

Cancer programme. Obesity and eating disorders are becoming increasingly prevalent. We believe that the diversity of dietary habits within the EU should provide significant opportunities for epidemiological research and that these opportunities should be exploited to the full.

Another important aspect is the increasing concern about the microbiological contamination of food and food products. We welcome the recent transfer of responsibility for the technical committees on food safety to the Directorate-General for Consumer Policy.

1.2 Tobacco Control

Again, this overlaps with our proposal to review the CAP. We are opposed to subsidies for a product which is a major cause of mortality and morbidity and gravely concerned by the export of tobacco to developing countries. We welcome the efforts made by the Commission as part of the Europe *Against Cancer* campaign to reduce tobacco consumption and express our strong support for the stance taken by Commissioner Flynn against subsidies.

2. Care of the Elderly

The CP produced a report on this topic in 1990 and is currently working on an updated policy paper. We consider this a very important area for both health and social policy, in the light of demographic changes across Europe. Attention should be paid to living conditions and to social as well as health needs.

One chronic condition which is most prevalent among the elderly, and which we believe merits special attention, is *dementia*. This might be defined as a group of illnesses which *cause a progressive decline in intellectual, physical and memory functions, along with changes in personality and a deterioration in social functioning*.

Two common types are recognised: Alzheimer's disease, which accounts for more than half of all cases and as yet has no clear cause or pattern, and multi-infarct or vascular dementia.

While this problem might appear to be best dealt with under the BIOMED research programme, it also has significant social consequences. Caring for patients with dementia constitutes an increasing part of the health care budget of many European countries, but there are also hidden costs which are not taken into account in economic, mostly family members, for whom care-giving represents a considerable economic, social and emotional burden. This burden may be modified by the degree to which ambulatory care services are developed, available and accessible and by the degree of financial support available.

The patterns of care for demented patients vary widely between different countries, and there is a need for improvements in education, training and research. More focused studies are needed on the impact of dementia on patients themselves and on their carers

and on the requirements for appropriately designed residential care. Work in this area would be a positive means of adding life to years, and the CP would be delighted to supply more detailed material.

3. Environment and Working Conditions

"Health" does not exist in a vacuum, and many of the subjects which we have chosen illustrate the importance of external factors. Additional topics, which would overlap other areas of Commission policy, would include occupational diseases and asthma and allergic conditions caused by environmental factors. Attention could also be given to the participation of the disabled at work.

The Commission has already identified the organisation of working time as a health and safety issue. The working conditions of health professionals are important not only for the individuals concerned, but also because of the impact which they may have on the safety of patients. The CP would like to draw attention to the work already carried out in conjunction with the Commission by the Permanent Working Group of European Junior Doctors (PWG) and to the conference on future medical work which will take place in Köln in October 1997.

The CP would welcome the opportunity to discuss these ideas further with the Commission and to offer help and advice on any other health-related issues to which the Commission wishes to give priority.

11. Working Conditions

11.1 CP Statement on Working Hours of Doctors in Training

Adopted, April 1996 (CP 96/67)

Following the conference on working hours of doctors in training – organised by the PWG (Permanent Working of European Junior Hospital Doctors) with the support of DG V of the European Commission – in Brussels in December 1995, the CP states the following:

The problems which have resulted from doctors in training having been excluded from the scope of DIR 93/104 – the working hours directive – cannot be solved through negotiation between social partners due to the absence of a body representing European employers of Doctors in training.

The CP therefore urges the Commission to take legislative steps to secure that Doctors in Training are included in the scope of Directive 93/104 or have their Working Hours regulated by similar European legislation.