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*On 13 December 2021, the CPME adopted the CPME Feedback on the Commission's Proposal for a Decision establishing the 2030 Policy Programme "Path to the Digital Decade" (CPME 2021/128 FINAL).*

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CPME Feedback on the Commission's Proposal for a Decision  
establishing the 2030 Policy Programme "Path to the Digital Decade"<sup>1</sup>

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

CPME welcomes the establishment of the 2030 Policy Programme "Path to the Digital Decade" proposing a monitoring and cooperation mechanism between the Commission and Member States, among other aspects.

CPME focuses on the digital targets identified in **Article 4** of the Proposal.

A) Digitally skilled population and highly skilled digital professionals

1. A first digital target identified is to have "at least 80% of those aged 16-74 with basic digital skills". Digital literacy of patients and healthcare professionals is a crucial component of efficient and effective digital transformation in healthcare.<sup>1</sup>
2. However, 'digital skills' are not defined in the Proposal. A definition is needed in order to measure the performance in the Digital Economy and Society Index (DESI). CPME recommends using the UNESCO's definition where 'digital skills' are defined as the ability to find, evaluate, use, share, and create content using digital devices (e.g., computers, smartphones, digital medical tools).<sup>2</sup>
3. European Doctors call for an **appropriate balance** between the (increasing intensive) use of digital technologies, and the practice of health enhancing behaviours. Healthy living implies the physical, mental, spiritual and economic capacity to make healthy choices. It focuses on

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<sup>1</sup> [CPME Policy on Digital Competencies for Doctors](#), adopted on 21 November 2020.

<sup>2</sup> UNESCO, Digital skills critical for jobs and social inclusion, < <https://en.unesco.org/news/digital-skills-critical-jobs-and-social-inclusion>>.

healthy eating, physical activity but also goes beyond to avoid addictive behaviours and being able to cope with life's stresses and other mental health issues.<sup>3</sup>

4. Sufficient links have been found between internet use and mental wellbeing, and concerns have been voiced that digital technologies and social media are exacerbating feelings of anxiety and depression, disturbing sleep patterns, leading to cyber-bullying, body image troubles and disordered eating.<sup>4</sup> Screen time and online gaming are also a source of concern.<sup>5</sup>
5. As a result, a health dimension should be recognised within the definition of basic digital skills, i.e. the user is aware and can understand when the digital use becomes an unhealthy behaviour (digital addiction). **The health dimension should be part of the key performance indicators for attaining this digital target.**
6. A second digital target identified is to have *“at least 20 million employed information and communications technology (ICT) professionals (...) with convergence between women and men.”*
7. In the healthcare sector, there is a need to trust in ICT personnel. Sufficient guarantees must be put in place to ensure that this new generation of professionals meets high ethical standards and complies with professional obligations (e.g., confidentiality, protection of personal data, privacy, maintain the integrity and security of IT systems).
8. CPME strongly recommends that ICT professionals abide to ethically-based codes of conduct and be subject to regulatory oversight and disciplinary sanctions.<sup>6</sup> This would ensure that these specialists have an up-to-date competence, relevant to their field, and that they comply with professional obligations, reflecting a win-win strategic policy approach. This element should be part of the key performance indicators for attaining this digital target.

## B) Digitalisation of public services

1. The tenth digital target consists of having *“100% online accessible provision of key public services for Union citizens and businesses”*.

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<sup>3</sup> Please see [CPME Policy on Healthy Living](#), 6 April 2019.

<sup>4</sup> Please see OECD, [Children & Young People's Mental Health in the Digital Age – Shaping the Future](#), 2018.

<sup>5</sup> Please see World Health Organization. [“Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age”](#). (2019); Armitage, Richard. [“Gambling among adolescents: an emerging public health problem.”](#) The Lancet Public Health 6, no. 3 (2021): e143.; Alan M Emond, Mark D Griffiths, [Gambling in children and adolescents](#), British Medical Bulletin, Vol. 136, Issue 1 (December 2020), p 21–29; Stavropoulos, Vasileios, Jeremy Vassallo, Tyrone Leonard Burleigh, Rapson Gomez, and Michelle Colder Carras, [The role of internet gaming in the association between anxiety and depression: A preliminary cross-sectional study.](#) Asia-Pacific Psychiatry (2021): e12474.

<sup>6</sup> Please see [CPME response to Public Consultation on European Data Strategy](#), 7 May 2020 and [CPME Feedback to Commission's Roadmap on a Declaration of Digital Principles](#), 7 June 2021.

2. European Doctors advise that when implementing the digital targets on healthcare services, patient safety, quality of care, clinical independence, patient empowerment and a potential digital divide must always be considered.
3. European Doctors stress that patient safety and quality of care are paramount in healthcare. The digitalisation must not be imposed as the only available mean to access healthcare services. Telemedicine services are a useful additional tool in a number of clinical scenarios, but it is not without risk, and it is not suitable for all scenarios.<sup>7</sup> Face-to-face provision of healthcare services must remain the gold standard and telemedicine services should only be implemented where evidence supports an improvement in patient safety and quality of care.
4. This target should also not justify the closure of healthcare facilities in less-populated or under-served areas. Assurances must be given that digitalisation does not add to health inequalities and that it neither places patients in disadvantage or exacerbate same (e.g., poor access to the internet, poor digital skills, physical disabilities, homelessness, the effect of ageism<sup>8</sup> or just being uncomfortable to discuss health conditions in a virtual environment).
5. Moreover, it cannot exclude patients' expectations or preference for the traditional face-to-face patient-doctor relationship. Patient empowerment needs to be considered.
6. As a result, the goal of 100% is neither realistic or even desirable.
7. The eleventh digital target specifies that "*100% of Union citizens have access to their medical records (electronic health records (EHR))*". Hereto, assurances must be given that this does not increase health inequalities and the digital divide. Furthermore, secure and stable platforms are needed to ensure patient privacy and confidentiality, and to obtain consent from legally incapable persons, including minors. Data concerning health needs to be encrypted.

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<sup>7</sup> [CPME Policy on Telemedicine](#), 20 March 2021.

<sup>8</sup> McDonough, C. C. "The effect of ageism on the digital divide among older adults." *J Gerontol Geriatr Med* 2.008 (2016): 1-7.