



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



Patient empowerment

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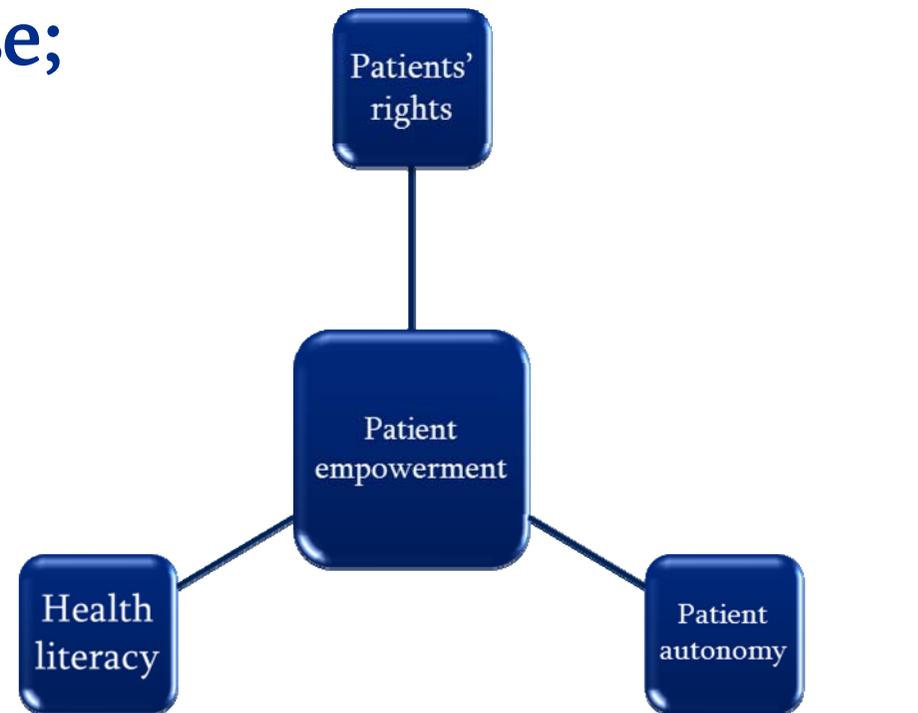
Patients' Rights Day
Brussels, 12 May

*The Standing Committee of European Doctors (CPME)
represents the National Medical Associations of 33
countries in Europe.*



Patient empowerment

1. individual empowerment: improvement of a person's capabilities to effectively self-manage his/her chronic disease;

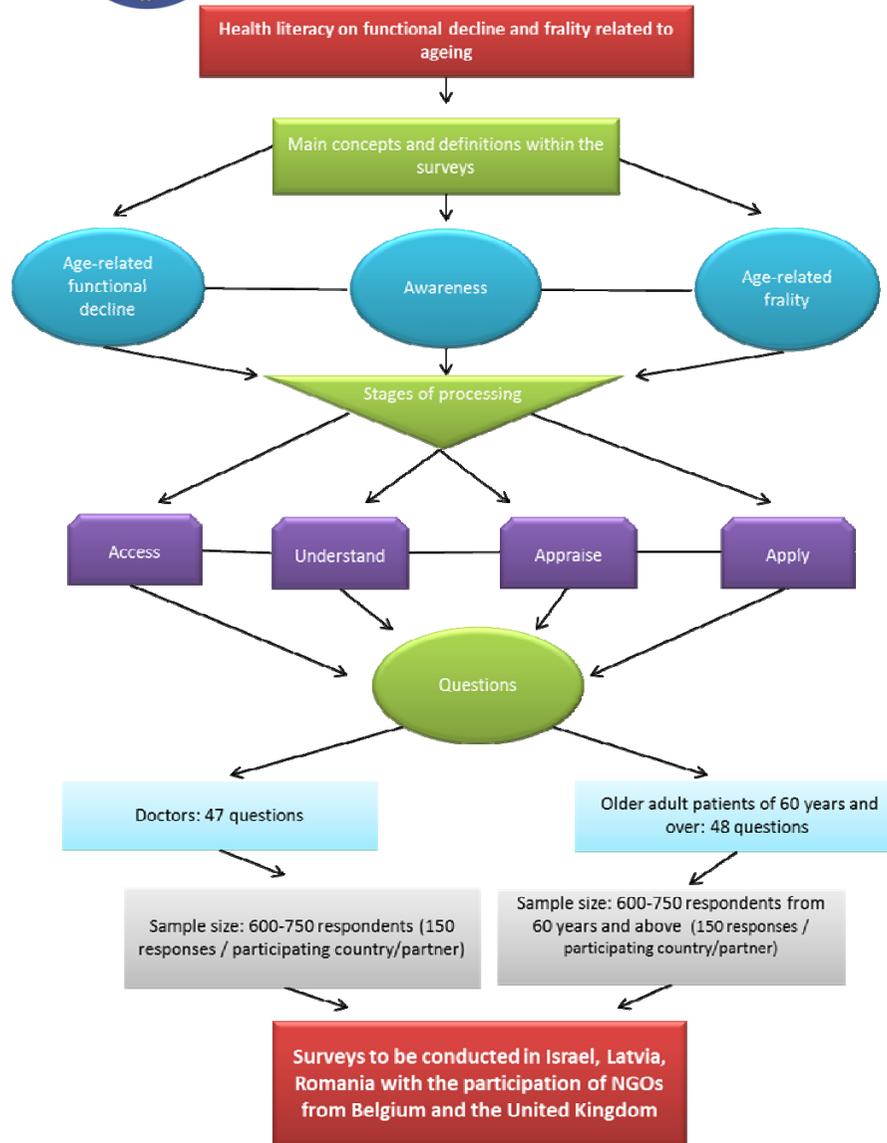




Patient empowerment

1. Health literacy

Definition: Health literacy entails people's capacities, skills, knowledge, motivation and confidence to access, understand, appraise and apply health information to form judgments and take decisions in everyday life in terms of healthcare, disease prevention and health promotion to improve quality of life during the life course. Sørensen et al. 2010



1. Health literacy: A conceptual model to think of health literacy in relation to functional decline (a characteristic of ageing)

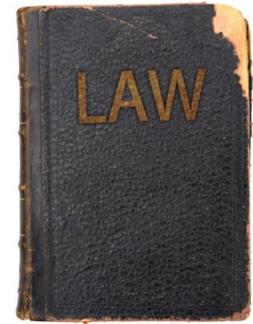




2. Patient autonomy

- ‘The meaning of autonomy and how it connects to rights of autonomy. Definitions and theories of autonomy generally invoke capacities of self-governance, such as reasoning, deliberating, and making independent choices. In bioethics, personal autonomy has come to mean personal rule of the self through adequate information, while making choices that are free from influences that control those choices.
- An autonomous actor then is one who acts intentionally, with adequate understanding, and free from control by others.
- Medicine deals with a great many patients who have limited or reduced autonomy, sometimes severely reduced, because they're ill, depressed, do not understand hospitals and the like. Other patients do not experience diminished or limited autonomy. They're very much in control of themselves.
- The principle that physicians must respect the autonomy of their patients does not apply to persons who are not in a position to act autonomously, perhaps because they are children or incapacitated or coerced, or in a position in which they can be exploited by others. Infants, irrationally suicidal patients, and assorted drug dependent patients are examples. Those who vigorously defend patient rights of autonomy in bioethics have never denied that some forms of intervention are justified for patients who are either wholly or substantially non-autonomous.’

(Tom Beauchamp, Georgetown University on the Principle of Patient Autonomy in Bioethics)



3. Patients' rights

Charter of Fundamental Rights: Art. 35 Health care

Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Cross-border healthcare: patients' rights

The freedom to receive health services throughout the European Union must be accompanied by guarantees of quality and security. In order to make an informed choice, patients must be able to access all the information they require on the conditions under which they will receive healthcare in another EU Member State and the conditions under which they will be reimbursed once they return home. Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.



The Patient empowerment components within the CPME Manifesto for the 2014 European Elections

- “Health in all policies” (towards a horizontal approach and health literacy)
- Economic restraints for healthcare budget
- A strong medical workforce is key for high quality patient care
- Professional autonomy
- Patient Safety and Quality of Care
- Ethics and medical research (patient autonomy)
- Equal access to health (patient rights)



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European doctors call on EU decision-makers: (3 out of 7 points are components of patient empowerment)

Manifesto for the 2014 European Elections

The Standing Committee of European Doctors (CPME) represents the National Medical Associations of 32 countries in 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.

We believe the best possible quality of health and access to healthcare should be a reality for everyone.

"Health in all policies"

We strongly advocate a "health in all policies" approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.

Economic restraints for healthcare budgets

Budget cuts affect healthcare services in terms of, for example, access to care, health technologies, innovation and staffing levels, thus causing structural inequalities in access to care. Although recognising the need to respect budgetary restraints, the potential for budgetary cuts in healthcare is limited and the impact has to be carefully assessed. CPME also believes there are opportunities for smarter spending, e.g. on the prevention of disease to avoid the greater personal and economic burdens of treating ill health.

A strong medical workforce is key for high quality patient care

CPME promotes the highest level of medical education, training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services in order to achieve the highest quality of healthcare for all patients in Europe.

Professional autonomy

CPME asks for a clear recognition of professional autonomy, i.e. the independence of physicians to provide healthcare in the best interest of patients, which is a patient right. Whether at organisational or patient-physician level, it is a vital tool to achieve high quality healthcare.

Patient Safety and Quality of Care

CPME promotes a culture of patient safety across healthcare systems. At EU level, CPME encourages a system analysis approach when studying adverse events in an effort to understand how human factors, medical devices, organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector. CPME also supports the highest standards of medical practice in order to achieve the highest quality of healthcare for all patients in Europe.

Ethics and medical research

Medical research is essential to the development of new treatments and new medicines. CPME calls on EU decision-makers to support medical research to strengthen the European knowledge base, while respecting ethical standards and the highest level of protection for patients participating in research.

Equal access to health

Inequalities in access to healthcare and healthy choices can be found across Europe, not only between Member States, but also within individual Member States. CPME believes these inequalities to be not only socially unjust, but also morally wrong. They violate patients' fundamental right to health. CPME calls for these specific legal and social determinants of health to be addressed.

European doctors call on EU decision-makers:

- To support the professional autonomy of doctors to ensure high quality healthcare
- To safeguard an effective framework for patient safety and quality of care
- To take cross-sectorial action to close the gap in health inequalities



CPME is available to provide expertise and support regarding all of the above objectives whenever needed.

- "Health in all policies" (towards a horizontal approach and health literacy)
- Ethics and medical research (patient autonomy)
- Equal access to health (patient rights)



CPME Policies

- ❑ Consensus paper on Health literacy: *Making Health Literacy a Priority in EU Policy*
- ❑ International pilot survey for patients on Health literacy of functional decline and frailty
- ❑ International pilot survey for doctors to assess health literacy of functional decline and frailty
- ❑ CPME active involvement in the EU tender on patient empowerment, EMPATHIE.



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