MEDECINS EUROPEENS
EUROPEAN DOCTORS

CPME activities & outlook

Dr Christiaan Keijzer, *President*

12 May 2022

Executive Committee 2022-2024



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Key priorities

Policy clusters	Priorities inlcude
Digital Health	AI, Health Data Space, Skills, eHealth
Pharmaceuticals & Healthcare Products	Access, Antibiotics, HERA
Public Health & Disease Prevention	Vaccination, Labelling, Environment
Professional Practice & Health Systems	Workforce, Inequalities, Qualifications
Principles, Patients & Ethics	European Health Union, Health Literacy

POLICY MARCH 2021

European Health Data Space

- Should have a clear legal framework, independent oversight, and transparent policies concerning the processing of patient data
- Medical confidentiality, privacy and personal data protection need to be respected, and secure infrastructures established
- Ethically sound governance for the secondary use of health data to prevent abuse



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

CPME/AG/Board/20032021/097_Final/EN

On 20 March 2021, the CPME Board adopted the 'CPME Policy on the European Health Data Space - Focus on Health Research and Policy Making' (CPME 2021/097 FINAL).

CPME Policy on the European Health Data Space
- Focus on Health Research and Policy Making -

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Policy Summary

Sharing patient data needs to go along with strong legal safeguards and security. Governance structures and transparency are essential to supervise the use and re-use of data. To foster trust in the sharing, there should be the involvement of research ethics committees or ethics review boards when the legal base to share patient data is other than consent of the data subject. The default position for sharing patient data for other purposes than primary care should be irreversible anonymisation, which should be legally guaranteed. Encryption should be the pseudonymisation technique when anonymisation cannot be fulfilled. High encryption standards should be adopted. Clear legal definitions on new concepts should be included in the European health data space legal framework.

Introduction

The European Commission's communication on a 'European strategy for data'[1] aims at creating a single market for data, where data flows between Member States and sectors, where clear rules on data governance, data access and data use exist, and where data is available respecting European values and rules.[2] The communication foresees developing common European data spaces in strategic economic sectors and domains of public interest, such as the common European health data space (EHDS). The strategy is part of a wider package of strategic documents, including the European Commission's communication on Shaping Europe's digital future[3] and a White Paper on Artificial Intelligence – A European approach to excellence and trust.[4]

[1] COM(2020) 66 final, 1-35.
[2] European Commission, Inception Impact Assessment on a Legislative framework for the governance of common European data spaces, 3 July 2020, <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12491-Legislative-framework-for-the-governance-of-common-European-data-spaces>, last accessed 3 August 2020.
[3] COM(2020)67 final, 1-16.
[4] COM(2020)65 final, 1-27.

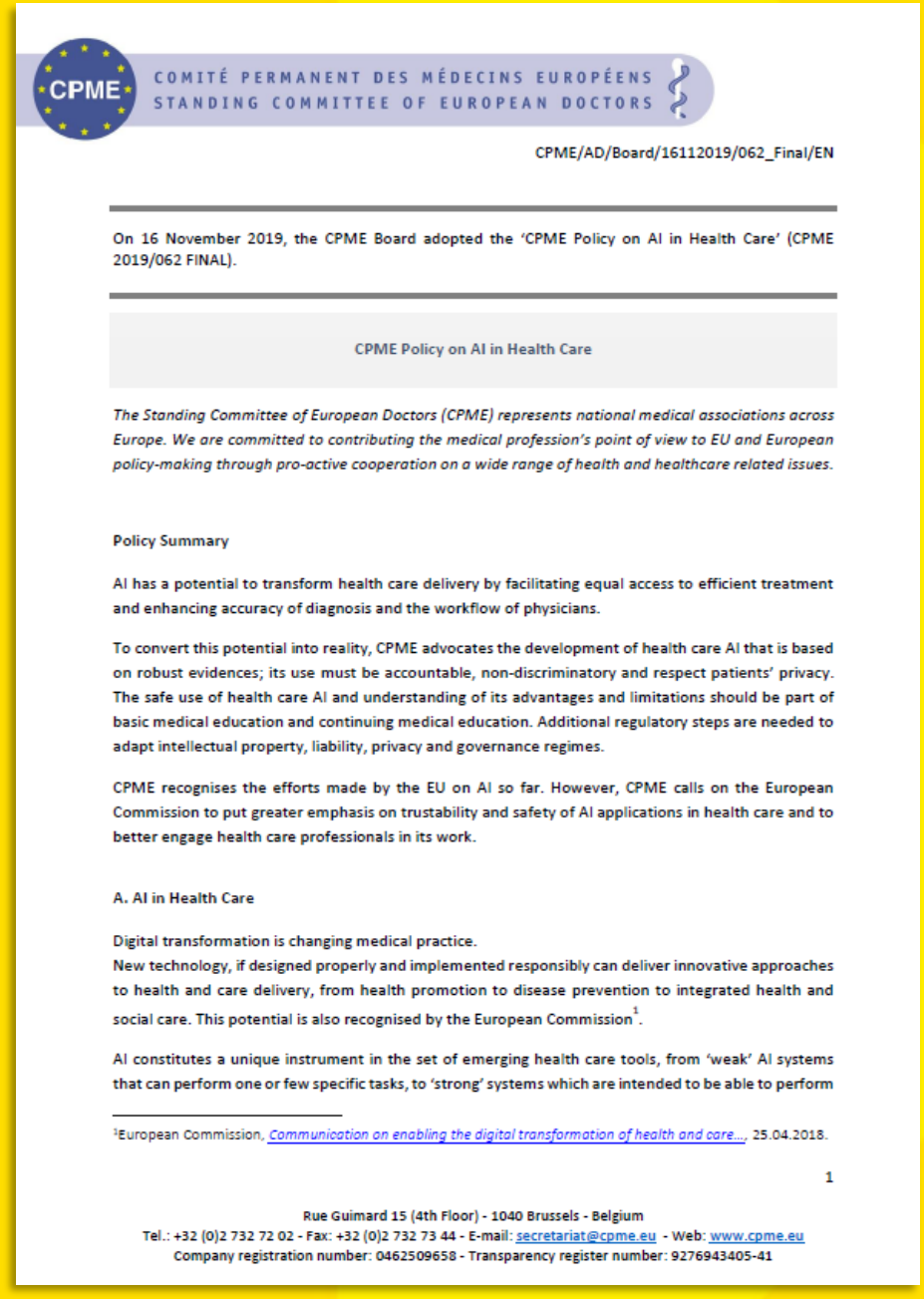
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POLICY NOVEMBER 2019

Artificial Intelligence

- Overall risk-based approach for AI proposed by Commission is welcome
- CE marking should only be given to AI that complies with data protection law
- When using AI according to training and in line with guidelines, physicians should be fully indemnified against adverse outcomes. Strict liability regime for AI systems and mandatory insurance for high-risk AI systems are required



CPME COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

CPME/AD/Board/16112019/062_Final/EN

On 16 November 2019, the CPME Board adopted the 'CPME Policy on AI in Health Care' (CPME 2019/062 FINAL).

CPME Policy on AI in Health Care

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Policy Summary

AI has a potential to transform health care delivery by facilitating equal access to efficient treatment and enhancing accuracy of diagnosis and the workflow of physicians.

To convert this potential into reality, CPME advocates the development of health care AI that is based on robust evidences; its use must be accountable, non-discriminatory and respect patients' privacy. The safe use of health care AI and understanding of its advantages and limitations should be part of basic medical education and continuing medical education. Additional regulatory steps are needed to adapt intellectual property, liability, privacy and governance regimes.

CPME recognises the efforts made by the EU on AI so far. However, CPME calls on the European Commission to put greater emphasis on trustability and safety of AI applications in health care and to better engage health care professionals in its work.

A. AI in Health Care

Digital transformation is changing medical practice.
New technology, if designed properly and implemented responsibly can deliver innovative approaches to health and care delivery, from health promotion to disease prevention to integrated health and social care. This potential is also recognised by the European Commission[1].

AI constitutes a unique instrument in the set of emerging health care tools, from 'weak' AI systems that can perform one or few specific tasks, to 'strong' systems which are intended to be able to perform

[1]European Commission, *Communication on enabling the digital transformation of health and care...*, 25.04.2018.

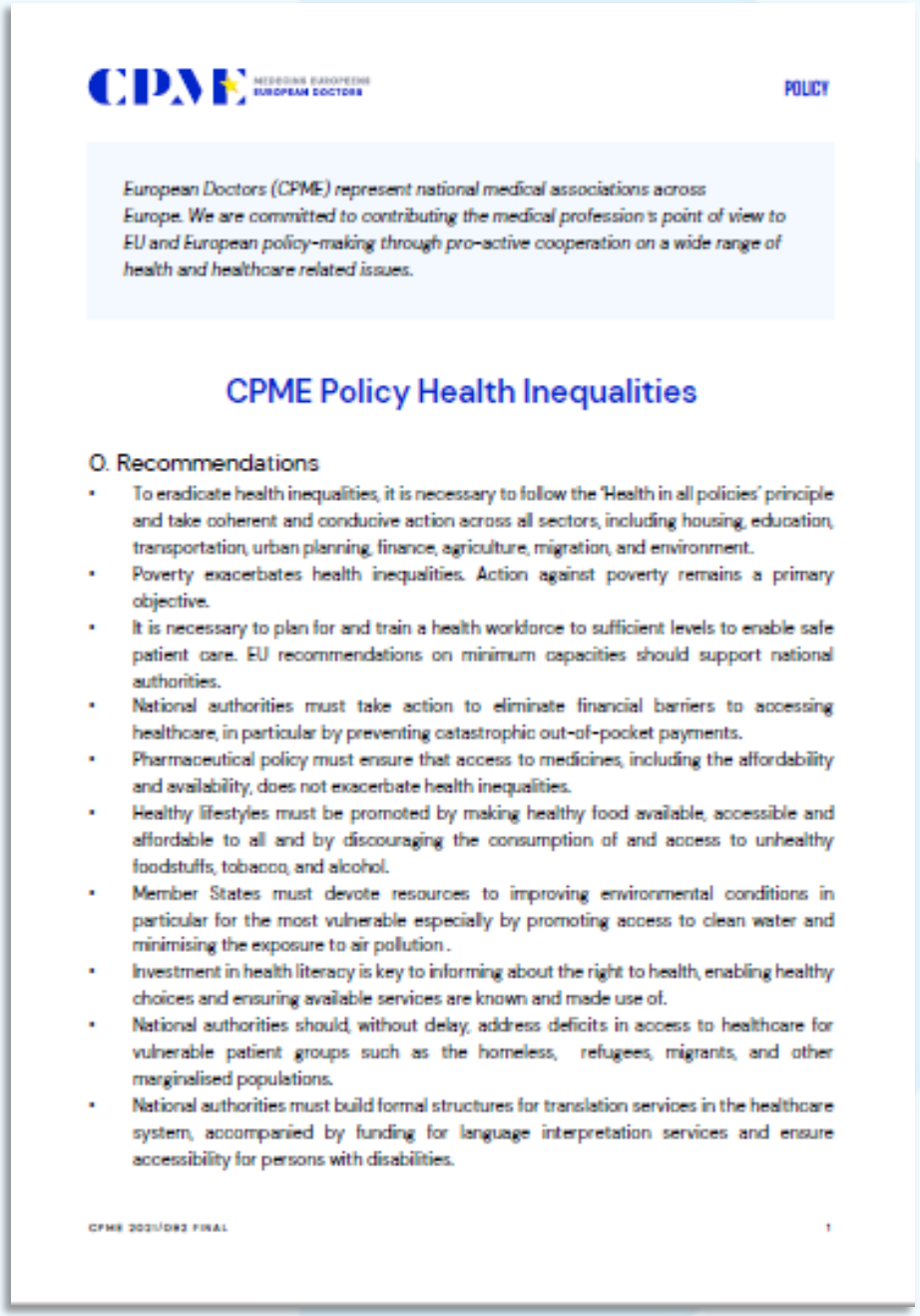
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POLICY MARCH 2022

Policy on Health Inequalities

- Follow the ‘Health in all policies’ principle for action across all sectors, including housing, education, transport, finance, agriculture
- Take action on system problems (e.g. shortages, financial barriers) and on social determinants of health (e.g. healthy living, environment, digital literacy)
- Doctors as ambassadors of the right to health



CPME EUROPEAN DOCTORS

POLICY

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CPME Policy Health Inequalities

0. Recommendations

- To eradicate health inequalities, it is necessary to follow the 'Health in all policies' principle and take coherent and conducive action across all sectors, including housing, education, transportation, urban planning, finance, agriculture, migration, and environment.
- Poverty exacerbates health inequalities. Action against poverty remains a primary objective.
- It is necessary to plan for and train a health workforce to sufficient levels to enable safe patient care. EU recommendations on minimum capacities should support national authorities.
- National authorities must take action to eliminate financial barriers to accessing healthcare, in particular by preventing catastrophic out-of-pocket payments.
- Pharmaceutical policy must ensure that access to medicines, including the affordability and availability, does not exacerbate health inequalities.
- Healthy lifestyles must be promoted by making healthy food available, accessible and affordable to all and by discouraging the consumption of and access to unhealthy foodstuffs, tobacco, and alcohol.
- Member States must devote resources to improving environmental conditions in particular for the most vulnerable especially by promoting access to clean water and minimising the exposure to air pollution.
- Investment in health literacy is key to informing about the right to health, enabling healthy choices and ensuring available services are known and made use of.
- National authorities should, without delay, address deficits in access to healthcare for vulnerable patient groups such as the homeless, refugees, migrants, and other marginalised populations.
- National authorities must build formal structures for translation services in the healthcare system, accompanied by funding for language interpretation services and ensure accessibility for persons with disabilities.

STATEMENT MARCH 2022

Role of Pharma Industry

- Pharmaceutical industry has a key role in advancing research and development of innovative treatments, but industry should never become a part of the decision-making process in the treatment course.

- Any influence of the industry on treatment decisions creates a conflict of interest that is detrimental to patients and health systems. It is of utmost importance that healthcare development and delivery remains independent of commercial considerations.



CPME MEDECINS EUROPEENS EUROPEAN DOCTORS

STATEMENT

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Expanded role for the pharmaceutical industry in healthcare delivery is against patient interests

Amid the pharmaceutical industry's attempts to expand its involvement and commercial influence on healthcare delivery, European Doctors caution that it should never become a part of the decision-making process in the treatment course.

Healthcare delivery involves various people and organisations cooperating across professional and institutional boundaries. Among them, patients, healthcare professionals, suppliers, payers and policymakers play different roles and have distinct competences and obligations in relation to each other.

These stakeholders largely differ in their perspectives, needs and particular objectives. Consequently, the analysis of their respective interests and influence is critical to ensure that the boundaries between their roles are not blurred, as this may risk the patient's interests being overshadowed by other considerations.

In light of this, European doctors observe the pharmaceutical industry's proposals for changing the culture of healthcare delivery and the allocation of resources to "high-value", carefully coordinated and holistic care. These proposals call for transforming the way healthcare is financed and provided, and adapting the roles different actors can play in the process. [1]

[1] See e.g. the European Alliance for Value in Health, its Principles and a Policy Paper on Value in Health; the EU Health Coalition; the EFPIA's Connecting Healthcare Projects ; or the Janssen Pharmaceutica's promotional material.

CPME 2022/017 27 APRIL 1

CAMPAIGN May 2022

Vaccination

- With Coalition of Vaccination, CPME works to promote vaccine confidence and uptake
- For European Immunisation Week 2022, the Coalition launched a campaign including social media and a webinar

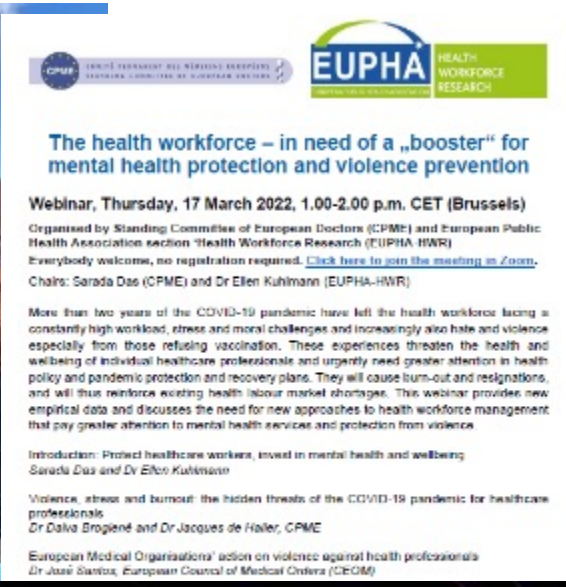




Conferences, webinars, courses

- CPME panels on AI and on defensive medicine at 14th World Conference on Bioethics, Medical Ethics and Health Law, March 2022
- CPME-EUPHA webinar on mental health protection and violence prevention for the health workforce, March 2022
- CPME-EJD-CIFS digital leadership course, April 2022
- CPME-CNOM conference on challenges of future health data regulations, April 2022











UKRAINE MEDICAL HELP FUND

- Established following urgent request from Ukrainian Medical Association
- Around €2 million in donations from the global medical community
- Medical supplies are being purchased and transported to Ukraine
- For more information and to donate visit www.cpme.eu

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efma
EUROPEAN FORUM OF MEDICAL ASSOCIATIONS

WMA

We condemn any act of aggression that prevents doctors and healthcare professionals carrying out their duty of care to protect lives.

Dr Christiaan Keijzer | President



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Many thanks for your attention!

For more information, please contact **CPME Secretariat:**

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