

- 6) Health education, information through doctors and through media must always be based on reliable scientific data, being the result of epidemiological research to which all doctors can and must contribute. The Standing Committee advises, depending on the subject of health education, and approach essentially persuasive rather than legislative.
- 7) The Standing Committee notes that, in screening, the role of the family practitioner is not sufficiently taken into account. On the other hand screening is very costly, and to optimise expenditure, consideration has to be given to implementing a policy which targets risks groups and focuses on diseases which can be detected at an early stage and which can be treated effectively with a high degree of success.  
The Standing Committee calls upon governments to involve doctors ab initio in systematic screening campaigns, whether at national, regional or local level.
- 8) The Standing Committee considers that there is a direct relationship between environmental problems, which are an integral part of modern society, and the development of new pathologies. Therefore, doctors must be the first to detect the symptoms and to identify the injurious effects of the environment.

## 5.2 Specific recommendations on preventive medicine

(CP 93/128)

Specific recommendations on preventive medicine of the standing committee of doctors of the E.C. (CP)

### Preamble

This document should be read in context with the CP's General Recommendations on Preventive medicine and Environment (CP 92/119), adopted in Estoril in November 1992. In that document, it is stressed that preventive work involves significant considerations of general, environmental and working conditions aspects. It should also be noted that cooperation between the medical and political spheres, as well as a balance between the general and the individual approach and between primary and secondary prevention, are essential.

### 1) Doctors in prevention

Doctors have a key role in preventing disease and promoting health and should receive specific training in these aspects at undergraduate level and continual medical education (C.M.E.) throughout their professional lives to enable them to take on these responsibilities.

Preventive medicine is an integral component of medical practice and must be promoted and resourced by the Public Health authorities.

The CP recommends that:

- considering that organisation and accreditation of CME is the responsibility of the medical profession, it should be adequately resourced out of public funds;
- public health medicine and occupational medicine should be recognized as specialities in all EC countries.

### 2) Lifestyle

The lifestyle of each citizen is enriched by access to education. Education in general and health education in particular are essential factors in raising the level of awareness of health risks.

A socially and psychologically satisfactory quality of life is the natural aspiration of each individual.

The CP recalls the preminent role of doctors and other health professionals in the promotion of healthy lifestyles, through individual and collective prevention.

### 3) Cardio-vascular diseases

Cardio-vascular diseases are the principal cause of death in Europe. Hypertension, tobacco use, hypercholesterolemia, diabetes and lifestyle are known risk factors for these conditions.

The CP considers that individual counselling on primary prevention in connection with screening as a component of primary care can be an effective means of detecting abnormalities which influence the development of cardiovascular disease. Such programmes must be supported by public funding.

### 4) Cancer

Cancer is the second commonest cause of death in Europe. Many cancers are preventable or curable, if detected at an early stage.

European medical organisations should participate actively in the Europe against Cancer Programme and play a leading role in the initiatives organized through this Programme.

Considering that individual counselling on healthy lifestyle and nutrition can be an effective method for preventing certain types of cancer, the CP also recommends that resources for cancer screening programmes should be directed at diseases for which screening has been scientifically proven to be effective, using the criteria in the General Recommendations (CP 92/119-§7).

### 5) Infectious diseases

Immunisation is a safe and proven protection against an increasing range of infectious diseases. Medical

practitioners are the best qualified to deliver immunisation programmes as part of their practice. Immunisation schedules should be effective and have as high an uptake rate as possible.

The CP recommends that there should be :

- a common European schedule of vaccinations;
- cooperative agreements between the medical profession and the Public Health authorities to ensure proper application and high uptake of the programmes;

## 6) Sexually Transmitted Diseases (STD)

The CP recommends that information programmes to alert the public and at risk populations to the health dangers of STD and AIDS should be provided by governments as a component of healthy living programmes.

## 7) AIDS

AIDS is a major world health hazard and requires the co-operation of all sections in society to reduce its spread and treat its effects.

The CP recommends that each country should have a preventive policy relevant to the extent and nature of its own AIDS problem. This may include:

- provision of condoms and syringes;
- voluntary and anonymous testing;
- opportunistic testing of blood samples to ascertain the true level of HIV infection in the population;
- education programmes for people before they become sexually active to provide them with objective information on all aspects of AIDS.

## 8) Tobacco

Tobacco is a known health risk and cause of avoidable premature death. It is:

- a major cause of cancer;
- a risk factor to cardio-vascular diseases;
- a contributory factor in chronic obstructive airway disease (C.O.A.D.);
- a risk factor for lung cancer in non-smokers (passive smoking).

Considering that efforts should be directed towards a progressive reduction of tobacco use in the community, resources must be targeted at helping adolescents to avoid developing the habit of smoking.

The CP recommends :

that this could be achieved through education in schools and other education centres, emphasizing the negative health aspects of smoking and the positive aspects of non-smoking;

- legislative action to promote a tobacco-free environment in areas of public access and the imposi-

tion of high taxes on tobacco products.

- the implementation of the provisions contained in the Standing Committee Declaration on smoking of April 4th,1992 (Annex I).

## 9) Alcohol

Alcohol is a major health hazard due to its addictive effects on 10% of those taking it.

Doctors consider that alcohol abuse should be considered on a par with cigarette smoking as a health hazard. Resources committed to the prevention and treatment of alcohol abuse should also reflect this fact.

Alcohol abuse has medical, social and economic consequences, the financial costs of which have to be provided for out of scarce health resources.

Successful preventive measures would reduce substantially the amount of health resources expended on the medical and social effects of alcoholism.

The CP recommends that :

- young people should be educated in the positive aspects of safe drinking and the health hazards of alcoholism. The medical profession has a duty to take the initiative in promoting programmes aimed at preventing alcoholism;
- the E.C. and national governments have a major role in providing the necessary support and resources for such preventive measures;
- research is undertaken to establish the presence or absence of a genetic factor in alcohol addiction.

## 10) Medication and drug abuse

Considering that modern drugs and medicines are essential in the fight against disease, inappropriate medication or drug regimens can have undesirable effects on the health of individuals or even have no therapeutic effect whatsoever.

New and improved pharmaceutical products are more costly and add to already high drug costs.

The CP recommends that doctors and health care providers should cooperate in ensuring that the most effective use is made of available therapeutic resources. The introduction of the slogan "a prescription is not the answer to every problem" would be helpful in reducing the public perception that consuming any medicinal product is good.

Hard drugs are both a socio-economic and a public health problem, in which crime, AIDS and I.V. drug abuse are linked.

The CP recommends education for young people to avoid access to addictive drugs.

The CP welcomes Article 129 of the Treaty of Maastricht, supports the provisions contained therein and is in favour of further coordination amongst European police forces and harmonization, at European level, of legislation aiming at controlling drug-trafficking.

## 11) Suicides

Suicide occurs at all ages. Suicide is often the ultimate result of personal crisis, conflicts and illnesses. The special doctor-patient relationship may prevent that crisis and such an irremediable step.

Suicide attempts must be considered as cries for help by all doctors and the patient's own doctor is the most appropriate to respond.

The CP recommends that resources be available in the community to ensure that care is provided for those individuals experiencing a personal crisis or who have attempted suicide and that the monitoring be commensurate to the potential suicide risk.

Liaison between doctors and self-help community groups is a positive preventive measure.

## 12) Physical violence

Violence against persons both in the home and on the street is increasing. This takes the form of rape, battered wives, violence against the person in the course of robbery and child abuse; whether or not sexual. The trauma both physical and psychological is a major public health problem which is suggestive of a clinical syndrome.

Increased legal and legislative protection is required for all the victims of violence, including terrorism and torture.

As violence is another sign of unresolved personal and inter-personal conflicts, the CP recommends that primary care physicians have the necessary resources and training to give individual counselling to families and persons at risk for violent behaviour. The CP recommends that research should be undertaken by practising doctors and community services to ascertain the incidence, nature and aetiology of violence to build a database for planning preventive and remedial services to deal with these problems. E.C. funds should be available within the framework of the Maastricht Treaty to support this work.

## 13) Road traffic accidents

Accidents on the road result in large numbers of deaths and serious injuries in young people and all other age groups. Large amounts of hospital resources are occupied in treating the casualties from these accidents.

Excess speed and alcohol are the major factors in road accidents.

Reducing speed, wearing seat belts and abstinence from alcohol before driving are appropriate in reducing road casualties.

Further research is required into the effects of all the factors reducing reaction times of drivers, before new legislation is enacted.

The CP recommends that permitted blood alcohol levels be harmonized in all member states. The same may also apply to speed limits and to specific speed restrictions relating to prevailing traffic density, weath-

er conditions and other variable factors and common hazards. The CP supports the adoption of appropriate measures to reduce road accidents.

## 14) Domestic accidents

Education is required for parents on the dangers of leaving children alone and unsupervised either in the house or out of doors.

Media programmes carrying advice for parents on child rearing should incorporate advice on the lethal effects of medical preparations and household cleaning agents when ingested by small children.

Young children if left without adult supervision are in danger of being killed accidentally if lethal hazards are in their environment.

The CP recommends that medicines and household chemicals should be packed in containers with child-proof caps.

The CP recalls that children require special protective and preventive measures in all circumstances.

## 15) Mental Disorders

Mental disorders are a major health problem due to their prevalence, the social consequences and the effects on families. They have implications for the ability of patients to live in society. Patients suffering from mental disorders have the same rights in regard to treatment, protection and dignity as any other group in society.

The CP recommends that health services provide facilities to ensure the maximum recovery rate.

The CP recalls the necessity of close coordination and cooperation among health professionals, health services and patients self-help groups.

## 16) The disabled

In modern European society, the disabled pose an increasing problem due to the difficulty experienced by families in providing care. Disabled persons have rights in regard to training, treatment and integration in their working and living environment.

The CP recommends that health services and social security systems provide facilities to ensure that disabled people are able to lead independent lives which are as normal as possible.

## 17) Hereditary, congenital and neo-natal diseases

Prevention of congenital diseases requires ante-natal diagnosis. Screening of populations at risk is essential.

The CP recalls that ethical issues are linked to pre-natal prevention and to genetic counselling and screening. These ethical problems should be resolved as a matter of priority. The CP recommends better pre- and post-natal prevention, based on screening programmes, research on families and persons at risk, evaluation and early treatment.

## 18) Elderly persons

The CP recalls that European populations are ageing and that an increasing proportion of health resources will have to be allocated to the treatment of the degenerative and other illnesses prevalent in this segment of population.

The CP recalls the Recommendations adopted in Barcelona in October 1990 on the problems of the elderly (Annex II) and recommends that research should be undertaken by national medical organizations on the morbidity of these conditions in populations to enable governments to determine the additional share of resources which will be required to provide treatment for the elderly in the years ahead.

The CP further recommends that the E.C. and national governments should be proactive in supporting this research and provide the necessary funding for it (there would appear to be provision for such funding under Title X of the Maastricht Treaty).

## Annex I (CP 93/128)

### Declaration on smoking

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.

## Annex II (CP 93/128)

### Recommendations of the Standing Committee of Doctors of the European Community

Following the Report presented by the Ambulatory Care Committee, the Standing Committee of doctors of the European Community at its General Assembly on 6th October 1990, recognising the importance of the problems associated with the aging population, has decided to make the following recommendations:

#### I. General considerations

- Aging of the population is one of the major challenges to European society as it moves into the third millennium.
- Doctors and all health professionals have a pivotal role to play in dealing with the aging process and the pathological conditions associated with elderly persons.
- Physical and psychological dependency constitute major problems in the care of the elderly, both now and in the future.
- It is essential to consider the economic consequences of the demographic trends in elderly persons in their role as consumers of health care, of services and of leisure activities.
- The rights of elderly persons are identical with those of all other citizens. Elderly persons have the same access to health care as all citizens without any restriction.

#### II. Sociological aspects

- The increasing life expectancy, attributable to scientific advances, improved medical techniques and socio-economic factors, call for a new approach to life at the age of retirement.
- Physiological age is no longer the same as that of the official age of retirement.
- Preparation for retirement should lead to a new activity or modification of previous career activity appropriate to the physical and mental capacity of the person concerned in order to avoid inactivity which is an important factor in the deterioration of the health of the elderly.
- Retirement does not imply an incapacity to engage in physically and economically productive activity.
- A rigid classification by age groups is artificial and will only lead to useless conflicts between generations.
- Family links between the generations should be encouraged.
- Allowances and/or financial incentives, must be made available to families who accept the responsibility for the care of their elderly dependant relatives living at home.

### III. Assessment – research – training

- The institution of techniques of evaluation of dependency is of fundamental importance.
- Member states must promote research in chronic diseases and the causes of disability in elderly persons, in particular in the senile dementias.
- The care of an elderly person at home or in an institution, calls for a specific training in geriatrics, both basic and continuing, for general practitioners, as well as for specialists.

### IV. Organisation of medical care

- In all member states, the policy trends are towards maintaining elderly people at home where the family doctor in his role, as the personal confidential advisor of his patients, is the co-ordinator of medical care.
- With a view to an improved response to the needs of elderly persons, co-ordination of social and health care is an absolute necessity.
- To this end, there must be co-ordination between the doctor and:
  - The Family and neighbours (as a priority).
  - The nursing and other health professions.
  - Social workers.
  - Other organisations and services for the elderly.
- Maintaining the elderly person at home appears to be the most economic approach for society and the most humane for the individual. It calls for an adequate training of the general practitioner in evaluation techniques, palliative care of elderly persons, and terminal care. It requires involvement in and development of new techniques for care of the elderly at home by specialists.
- When there is a need for special accommodation of the elderly person due to psychological, physical, family or social factors, this calls for a type of accommodation which is a real substitute for the home, geared to human needs, with a stimulating style of life, leisure and occupational activities.
- Day hospitals and hospitalisation for the night or the week-end must avoid the psychological trauma of hospitalisation in an elderly person.
- Temporary accommodation is a valuable alternative to hospitalisation and gives a change for families to have a rest.
- The hospitalisation of an elderly person should only be used as a last resort.

Aware of the importance of the demographic trends in aging and its effects on the future of Europe, the Standing Committee of Doctors of the EEC, on the basis of these recommendations, proposes to the European institutions and to competent authorities in every member state that they should willingly engage in a policy of support for the elderly population.

### 5.3 Recommendations of the Standing Committee of European Doctors (CP) to national medical associations on health and the environment

(CP 94/88 Final)

Submitted by the subcommittee on preventive medicine and the environment.

Adopted at the Plenary Assembly, Lisbon 25-26 November 1994.

Considering the prevalence of environmental problems in the European area.

Considering the pre-eminent role of the European medical profession in the fields of prevention, counselling and treatment.

Considering Article 129a on Public Health and Article 130r on the Environment of the Treaty of Maastricht.

Considering the awareness of governments on environmental issues as expressed in the UN-conference Rio de Janeiro June 1992.

Considering the WHO-Charter on Environment and Health and the 2nd European Conference on Environment and Health, Helsinki, June 1994.

Considering the Resolution of the European Parliament, April 1994.

Considering the Report of its Subcommittee on Preventive Medicine and the Environment, Espinho, Portugal, 24 September 1994.

The Plenary Assembly of the Standing Committee of European Doctors held in Lisbon on 25 November 1994.

- States that pollution of the environment, whatever form it takes, is a threat for health.
- Deems it is especially the duty of the European medical profession to draw the attention of the public and to alert the responsible authorities to the hazards and the harmful consequences for health due to pollution of the environment.
- Reaffirms the role of the medical profession in this field.

Doctors and all health professionals have a pivotal role to play in dealing with the problems of health and environment, facing an increase in the incidence of environment related diseases.

General practitioners and specialists in ambulatory care are the first to be confronted with health problems of their patients, it is their patients relating to the environment. Besides treating and counselling their responsibility to analyse the health problem in order to detect at possible environmental origin. Furthermore they should transmit the information to the appropriate authorities and/or the public in full accordance with the needs of medical confidentiality and national legislation.