



On 8 April 2021, the CPME Executive Committee adopted the CPME Response to the Public Consultation on the Green Paper on Ageing” (CPME 2021/041 FINAL).

**CPME Response to the Public Consultation on
the Green Paper on Ageing**

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 issues¹.

¹CPME is registered in the Transparency Register with the ID number 9276943405-41.

Consultation on the Green Paper on Ageing

Fields marked with * are mandatory.

Introduction

GREEN PAPER ON AGEING – Fostering solidarity and responsibility between generations

This Commission has put demography high on the EU policy agenda. In June 2020, it presented the [report on the impact of demographic change](#) setting out the key facts of demographic change and its likely impacts. The [green paper on ageing](#) is the first outcome to this report and launches a debate on one of the defining demographic transformations in Europe - namely ageing.

Never before have so many Europeans enjoyed such long lives. This is a major achievement that is underpinned by the EU's social market economy. One of the most prominent features of ageing is that the share and the number of older people in the EU will increase. Today, 20% of the population is above 65. By 2070, it will be 30%. The share of people above 80 is expected to more than double, reaching 13% by 2070.

This demographic trend is having a significant impact on people's everyday lives and on our societies. It has implications for economic growth, fiscal sustainability, health and long-term care, social cohesion and intergenerational fairness, and it concerns every age. In addition, the pandemic's disproportionate impact on older people – in terms of hospitalisations and deaths - has highlighted some of the challenges an ageing population poses to health and social care systems. However, ageing also provides new opportunities for creating new jobs, boosting prosperity, for instance in the 'silver' and care economies, and fostering intergenerational cohesion.

This consultation enables all European citizens, Member States and relevant stakeholders to provide their views on the [green paper on ageing](#) and contribute to the debate.

About you

* Language of my contribution

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- Danish
- Dutch
- English

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- Academic/research institution
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- Environmental organisation
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- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

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* Organisation name

255 character(s) maximum

The Standing Committee of European Doctors (CPME)

* Organisation size

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

Transparency register number

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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.

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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

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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.

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The following questionnaire includes all the questions contained in the [green paper on ageing](#).

You may provide your opinion in the text boxes under each question. Please feel free to either answer all the questions, or choose to answer the questions that are of most interest or concern you directly.

You can also upload your written contribution, if you so wish, by using the button available at the end of the questionnaire.

Laying the foundations (chapter 2 of the green paper)

1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

2500 character(s) maximum

Health promotion and disease prevention, in the form of healthy lifestyles, health and safety at work (and school), and active social lives should be promoted from an early age.

Children and adolescents should be informed already in school, for example in their biology classes, about the phenomenon of demographic ageing, which will also affect them. The respect and care for elderly should also be a part of the education. This would be beneficial for the elderly as they would be cherished and cared for but also for the youth later in their life when they have grown old.

The evidence-based principles of living a healthy lifestyle must also be promoted in schools. These principles include proper nutrition, no smoking, no alcohol and/or drugs, and no calorogenic food. Furthermore, physical activity and exercise should be promoted. Children and adolescent should exercise two to three times a week if not daily. This would help them establishing a lifelong relationship to remain physically active.

The EU can promote the above-mentioned targets with specific policy measures, e.g. on taxation and labelling. The EU can also support Member States coordinating the implementation of these targets. Moreover, it can help Member States to promote and raise awareness of the benefits of healthy lifestyles by media campaigns.

The EU can also encourage Member States to share their knowledge and for example to discuss how to include healthy lifestyles in the school curricula.

2. What are the most significant obstacles to life-long learning across the life-cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

2500 character(s) maximum

The most significant obstacles to life-long learning across the life-cycle are: the individual education level (not always, but such obstacles are more important if education level is lower), the individual motivation (mainly depending whether the older person is completely retired or still works), and the infrastructure capabilities (generally lower in the rural/remote areas).

It is difficult to say at what stage in life addressing these obstacles could make most difference, because of the many factors interfering in this respect.

Besides general infrastructure, it is important to develop the information and communication technologies (ICT) infrastructure, especially in rural and remote areas.

Making the most of our working lives (chapter 3 of the green paper)

3. What innovative policy measures to improve participation in the labour market, in particular by older workers, should be considered more closely?

2500 character(s) maximum

Workplaces should be able to adapt better to the demographic change and to enable longer working lives. They should be able to utilise better the professional expertise of older workers and to accommodate workers with disabilities related to ageing and its specific pathologic pattern: multimorbidity.

Moreover, the mental and wellbeing of workers should be better taken into account by the employers.

Finally, it should be ensured that older workers do not lose their old-age pension if they work after the official pension age.

4. Is there a need for more policies and action at EU level that support senior entrepreneurship? What type of support is needed at EU level and how can we build on the successful social innovation examples of mentorship between young and older entrepreneurs?

2500 character(s) maximum

5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

2500 character(s) maximum

EU policies can help less developed regions and rural areas to manage ageing and depopulation by making better use of the "silver economy" for example through enhancing local ICT infrastructure, coupled with the augmentation of elderly's (digital) skills. This can help connecting rural and depopulated areas with more developed and populated zones, also economically.

Public sector workplaces should be re-located to less developed regions where public services such as healthcare and schools should be developed and provided to attract young, educated people to move there.

New opportunities and challenges in retirement (chapter 4 of the green paper)

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

2500 character(s) maximum

Volunteering, also by older people when their health state is permissive for such activity, is always needed to complete the constant need of community and humanitarian services. Participation in volunteering can strengthen the motivation and joy of life of the elderly. Again, the importance of the ICT needs to be highlighted. Moreover, showcasing good examples of initiatives of older and younger persons working together should be fostered. This can foster constructive cross-generational dialogue and knowledge. It may also increase the respect and empathy of the young people towards the elderly (this should be addressed also in family and school).

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

2500 character(s) maximum

The environment must be physically adjusted as much as possible to ensure the autonomy, independence and rights of older people and enable their participation in society. Mobility and accessibility are key factors for this, considering the mobility impairments inherent with many elderly persons. Therefore, different kinds of architectural and transport infrastructure adaptations (slopes, elevators, user friendly doors, clear signs) should be in place. Moreover, innovative ICT-based services for ageing well should be studied (although there are still some questionable aspects, regarding their cost, risks of misuse, data protection and safety).

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

2500 character(s) maximum

10. How can the risks of poverty in old age be reduced and addressed?

2500 character(s) maximum

The of poverty in old age can be reduced and addressed with better education, higher salaries, and longer working lives. However, this is difficult to implement, especially in a unitary mode throughout the EU. Please see the answers 5 and 7.

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

2500 character(s) maximum

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

2500 character(s) maximum

Meeting the growing needs of an ageing population (chapter 5 of the green paper)

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

2500 character(s) maximum

As mentioned previously, health promotion and disease prevention, in the form of healthy lifestyles, health and safety at work, and active social lives can help limit or postpone the problems of older people becoming frail and dependent on healthcare and long-term care. However, the need for healthcare and other care or support services will increase in the near future.

More investments are needed in quality healthcare services and infrastructure but also in healthcare research and innovation. Access to healthcare should be ensured and the working conditions of healthcare professionals improved and made more attractive. Also, the healthcare professionals and the old population should be trained and equipped to utilise the new technological innovations, such as e-health and mobile health.

Moreover, the EU can support by merging the concepts presented in the answers to the question 5.

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability or working conditions? What are the considerations to be made for areas with low population density?

2500 character(s) maximum

The answers to the questions 5 and 13 can be repeated and combined.

The EU can support Member States by fostering the exchange of learning and good practices, and the collection of case studies. The EU can also give more consideration to the potential for job creation in the long-term care sector.

Especially in the areas with low population density, home care options could be developed.

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

2500 character(s) maximum

Digitalisation of health services would enable older people to avoid unnecessary hospital visits when a healthcare professional can give advice by using new technological innovations, such as e-health and mobile health. The benefit of digital tools in health care depends on their appropriate design, validation, and implementation which cannot be ensured without the integration of the medical perspective in this process.

Public transport services should adapt to an increasing number of passengers with disabilities or reduced mobility and invest in barrier-free smart transport infrastructure and vehicles, including slopes (angle no more than 8°), elevators and/or elevating platforms at stations.

Some of the questions were addressed also in the answers 5, 7 and 10.

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people? Which support can the EU give?

2500 character(s) maximum

For the majority of the elderly, loneliness – including but not exclusively caused by isolation – is a negative situation. Lonely older people are often prone to depression (and possibly to consequent detrimental cognitive-compartmental attitudes and/or even psycho-organic excess pathology).

Therefore, in principle, lonely/ isolated elderly must be helped. One well-known option is to boost their social activity through different sorts of meetings, reunions, clubs etc. (if they are still autonomous or with possibilities to be assisted) or at least by phone or online communication.

In some cases, institutionalisation – only if is medically justified – may contribute to mitigating loneliness and isolation.

The EU can help strengthening (legally and financially) support services. However, individuals' autonomy and freedom to choose must be respected. Therefore, interventions against loneliness or isolation must respect the person's will and only be implemented only if he/she accepts them.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

2500 character(s) maximum

Multigenerational living and housing could help addressing the challenges of an ageing population. There are already some pilot projects for example to offer students an accommodation at older person's house. Moreover, multigenerational living and housing could be stimulated by supporting families to enable them to have enough space for all, while retaining enough personal privacy/intimacy for the individual.

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