



European Union of Medical Specialists  
Union Européenne des Médecins Spécialistes

# The Newsletter of European Medical Specialists

## World Digestive Health Day

### Summary:

- EU Finnish Presidency priorities
- European Commission's consultation on organ donation and transplantation
- EP Report aiming to better protect workers from needle stick injuries
- EU Council reaffirms common values and principles in EU Health systems
- Reminder to the draft EWTD questionnaire

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On 29 May last, the World Digestive Health Day was organised by the World Organisation of Gastroenterology. This year's topic was "Helicobacter pylori infection: the most important risk factor for non-cardia gastric cancer".

On the occasion of the World Digestive Health Day, the World Organisation of Gastroenterology (OMGE) took the opportunity to raise awareness on *Hp* infection, which represents the cause of around 60% of gastric cancer. The OMGE and the OMED (World Organisation of Digestive Endoscopies) emphasised the need to raise awareness among medical colleagues, health professionals as a whole and citizens with regard to the detection and treatment of the *Helicobacter pylori*.

It was in 1981 that Barry Marshall and Robin Warren unveiled the presence of this bacterium in the stomach, thanks notably to the works published by H.W. Steer. Marshall and Warren then implied that the *Hp* bacterium and the periodicity of infection were the



[www.magen.hexal.de](http://www.magen.hexal.de)

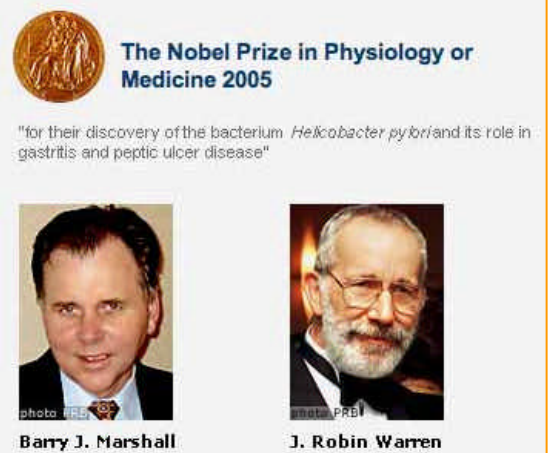
Nobel Prize in Physiology or Medicine 2005.

Following further research, *Helicobacter pylori* was defined as the first bacterium involved in cancer genesis, i.e. the cancer of stomach, which is the second cause of cancer in the world. *Hp* infection is also one of the most widespread chronic infections in the world with 20 to 90% of adults infected. According to research, the bacterium is transmitted orally in young childhood. Research demonstrated that, if an individual is not infected before the age of 10, the risk to be

cause of certain chronic inflammatory pathologies. Further to their research on the *Helicobacter* bacterium, they received the

infected later is very low.

Thanks to recommendations from the medical profession, *Hp* infection is now mainly diagnosed on the basis of biopsies taken during endoscopies. To treat the infection, a seven-day tri-therapy is necessary and efficient in 70 to 80% of cases. Complementary treatment is given when necessary notably by mean of a quadric-therapy.



[www.nobelprize.org](http://www.nobelprize.org)

An expert group from the OMGE has recently drafted a recommendation on "Guidelines on *Helicobacter pylori* infection" which is available on the following website: [www.world-gastroenterology.org](http://www.world-gastroenterology.org). Further information can also be found on [www.helicobacter.org](http://www.helicobacter.org).



## Finnish Presidency of the EU Council

*On 1<sup>st</sup> July last, Finland took over the six-month rotating Presidency of the Council of Ministers of the EU from Austria. Until 31<sup>st</sup> December, the Finnish Presidency will give priority to an ambitious set of issues which remain pending on the EU agenda.*

The Finnish Presidency announced it would concentrate its efforts on the following priorities:

- The draft Directive amending the organisation of working time;
  - Workers' mobility with the Directive on the portability of supplementary pensions and the Regulation on coordination of social security;
  - Patient mobility and the provision of health services;
  - The EU Public Health Programme 2007-13;
  - The proposal for a Regulation on medicines for use in advanced therapies;
  - The revision of the Directives on medical devices;
  - European cooperation on vocational training and the European Qualifications Framework.
- For further information on the Finnish Presidency of the EU, please visit: [www.eu2006.fi](http://www.eu2006.fi).



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## Organ donation and transplantation

*The European Commission recently launched a public consultation on future EU action in the area of organ donation and transplantation. This consultation aims to identify the main problems encountered in organ donation and transplantation, to determine the extent to which measures should be taken at EU level to help to solve these problems and to invite*

*ideas on what EU initiatives could be taken.*

Despite the rise in organ donation and transplantation and the good results achieved in terms of life years gained and improved quality of life, the shortage of donors, organ trafficking and non-harmonised quality and safety standards are among the obstacles that could hamper further progress in this field.

The consultation will run until 15 September, after which the Commission will analyse the feedback with a view to deciding how to proceed with policy making on donation and transplantation at EU level.

*The consultation paper can be accessed online at [http://europa.eu.int/comm/health/ph\\_threats/human\\_substances/organs\\_en.htm](http://europa.eu.int/comm/health/ph_threats/human_substances/organs_en.htm).*

**The number of organ donations and transplantations has grown steadily across the EU and thousands of lives are saved every year through this medical procedure. However, there are also many problems in this sector.**



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## Protection from needle stick injuries

*The Employment and Social Affairs Committee of the European Parliament recently adopted a Report drafted by M. Stephen Hughes which aims to guarantee better protection of workers, particularly health professionals, from needle stick injuries.*

Following a procedure allowing the EP to ask the Commission to draft new legislation, the MEPs sitting on the Employment Committee proposed amending an existing Directive on the protection of workers from risks related to biological agents at work (2000/54/EC). Once this Report be-

comes approved by the EP plenary session, it will be transmitted to Commission and Council.

*For the Report in question, please visit: <http://www.europarl.europa.eu/omk/sipade3?PUBREF=-//EP//NONSGML+REPORT+A6-2006-0218+0+DOC+WORD+VO//EN&L=EN&LEVEL=2&NAV=S&LSTDOC=Y>*



[www.needlestickforum.net](http://www.needlestickforum.net)

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## Common values and principles in EU Health systems

***At its last Meeting, the EU Health Council endorsed a statement on common values and principles that underpin the health systems in the Member States of the EU. This statement aimed to provide clarity for citizens in light of the recent vote in the European Parliament and the revised proposal of the Commission to remove health-care from the proposed Directive on Services in the Internal Market (See UEMS News 2006/06-04-03).***

On the occasion of its meeting in Luxembourg on 1-2 June 2006, the Health Ministers of the EU endorsed a statement that set out the values and principles shared across the EU about how health systems should respond to the needs of the populations and patients that they serve. This declaration also described the practical ways to implement these common values and principles, which diverge considerably between Member States and will continue to do so, notably as regards financing and delivering health-care as well as the citizens' entitlement to care. The Council Declaration recognises that the health systems of the EU are a central part of Europe's high levels of social protection, and contribute to social cohesion and social justice as well as to sus-

tainable development. It also restates the overarching values of universality, access to good quality care, equity and solidarity which were widely accepted in the work of the different EU institutions. It further states that all EU health systems must aim to make healthcare provision, which is patient-centred and responsive to individual need.

The Council conclusions recognise however that the EU Member States follow different approaches to making a practical reality of these values. Member States have also implemented varying provisions to ensure equity and enforcement is carried out differently.

**Our health systems are a fundamental part of Europe's social infrastructure. We do not under-estimate the challenges that lie ahead of reconciling individual needs with the available finances, as the population of Europe ages, as expectations rise and as medicine advances.**

**In discussing future strategies, our shared concern should be to protect the values and principles that underpin the health systems of the EU.**

Beside these values, the Council list a series of operating principles shared across the EU: quality; safety; evidence- and ethics-based care; patient involvement; redress; privacy and confidentiality.

Health Ministers also recognised increasing interest in the role of market mechanisms, including

competitive pressure, in the management of health systems. They noted that many policy developments are currently aimed at encouraging plurality and choice and making most efficient use of resources. They also pleaded for enhanced and improved collaboration and exchange of information and best practices between Member States. EU Health Ministers acknowledged the "immense value in work at a European level on health care", notably through the

*and entitlements" when moving from one EU Member State to another. By and large, Health Min-*



**Markos Kyprianou**  
European Commissioner in charge of Health & Consumer Protection

**Maria Rauch Kallat**  
Austrian Minister for Health & Women

[www.consilium.europa.eu](http://www.consilium.europa.eu)

isters acknowledged the challenges lying ahead but were rather concerned to protect the values and principles underpinning European health systems. Thus they invited the European institutions to "ensure that their work will protect these values as work develops to explore the implications of the EU health systems as well as the integration of health aspects in all policies."

The Council Conclusions can be found at the following web address: [http://www.eu2006.at/en/News/Council\\_Conclusions/0106HealthSystems.pdf](http://www.eu2006.at/en/News/Council_Conclusions/0106HealthSystems.pdf) Further information can also be found at: [www.consilium.europa.eu/Newsroom](http://www.consilium.europa.eu/Newsroom).



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*On the occasion of its meeting held in Brussels on 18 March 2006, the Council of UEMS mandated an ad hoc working group to draft a questionnaire destined to the UEMS constituency on the implementation of the European Working Time Directive and its effect upon training.*

Further to the Council decision, a survey was circulated among the S&B as well as to the national member associations of UEMS. The Executive would like to thank those who responded already. This clearly

## EWTD Questionnaire - Reminder



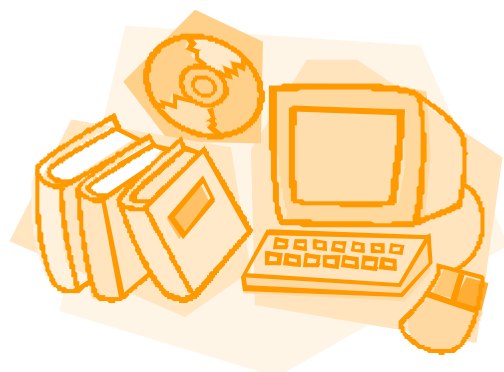
demonstrated the importance of this matter for our profession and confirmed the Executive's wish to have as clear as possible a picture of the situation. In view of received comments, it was further considered to add to the issues raised in this survey in order to genuinely reflect the position of medical specialists as a whole.

Thus the UEMS Executive would be grateful to hear every Section's and national association's views and comments on the very formulation and any additions to this questionnaire. This will help in identifying the most accurate and relevant issues of concern for each country and specialty. It is only after this informal consultation has been conducted that responses to the final survey will be recollected. Comments and suggestions on the formulation of the questionnaire are expected by **Friday 14<sup>th</sup> July 2006** at the latest following which a final version will be sent out.

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***If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.***

## Publications



*The Secretariat of UEMS holds the following publications at your disposal:*

European Economic and Social Committee (2006)

**Civil Society on the Move for a Healthier Europe**  
**Examples of best practice initiatives in the fight against obesity**

European Commission (2006)

**Transforming the European healthcare landscape**  
**Towards a strategy for ICT for Health**

European Communities (2005)

**Major Diseases Research**  
**Catalogue of Research Projects (2003-2005)**  
**in the Sixth Framework Programme**

KPMG Accountants NV (2006)

**Healthcare in Europe**  
**Best practices and an overview**

TNS Infratest (2006)

**Horizons 2020**  
**A thought-provoking look at the future**

World Health Organisation (2005)

**Policy Brief**  
**Cross-Border Health Care in Europe**

World Health Organisation (2006)

**Patient Mobility in the European Union**  
**Learning from experience**

*This book was elaborated under the "Europe for Patients" project and published under the auspices of the European Observatory on Health Systems and Policies.*