

12.7 Statement on draft directive on basic measures for radiation protection (1981)

Statements on

Draft Directive on basic measures for the radiation protection of persons undergoing medical examination or treatment.

This draft directive was fully discussed by the Subcommittee on Medical Auxiliaries. The Committee expressed grave concern about a number of aspects of the Directive whilst agreeing that it was important that exposures to ionising radiation for medical reasons should be kept to a minimum and that the general aims of the Directive were appropriate and felt that the following points raised by Dr. Rowe should be brought to the attention of the Heads of Delegations. Following a discussion of the Directive in this forum, it hoped that urgent representations should be made to the appropriate authority.

1. We would prefer that the implementation of this Directive should be by professional advice, but recognising that this is likely to be unacceptable, we accept that the Code of Practice procedure is the only alternative.
2. Without clarification of what is meant by “recognised competence in radiation protection”, Article 1 would be unacceptable in its present form. The implications are so vast that it needs to be redrafted in such a manner that it would not interfere with the practice of medicine and dentistry to such a degree as virtually to inhibit practice in the best interests of the patient.
3. Article 5 would require considerable consultation since the implications both for cost and administration of such complicated record-keeping storage are vast.
4. We do not consider that the provisions of this Directive can be achieved within the timescale envisaged.
5. Bearing in mind the likelihood of technological developments, we are anxious for an assurance that as the safety factors are increased (by the use of safer equipment and radiation sparing techniques) there will be a relaxation of controls and criteria, so avoiding needless inhibition.

The Professional Training Subcommittee having considered the Directive on basic measures for the radiation protection of persons undergoing medical examinations or treatment.

1. The Committee is concerned with the educational implications of Article 1.
2. It considers that in accordance with the comments of the ACMT on basic training (as defined in III/D/31/1/78, para 1.2) the undergraduate curriculum should include at least knowledge of the risks of the operator and the patient of exposure to ionising radiation and the basic principles of physics involved.

3. It expresses its concern that Article 1 may be interpreted in such a manner as to require all doctors carrying out radiological procedures to undergo training of a standardised form, at a level appropriate to the most sophisticated activity, bearing in mind the considerable differences in activity as exemplified by dentists (only X-raying the jaws), certain doctors in remote areas or small hospitals X-raying limbs for fractures and those doctors both specialist radiologists and others carrying out contract X-ray procedures of considerable complexity and far greater risks.

It therefore, recommends that the educational modules implicit in Article 1 in relation to safety procedures should be related to the types of radiological procedure to be carried out by the doctor.

12.8 European health card (1982)

Having considered the experience of those countries where health cards have been available in the past, the Standing Committee of Doctors is forced to the conclusion that this type of card would not be of great value to the citizens of the EEC.

However, normal good medical practice engages the doctor to advise his patient of the risks of certain treatments and the use of a card for high risk, drugs to record this information together with the name of the doctor and, if relevant, the hospital and the date of issuance should be encouraged.

12.9 CP Declaration on GATT

(CP 89/200, 90/193 Final)

The Standing Committee of Doctors of the EC

Noting that the Uruguay Round of GATT is currently discussing “trade in services” and that in this connection is considering the problems associated with the liberalisation of conditions regulating the practice of professions including medicine.

Mindful of the need to ensure the highest standard of knowledge and skills in order to provide appropriate medical care for the citizens of the EC.

Recalling that member states of the European Communities recognised the need to safeguard these standards, in accordance with the aims of the EC to remove barriers to movement of services within the Community, by adopting the Directives 75/362 and 363/EC and subsequent amendments.

Calls upon the High Authorities of the EC and of the twelve member states to ensure that, in the context of the Uruguay Round consideration of trade in professional services, any agreement should not dilute the

minimum standards already laid down for the mutual recognition of qualifications in medicine and the coordinating provisions governing freedom of movement of doctors within the Member States.

Free movement must not lead to any elimination in the Member States or regulations and restrictions concerning conditions of access to the profession, ethical practice, registration and the monitoring and supervision of the profession and its practice, such as:

1. The rules of healing and of protection of public health.
2. The rules of registration of doctors.
3. The rules governing medical practice, of sanctions and the effects of sanction.
4. The rules of medical ethics applicable to providers of services.

CP proposal to the EEC Commission on GATT

Adopted by the Plenary Assembly
Barcelona, 5th-6th October 1990
(CP 90/193 Final)

La proposition pour un "multilateral framework for trade in services" du 12 Septembre 1990 préoccupe le Comité Permanent profondément. Nous sommes d'avis que l'intégration des médecins dans un tel accord mettra en danger le système sanitaire européen. Le Comité Permanent demande avec insistance à la Commission de contribuer dans le contexte de l'Uruguay Round à ce que les professions de santé fassent l'objet de dispositions restrictives. Il est au moins nécessaire que les partenaires de l'accord acceptent, comme l'avaient fait les Etats membres de la CE, de faire dépendre l'accès de médecins de pays tiers dans l'espace communautaire, des conditions déjà exigées pour la libre circulation des médecins et des professionnels de santé à l'intérieur de la Communauté.

Cela étant le problème du nombre croissant de médecins et les conséquences négatives qui en résultent pour le système sanitaire et le système de la Sécurité Sociale dans les pays membres sont connus de la Commission.

Les associations européennes des médecins et le Comité Permanent de Médecins de la CE ont aussi attiré l'attention sur ce fait.

Le problème serait évidemment aggravé par un accès non contrôlé des médecins de pays tiers.

En conclusion les médecins des pays autres que ceux de la CE, ne doivent pouvoir prester leurs services dans un pays de la CE que s'il est possible de les soumettre aux mêmes exigences de formation et qualification que celles applicables aux médecins d'un Etat membre de la CE desirieux de circuler ou de s'installer dans l'espace communautaire. Il doit en aller de même, bien entendu, des règles professionnelles et déontologiques du pays hôte.

12.10 On freedom of prescription

Opinion of the Standing Committee of Doctors of the EC about the discussion document concerning the elaboration of the proposal referred to in article 9 of directive 89/105/CEE

1. The EC Doctors stress the need of freedom to prescribe the medicine most appropriate in each case to the patient.
 - The doctor is the only one who can decide whether the patient needs some specific medicine or whether some equivalent medicine can be administered to him.
2. The Standing Committee favours transparency of measures governing pricing of medicinal products, but it questions the efficiency of harmonization, which it furthermore sees very difficult to perform.
3. The Standing Committee thinks it would be interesting to adopt a basic list of therapeutical groups which must compulsorily be included in the Social Security, which member States can add to according to their personal criteria.
 - The reimbursement rate should, in principle, be left to the criterion of member States and if there is a basic list, a minimum reimbursement rate could be fixed.
4. The medical profession supports the concept of original pack dispensing and hopes that the Commission of the European Community will aim to ensure that all medicines are prepackaged following some guidelines to standardize pack sizes.
5. The medical profession strongly supports the concept of a common identification system for medicines, which is a logical extension of proposals for the future authorization system of medicines in the EC. This can only be to the benefit of the industry, the prescriber and the patient.

Motion

The CP wishes to point out that notwithstanding economic and financial criterions, the freedom of prescribing medicinal products should always be ensured; therefore pharmacists must be forbidden to introduce any change whatsoever to a prescription of medicinal products unless specific authorization has been given by the prescribing doctor.

12.11 Report on authorization proposal III/3603-1/90

Santiago de Compostela, 1990
(CP 90/101)

Proposal for a Council Regulation laying down Community procedures for the authorization and supervision of medicinal products for human and veterinary