424 final SYN 146) and the statement of the Economic and Social Committee (CES 1342/88 SYN 146) and Resolution of the European Parliament of March 1989 (OJ NOC96/165-73) on that proposal.

The Standing Committee of Doctors of the EC (CP) has considered the Commission Proposal for a research program in the field of predictive medicine as well as the statement of the ESC on that proposal. It has also studied the Resolution issued by the European Parliament concerned with the same subject.

Although the proposed research program is not likely to have immediate practical consequences for man and society at large, in the longer term it could have profound implications which necessiates the immediate undertaking of a throrough analysis of the ethical aspects involved.

The CP welcomes the ESC evaluation of actions that will be required in implementing the proposal.

The CP supports the recommendation of the ESC to set up an ethical council composed of representatives of the relevant sectors to establish the limits of gene research, define the ethical criteria, and elaborate a basic ethical code in this respect.

The CP wishes to express its concern regarding the possible wide-ranging implications for man and society of the application of techniques for analyzing the human genome.

In view of the importance of the contribution of the medical profession to this ethical debate, the CP considers it essential that, as the representative body of the medical profession in the EC, it be present on any such ethical council and necessary that it be consulted regarding the elaboration of any guidelines and codes as well as regarding the ensuing supervision of the program.

2.5 Aid to the dying

(CP 87/16 Def.)

L'assistance aux mourants
Considerations generales

L'exercice de la médecine implique en toute circonstance le respect de la vie et de la dignité de la personne humaine.

Tou acte visant à provoquer délibérément la mort d'un patient est contraire à l'éthique médicale.

Le médecin doit respecter la volonté de celui qu'il assiste pour entreprendre ou poursuivre le traitement qu'il juge en conscience approprié.

L'assistance aux mourants, thérapeutique et psychologique, n'échappe pas à ces obligations, le mourant ayant droit à des égards et à un traitement humain.

Declaration

Les médecins ont le devoir d'apporter assistance térapeutique et psychologique à leur patient jusqu'à la fin.

Le médecin doit s'efforcer d'obtenir le consentement éclairé de celui qu'il assiste, tant que cela est possible.

Lorsque le patient est devenu inconscient, les médecins doivent assister leur patient par les moyens médicaux les plus conforms à l'interét bien compris de celui-ci et poursuivre ces moyens tant que subsiste un espoir d'amélioration.

Lorsque le mal incurable est entré dans sa phase terminale irréversible, le médecin peut limiter sa térapeutique au soulagement des souffrances physiques et morales en s'effoçant de maintenir autant que possible la qualité et la dignité d'une vie qui s'achéve.

2.6 Statement on limitation of health resources and medical ethics

(CP 92/140, Final)

Maitrise des dépenses de santé et déontologie médicale

1. La maitrise des dépenses de santé est une des préoccupations actuelles des gouvernements et des responsables des systèmes de santé.
2. Cette situation apparait comme la conséquence des progrès médicaux,
   du besoin accru de sécurité,
   de l'amélioration de la protection sociale,
   du développement de la médecine préventive et du dépistage précoce,
   de la longévité de la population,
   de l'apparition de nouvelles maladies telles que le sida,
   de la déresponsabilisation des malades par une pseudo-gratuité,
   de la pléthore médicale qui existe dans certains pays.

Néanmoins, il ne faut pas que, sous prétexte de raisons économiques, soient restreints les soins nécessaires aux malades, en limitant directement ou indirectement la liberté térapeutique du médecin et le libre choix du malade.

3. Le contróle des dépenses ne doit en aucun cas porter atteinte au secret professionnel.
   Il faut rappeler que le médecin doit rester libre des prescriptions qu'il estime en conscience les plus appropriées à son patient mais que le médecin doit limiter ses prescriptions à ce qui est nécessaire. Ceci suppose la compétence du médecin avec mise à jour et évaluation de ses connaissances grâce à une formation médicale permanente.
4. La maitrise des dépenses de santé impose la prise de conscience de tous les acteurs, depuis les responsables gouvernementaux jusqu'aux patients, en passant par les organismes d'assurance et de sécurité sociale, les gestionnaires hopitaliers publics et privés, les médecins et les membres des autres professions de santé ...

5. Le devoir du médecin est de donner les meilleurs soins possibles á son malade. La maitrise des dépenses de santé est à rechercher mais ne peut être un prétexte à des mesures qui vont à l'encontre de l'éthique médicale.

2.7 Statement regarding linguistic knowledge and free circulation of doctors in the European Community

Adopted at Copenhagen, May 1977 (CP 77/57, page 11, item 7.2.3)

The Standing Committee of Doctors of the EEC takes the view that on the basis of the Treaty of Rome and the medical directives, a migrant doctor should not be subjected to a language examination in any form whatsoewer.

The Standing Committee considers that knowledge of the language of the host member state constitutes an ethical duty for the migrant doctor to guarantee the proper exercise of his medical duties.

The Member States have direct responsibility to facilitate the acquisition of the necessary linguistic competence by the migrant doctor.

2.8 Withdrawal of services

(CP 85/48, CP 85/58)*

Motion adoptée par la réunion des Chefs de Délégations des 31 mai et 1er juin 1985 sur "grève et médecine"

Les médecins ont le droit de grève (ou de refuser collectivement leurs services), droit qui est généralement reconnu dans les pays européens.

Toutefois ce droit ne les exonère pas le leurs responsabilités éthiques, telles qu'elles résultent en ce domaine des règles ou Codes d'éthique nationaux ou internationaux, auxquels ils ont souscrit et qu'ils doivent respecter.

2.9 Recommendations concerning AIDS

(CP 88/165 Final, 87/64)

AIDS

Introduction

AIDS is a contagious virus disease which leads to morbidity and high mortality. Its exponential rate of spread is giving great cause for concern, since the number of recorded cases in the European Community is doubling approximately every nine months. On the basis of these recent trends, and in the absence of an appropriate vaccine, one hundred thousand Europeans could have AIDS by 1990[1].

Statistical modelling also estimates that for every person with clinical AIDS there are between 50 and 100 asymptomatic carriers[2].

So AIDS has besome the most serious medical challenge of our century. This problem not only requires medical research and public health policies, but it concerns every one of us. As AIDS is not limited to national bounderies, we need a common response to contain it. It is vital to take action together. In this perspective, the following recommendations were reached in mutual agreement by the Standing Committee of Doctors of the EEC and the Hospital Committee of the European Economic Community. By doing so, both organisations want to stress that in the fight against AIDS, in the care of infected and sick persons, and in the protective measures against the spread of the HIV-virus, each contry's health services and organisations and their staff, have a responsibility to assure an adequate standard of care.

At the same time, they wish to point out that the medical duties in the treatment of AIDS differ in no way from the duties involved in the treatment of other diseases, and that, in the case of AIDS, there is fundamentally no reason for a different interpretation of questions relating to medical ethics, the obligation to provide medical care, patient confidentiality or patient information.

I. The hospital's obligation to provide medical care

1. According to their ability and the range of medical services provided, hospitals and hospital doctors are obliged to accept patients who need in-patient care, and to ensure that patients have the necessary hospital services and care appropriate to the type and seriousness of their illness.
   This requirement applies just as much to HIV-infected and AIDS patients as it does to others.
2. Without prejudice to this priciple, AIDS patients, especially in the late stages of the disease, may, in order to receive the best possible care, be sent for further treatment to hospitals which have relevant experience or appropriate equipment and staff to deal with the sequilae of HIV-infection.
3. In urgent circumstances, every hospital is obliged to give HIV-infected patients appropriate medical care until it is possible to transfer the patient to a hospital which is better equipped to provide the treatment needed.
4. The transfer of a patient to another hospital made necessay on medical grounds should be effected with the consent of the patient.
   If in spite of a detailed explanation of the reasons

*) NB: The same text was issued with two numbers.

1) Commission of the European Communities, Communications from the Commission on the fight against Aids, Com (87) 63 final, 1987, 2.

2) Commission of the European Communities, Communication from the Commission on the fight against Aids, Com (87) 63 final, 1987, 8.