by a diligent user, will persist and the deployment and use of an AI system will be limited in healthcare.

Some examples where there can be legal uncertainty in relation to the civil liability of AI:

- doctor conducting a guided or semi-guided surgery with the help of AI and then there is a hacking into the system;
- patient in intensive care connected to a machine with AI, the system is hacked and the patient dies or severely injured (lack of vitals support incapacitating him/her to life);
- software in ER that triages patients with the help of AI, there is an update that creates a bug, the AI triage is incorrect, the patient dies or is severely injured due to late treatment;
- software (with machine learning algorithm and there are several users) that prepares medication and the doses are incorrect, the patient dies or is severely injured
- psychological counselling done by an automated robot from a website managed by a doctor, the AI that does not flag patient distress and the patient commits suicide, or provides wrong counselling, or informs employer by mistake causing the employee to be fired.

**Q28. How useful do you consider the following measures to ensure collaboration and education between Artificial Intelligence developers and healthcare professionals?**

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	I don't know / No opinion
Artificial Intelligence developers are obliged to train healthcare professionals on the use of Artificial Intelligence systems provided (e.g. how Artificial Intelligence predictions should be best understood, applied in daily clinical practice and used for the best interests of the patients).	<input checked="" type="radio"/>	<input type="radio"/>				

<p>Health care professionals and/or providers should demonstrate understanding of the potentials and limitations in using Artificial Intelligence systems (e.g. adopt protocols indicating in which cases a third opinion should be obtained when the Artificial Intelligence system reached a different opinion from the physician?)</p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Q29. In your view, are there specific ethical issues involved in the use of the Artificial Intelligence in healthcare?**

- Yes
- No
- I don't know / No opinion

**Please explain what these issues are and how do you believe they could be addressed:**

The patient-doctor relationship is based on a personal interaction, physical examination and knowledge of the patient's medical history. It also involves building a relationship and trust with patients. The provision of healthcare entails compassion, a human and social dimension and above all a sense and value of caring for the other.

A human-AI relationship for healthcare purposes could only be ethically acceptable if it proves to be in the best interest of the patient and it is carried out under the direct supervision of healthcare professionals (e.g. case of humanoid robots in hospitals used for patient's distraction or to support healthcare professionals in clearly defined tasks). Otherwise, risks can arise from insufficient knowledge of the patient and their medical history, mis-identification of the patient, issues relating to capacity and consent in children and vulnerable adults, poor patient understanding of the advice as well as of the treatment offered.

Identified below are examples of ethical risks that require further reflection and consideration in an human-AI interaction, either long-term or short-term:

- Difficulties in implementing AI solutions by end-users (user acceptance issues);
- Work demotivation;
- Impoverishment of social relations and communication – dehumanisation effect (e.g. no real empathy from an AI system in case of distress and to decompress from a stressful environment);
- Change of moral standards of friendship and work relations, lowering them. If human contact is diminished and no mitigation measures adopted – quantitative and qualitative – the effect in human relations and health outcomes can be negative (ex. case of social isolation of the elderly if AI technology replaces human caregivers);
- Loss of human dignity, humiliation and users' feelings [e.g. sense of objectification (being considered as an object of treatment)] – moral harm. The degree is very much dependent on the tasks assigned to the AI system and the interaction required by the user;
- Societal concerns related to a new 'AI/machines era' and general feeling of control loss;
- Deception and infantilisation of human relations;
- Self-determination and autonomy (human trust erosion vs human over trust in the AI system, as well as developing deep bonds with the AI);
- Loss of privacy and sense of state surveillance;
- Inexplainable decisions towards users (transparency);
- Algorithmic bias or unjust decisions, systemic/large scale errors (fairness and equality);
- Generation of stigma and discrimination on any ground such as sex, race, colour, language, birth, health status, religion, political or other opinion, national or social origin, association with a national minority;
- Inability to access services or opportunities (risk of differential treatment / not being granted fair and equal opportunities).

In conclusion, there is a need to prevent the above risks from happening while at the same time a need to explore what the AI can or cannot perform in the provision of healthcare services. An appropriate balance is required for using human-AI system interactions, between improving the life of patients and of healthcare professionals, while empowering both users.

**Q30. Are there general comments you would like to make about measures needed to support the appropriate and trustable development, deployment and use of Artificial Intelligence in healthcare that would be aiding the best interest of the patients?**

- It is important to develop a unified approach to secure, privacy-preserving data analysis as well as finding an effective, mathematically robust definition of privacy.
- The healthcare professional using the AI systems needs to be aware in a clear and straightforward way of the AI limitations and errors.
- The society should reflect about which bonds and relations should be supported by EU policy and legislation between patients and socially interactive AI systems in healthcare. National roundtables should be organised and reflections drawn up from those.

Thank you for your contribution to this questionnaire. In case you want to share further ideas on these topics, you can upload a document below.

### **Please upload your file:**

Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

### **Final comments:**

Complementary notes to questions:

- In question 6, Section 1.1: Any provision for a patient needs to be an opt-in system (informed consent is required).
- In question 10, Section 1.2: More important than to providing “access to health data for research, innovation, policy-making and regulatory decisions”, is to provide access to health data for the quality of healthcare. This point is missing the question.

Final general comments:

The EHDS system should not aim at developing a “shared data space”, but a shareable data space. The COVID-19 pandemic has shown that even when people do share data, they are hardly usable because they are not interoperable.

The EHDS and AI might be linked to digital solutions, that could in turn be very much connected to specific products or tools. CPME highlights that while there will be a need to collaborate with the industry to teach medical students the state-of-the-art of medical devices and systems, it is of utmost importance to maintain the independence of the medical education. Appropriate planning and reflection is required by academia for what should be in the medical curricula. Industry participation within medical curricula of 10% could be considerate acceptable.

### **Contact**

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