

OUTCOMES OF THE CPME MEETINGS

Helsinki, 16 November 2019

Helsinki (Finland) - The European Doctors coming from 36 National Medical Associations met in Helsinki at the biannual General Assembly and Board meetings of the Standing Committee of European Doctors (CPME).

During the meetings held on 16 November 2019 the CPME delegates had fruitful exchanges on recent health policy developments at national and European levels. Moreover, the General Assembly admitted the Medical Chamber of Montenegro as CPME observer member and adopted among other items:

Policy on air quality and health (available [here](#)): make air quality a priority.

European doctors call on policymakers to make air quality a political priority from local to European level and to update the EU air quality standards to reflect the WHO recommendations. CPME also asks policymakers to promote and prioritise those measures that will foster clean air, tackle climate change and protect health, including active mobility such as biking and walking, as well as affordable public transport based on renewable energy. Vulnerable groups and socioeconomic inequalities should be taken into account in urban planning. Moreover, CPME calls on European doctors, and especially local public health officers, to raise awareness of the negative health impacts of air pollution and climate destabilisation.

Policy on novel tobacco and nicotine products (available [here](#)): prohibit health claims and flavourings.

European doctors are highly concerned about the health risks of emerging novel tobacco and nicotine products introduced in the recent years by the tobacco industry. The new paper calls on policy makers to recognise that these products are harmful and to prohibit their health claims and the flavourings which may make the products attractive particularly for young people. CPME also calls its members to inform their patients about the health risks associated with the novel products and not recommend them as means to stop or reduce smoking.



Policy on AI in health care (available [here](#)): include doctors in design of AI.

European doctors call on policymakers to integrate the doctors' perspective into the design and development of the health care AI. Also, they ask for the professional oversight over AI clinical validation and usefulness once it is applied in health care delivery. CPME recognises the efforts made by the EU on AI so far and calls on the European Commission to put greater emphasis on trustability and safety of AI applications in health care. Moreover, CPME is convinced that these systems are intended to coexist and support doctors. Therefore, European Doctors endorse the term “augmented intelligence” as it refers more accurately to the scope of support, rather than to replacement.

Updated statement on the Medical Treatment of Refugees (available [here](#)): adapt health systems and protect vulnerable groups.

Ensuring access to healthcare for refugees and other migrants remains an important question across Europe. CPME updated its [2016 statement](#) on the medical treatment of refugees to integrate experience of past years and extend its recommendations for action. The updated policy highlights the needs of migrant women and children and raises awareness for their specific vulnerabilities. The updated statement also underlines the health benefits of safe housing and access to employment, as well as underlining the urgent need to combat racism.

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