

clinics, practices and medical institutes, creating budgetary constraint and a detrimental effect for patients.

The Standing Committee of Doctors in Europe demands that the Council of Ministers and the EC Commission develop and apply a reasonable and scientific definition on “hazardous waste”. The CP is willing to provide the necessary expert support for this task.

10.4 Resolution on the Agency for Safety and Health

Curia, 1994 (CP 94/53)

Resolution

The Standing Committee of Doctors in Europe (CP) met in Curia, Portugal, on the 16th of April 1994:

- noting the existence of an Agency for Safety and Health
- noting its working programme 1994-2000.
- asks the Agency to direct attention to the implementation of the existing legislation before considering new initiatives and wants to be involved in achieving the Agency’s objectives.

10.5 Standing Committee of European Doctors (CP) Proposals for Inclusion in second EU public Health Framework Programme

(CP 97/1010 Rev 1)

The Standing Committee of European Doctors (CP) is an umbrella organisation representing all branches of the medical profession in Europe. Founded in 1959, it now has medical organisations from 17 European Economic Area (EEA) countries as full members, and others from European countries outside the EEA as observers. One of its principal aims is to promote the highest standard of medical training, medical practice and health care within the European Union, in order to achieve the highest possible standard of public health. It works closely with many organisations representing different sectors of the medical profession at European level.

The CP welcomes the opportunity to contribute to the shaping of future public health policy in the EU and expresses its support for the Commission in drawing up the second public health framework programme. Its members are willing to cooperate in any way which would be helpful. We acknowledge that defining “public health” is not easy, given the diversity of approaches across the EU, but wish to use the broadest possible interpretation, to enable the European Union to act as necessary to protect and improve the health of its citizens.

We set out below some areas which we consider to be particularly important. These do not constitute a finite list, and we are happy to advise on any other areas which the Commission identifies as important. While we understand the many different pressures facing policy makers, we wish to see an integrated approach to health, i.e. an approach where policy in all areas is scrutinised to ensure that it has a positive impact on health. We have tried to focus on quality of life, i.e. ways of adding life to years as well as years to life. Thus, as well as concentrating on the promotion of healthy lifestyles, we have also singled out chronic conditions which, even if not immediately life-threatening, undermine the quality of life over long periods for large numbers of people and have a significant impact on professional activity and health care spending.

1. Common Agricultural Policy (CAP)

We realise that this is an area where there are many conflicting interests, but we believe that it is time to re-examine the CAP. Doing so would be entirely consistent with the Commission’s work in other areas, as the current policy has an impact on nutrition, smoking, alcohol consumption, and the environment, which in turn have an impact on many medical conditions. There is also increasing concern about the use of anti-microbial drugs on farm animals, and the potential link with the development of drug-resistant organisms.

We should like to see a commitment to the provision of healthier crops at accessible prices, produced with minimal environmental damage – ending, for example, the anomaly whereby large quantities of surplus fruit and vegetable crops are destroyed while many EU citizens are unable to afford those which reach the shops. We wish this adjustment – which is particularly important if the EU is to enlarge further to include the countries of Central and Eastern Europe – to be made in a manner which safeguards the livelihoods of farmers and agricultural workers.

By taking an approach such as this, we believe that it should be possible to harmonise the objectives of the CAP as set out in Article 39 of the Treaty with the Maastricht requirement to assess the health impact of all policy areas.

1.1 Nutrition

This overlaps to a large extent with our proposal to review the CAP. We note that the Commission has already identified nutrition as a priority for its 1997 health promotion programme and welcome the fact that it has done so.

Diet is an important subject both for education and research for a number of reasons. It has an influence on a range of conditions, such as cardiovascular and metabolic diseases; its influence on some cancers needs further exploration, and for this reason we should also like to see it linked to the Europe Against