



CPME Press Release

18.06.2009

CPME Board meeting 13 June 2009 outcomes

CPME Subcommittees and Board met on 12 and 13 June 2009 in Brussels.

The following policy documents were adopted:

CPME response to the European Commission's Pharmaceutical package, pharmacovigilance ([EN/FR](#))

CPME appreciates the Commission wanting to strengthen an EU-wide pharmacovigilance system. It acknowledges that the strengthening of the role of EMEA is a logical conclusion of the construction of this agency working together with the National Authorities. CPME therefore supports the Commission in building up a scientific advisory committee within EMEA. The role of industry and patients is well reflected however CPME believes that the role of physicians, as the main source of information within any pharmacovigilance system, should be more emphasized. This could be done through formal incorporation of representative bodies of the medical professions.

CPME response to the European Commission's Pharmaceutical package, information to patients ([EN/FR](#))

CPME notes with satisfaction that the scope of this proposal has been narrowed to the original goal defined at the Pharmaforum, information about medicines. CPME is also satisfied that one of the major declared aims of this proposed Directive is to provide information in such a way that the different needs and capabilities of individual patients are addressed in an equal manner. CPME maintains that even though patient autonomy calls for diverse sources of information the main source of information remains the privileged patient-doctor relationship. CPME also wishes to emphasize once more its absolute opposition to direct-to-consumer advertising of prescription-only medicines, be it individual, generalized, direct or indirect.

CPME position on a Directive Proposal on standards of quality and safety of organ transplantation ([EN/FR](#))

CPME welcomes the Proposal, although it believes that the fundamental problem of organ shortages in some Member States is not sufficiently tackled. CPME believes that EU-wide regulations concerning the quality and safety of organ donation and transplantation are not necessarily the best approach for eliminating the organ shortage.

Instead, CPME recommends that the organ shortage should be addressed mainly by EU-wide public relations and promotion programmes on organ donation. An EU initiative on organ transplantation should namely encourage increasing willingness to donate, and not jeopardise past achievements.



Organ trafficking (EN/FR)

Illegal trafficking in human organs comprises serious violations of fundamental human rights, gives rise to serious risks to public health and undermines citizens' confidence in the legitimate transplantation system.

CPME urges Member States to take measures to protect the poorest and most vulnerable donor groups from 'transplant tourism' and the sale of tissues and organs, including drawing attention to the wider problem of international trafficking in human tissues and organs.

Call for higher taxes on Tobacco in the European Union (EN/FR)

CPME recommends that the Council of Health Ministers and the ECOFIN Council increase the minimum taxation of tobacco in EU Member States to a substantial higher level than the present one, as a mean to reduce smoking and tobacco related deaths.

Antibiotic resistance (EN/FR)

CPME is concerned at recent research which demonstrates the growth in microbial resistance to antibiotics and calls upon academics researchers, industry and national governments to renew and increase their efforts to tackle the threat of antibiotic-resistant 'superbugs'. Taking antibiotics incorrectly causes bacteria to develop resistance against antibiotic treatments with a risk of rendering antibiotics ineffective in the future. CPME therefore calls on EU governments and all health professionals to play an active part in getting this message across to the public.

CPME strongly supports the annual European Antibiotic Awareness Day as a means of focusing attention on this important issue.

Autonomy of the medical profession in Europe (EN/FR)

It is a patients' right to have a qualified doctor in charge of their clinical care and the doctor's obligation and duty to be well trained and professionally independent. Recognition of the medical profession's clearly defined role in the national laws of EU member states is therefore required and in the present and future planning of health care organisations this should be taken into account.

Medical ethics core curriculum on consent, confidentiality and human rights (EN/FR)

CPME acknowledges the importance of medical ethics teaching and the doctors' individual and collective responsibility to pursue medical practice in ways that maintain and improve the quality of health care, respect human rights and conform to ethical standards.

CPME proposes this core curriculum on medical ethics, build on the UNESCO bioethics curriculum, as an excellent basis for appropriate medical ethics teaching concerning consent confidentiality and human rights.

Fair and Ethical Trade in Medical Goods (EN/FR)

CPME is concerned about many manufacturing industries producing health goods and surgical instruments throughout the world, with reports of unhealthy, unsafe and unfair working conditions including exposure to hazardous conditions, use of child labour and unfair contractual obligations.

Further to the Medical Fair and Ethical Trade Group's efforts to bring change to labour practices in supply chains, CPME calls all the European medical associations to work for fair and ethical trade in their home countries.



Assessment of quality of international medical graduates from outside the EEA (EN/FR)

CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all citizens of Europe and secure patient safety. CPME therefore calls on national regulatory authorities to ensure that Article 2 (2) and Consideration 10 of Directive 2005/36/EC are respected at all times.

Article 2 (2) states that Member States are free to recognise diplomas from Member State nationals which are not obtained in a Member State as long as the minimum training conditions set by the Directive are respected, while consideration 10 states that each Member State is free to choose its own procedure for the recognition of medical diplomas acquired outside the EU by non member state nationals.

Member States that implement these provisions correctly will adequately fulfil their responsibility in protecting the quality of healthcare for the European patient.

Site Visits a Quality Assurance of Post Graduate Training in Europe (EN/FR)

CPME has always been active in the widespread work of harmonization and quality assessment of medical education in Europe. An important instrument in quality improvement of post graduate education is the visitation of training centers. CPME supports this important work of quality assessment. CPME's policy paper sets out the general outlines for national programs on site visits on post graduate training in Europe. More detailed guidelines, must be outlined nationally as they need to be adapted to national regulation.

Death penalty (EN/FR)

CPME condemns all use of the death penalty.

All CPME Policy documents are available at: <http://www.cpme.eu/policy.php>

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The Standing Committee of European Doctors (CPME), representing European doctors through the National Medical Associations of the European Union / European Economic Area, aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all citizens of Europe.