

5.6 CP Declaration on smoking

Lisbon, 1992 (CP 92/67)

The Heads of Delegation of the *Standing Committee of Doctors of the European Community*, meeting in Lisbon on 4 April 1992 and acting on the suggestion of the CP subcommittee on “Preventive Medicine and Environment”, Noting the position of the *Council of Ministers of Health* of 17 May 1990 and 11 November 1991,

Noting the position of the *World Health Organization* and the declaration on tobacco of the *European Forum of Medical Associations and WHO* meeting in Basle on 31 January 1992,

1. *Assert* that smoking is the principal avoidable cause of premature death in Europe;
2. *Are concerned* by the prevalence of smoking among adolescents in several European countries;
3. *Regret* the lack of consistency in E.C. policies which simultaneously provide for measures in favour of tobacco producers and for a Programme against cancer;
4. *Recommend* that physicians of the European Community, considering that they are seen as role models, stop smoking;
5. *Urge* the Commission of the European Community and Member States to:
 - adopt as soon as possible the Directive on advertising of tobacco products;
 - strengthen the Programme “Europe against cancer”;
 - facilitate an increase in the price of tobacco by raising taxes as an efficient counter-incentive to consumption;
 - promote, jointly with the European medical profession represented by the *Standing Committee*, an effective health education campaign against smoking;
 - develop a firm policy for all matters relating to tobacco by 31 May 1993.

5.7 Position concerning self-medication

Cascais, 1993 (CP 93/123 Final)

Position of the standing committee of doctors of the European community on the dangers of self-medication on public health
Adopted at the plenary meeting held on 13 November 1993 in Cascais, Portugal

There are attempts at reducing calls for doctors and at shifting part of the costs of medicinal products from the government budget to the household budget by promoting self-medication. This policy is erroneous and dangerous to patients' health.

Self-medication is based on self-diagnosis and delays true diagnosis. Errors of self-diagnosis can lead,

and have been proven to do so, to errors in medication – which at the best is inappropriate – that can also often be harmful if not tragic (late screening of cancer).

The delay in providing the appropriate therapy and the true diagnosis as well as the use of inadequate medicinal products can further lead to a worsening of the disease thereby requiring greater and more costly health care.

5.8 Motion concerning Europe against cancer program

Madrid, 1989 (CP 89/83, 93/102 Final)

At its meeting on the 27th of May 1989 in Madrid, the Standing Committee of Doctors of the EC:

- gives its full support to the 1989 European campaign in the fight against cancer.
- prevails upon European doctors, during this year of information, to engage in activities during the European Week against Cancer, scheduled for the 9th to the 14th of October, under the form of an open day or whatever other type of initiative.
- asks of all the delegations to implement the appropriate actions in each country or to associate themselves with those of the European Community Commission, together with the Leagues, hospitals and other relevant bodies.

At its meeting on the 26th and 27th of May 1989 in Madrid, the Standing Committee of Doctors of the EEC, being aware of the actions taken against smoking and of the ad hoc directives and proposals for directives, considering the present scientific data, supports the efforts during the European Year against Cancer to reduce the tar content of cigarettes.

Motion of the Standing Committee of Doctors of the E.C. concerning the E.C. “Europe against cancer” programme

Considering the changes that have taken place within the Directorate General V of the European Commission,

considering the exemplary partnership developed in the frame of the “Europe against Cancer” Programme, the Standing Committee of Doctors of the E.C., meeting in Plenary Assembly on 13 November 1993:

- fully supports the “Europe against Cancer” Programme which was able to:
 - mobilize people responsible for health and social issues in each country;
 - transmit a clear and consistent message to the peoples of the European Union through the ten commandments of the European Code against Cancer;

- expresses the firm wish that the Community Action Plans aiming at reducing the mortality rate due to cancer can be continued beyond 1994.

At a time when the image of Europe needs to be improved in the eyes of its citizens, the “Europe against Cancer” Programme, through its pragmatic and educational approach, sets an example.

5.9 Violaki Report on Ageing and Illness (CP96/145 Final)

This report is available in full on the CP website: www.cpme.be

6. Computerization of medical data

6.1 See item 2.13

6.2 Statement on proposed council directive on the protection of individuals with regard to the processing of personal data

(CP 93/055 Final)

Statement of the Standing Committee of Doctors of the EC on the Amended proposal for a Council directive on the protection of individuals with regard to the processing of personal data and on the free movement of such data (92IC 311/04 and COM(92) 422 final – SYN 287)

The Standing Committee of Doctors of the EC (Comité Permanent) makes the following statement on the amended proposal:

Preamble

I.

With this proposal, the Commission is aiming at establishing Community legislation governing data protection in all Member States of the E.C.

Art. 1 of the proposed Directive is designed to oblige the Member States to adapt their national legislation to the provisions of the Directive. Although the scope of the Directive is not to apply to the processing of data in the course of an activity which falls outside the scope of Community law (Art. 3, Para. 2. Item 1), it is obvious, even in cases of purely national application, that the level of protection of the Directive and that of national data protection legislation cannot differ from one another. Thus, European data protection legislation will also be a determining factor for national legislation in all sectors.

II.

According to Art. 3, Para. 1, the scope of the Directive is “the processing of personal data wholly or partly by automatic means, and {to} the processing otherwise than by automatic means of personal data which forms part of a file or is intended to form part of a file”. Thus, medical documentation containing health data and organised records concerning the medical data of patients also generally fall within the scope of the Directive if they are personal. For this reason, the Standing Committee of Doctors of the E.C. deems it necessary to issue a statement concerning the amended proposal.

III.

The Standing Committee of Doctors of the E.C. agrees with the EC Commission that data protection legislation in the internal market needs to be harmonized in the interests of a uniform level of protection. This is also welcome in view of the fact that data protection legislation is an expression and form of the basic rights to personal privacy, as they are recognized in the constitutions of the Member States and in the European Convention on Human Rights (cf. Art. 8). The EC Commission also referred to this subject in its Recommendation of 29 July 1981 concerning a Convention of the Council of Europe on the protection of human rights in the automatic processing of personal data (81/679/EEG) {EC Official Journal No. D 246, dated 29.08.1981, page 31}:

“Data protection is a necessary part of the protection of the individual. It has the nature of a basic right. It is desirable that a uniform level of data protection be established among the Member States of the European Community. This would be an important contribution to the realisation of civil rights on the European level.”

Reference should also be made to the Recommendation of the European Council : “Recommandation du Comité des Ministres aux Etats Membres relatives à la réglementation applicable aux banques de données médicales automatisées” (Recommendation No. R [81] 1), which develops principles for the regulation of data protection in the use of medical databases which take into account the application of the principles of medical confidentiality.

However, it is even more important that European Law establish *clear regulations* and *balanced solutions* for the conflict between the interests of data processing and the right to personal privacy.

IV.

The Commission’s Proposal combines various types of protection principle (processing bans on the one hand, supervisory rights of authorities, and reporting and registration obligations on the other) contained in the data protection legislation of the Member