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SAVE THE DATE! - CPME Meetings 2020



03 - 04 April 2020
Zagreb (Croatia)

20-21 November 2020
Berlin (Germany)

MESSAGE FROM THE CPME PRESIDENT



Dear Colleagues and friends,

Welcome to the new edition of the CPME newsletter.

This edition opens with a spotlight on the air quality debate and the consequences of the Green Deal on health. Doctors are becoming more and more vocal on the health effects of air pollution. CPME's policy on air quality and health states that policymakers should make air quality a priority at all levels, from local to European and update the EU air quality standards to reflect the World Health Organization (WHO) recommendations.

A special emphasis is placed in this Newsletter on AI implementation in health care. European doctors recognise the impact of the digital transformation on medical practice and the potential of AI to become a unique instrument in this set of emerging health care tools. We also believe that it is important to base AI development in health care on robust evidence; its use must be accountable, non-discriminatory and respect patients' privacy.

We also take this opportunity to share with you the report of the 2nd regional debate on the implementation of One Health in undergraduate education held in Warsaw in December 2019. The professional and student organisations representing medical doctors, dentists, pharmacists and veterinarians in Europe are committed to organising regular roundtables in different European regions to debate the need to update current curricula and promote interdisciplinary collaboration in undergraduate education. The aim is to bring together interested parties in specific country clusters to raise awareness and share experiences.

Furthermore, three CPME members and other stakeholders in the health sector report on their current policies, developments and priorities.

I hope you enjoy reading this edition.

Best regards,

A handwritten signature in purple ink, appearing to read 'F. Ulrich', written in a cursive style.

Prof. Dr Frank Ulrich Montgomery
CPME President

DOCTORS IN THE AIR QUALITY DISCUSSION

Doctors are becoming more and more vocal on the health effects of air pollution. In November 2019, the CPME Board confirmed this by adopting a new [policy on air quality and health](#). It concludes that policymakers should make air quality a priority at all levels, from local to European, and update the EU air quality standards to reflect the World Health Organization (WHO) recommendations. This was not the first time CPME has tackled the issue. The 2003 policy on atmospheric pollution and waste already concluded that air pollution remains a public health concern.

WHO refers to air pollution as the greatest environmental risk to health and one of the 10 greatest threats to global health. In Europe, air pollution has major health, environmental and economic impacts, although air quality is gradually improving. It is responsible for a significant burden of premature deaths, hospital admissions and health symptoms. In the WHO European Region, more than 550,000 premature deaths are attributable to the joint effects of outdoor and indoor air pollution every year. The main noncommunicable diseases (NCDs) associated with air pollution are lung cancer, ischaemic heart disease, stroke and chronic obstructive pulmonary disease (COPD).

Currently, the existing EU directives on Ambient Air Quality (AAQ) and National Emission Ceilings (NEC) set air quality measurement standards and local limit values for air pollution concentrations, as well as national ceilings seeking to reduce emissions at source. The limit values set by the EU are legally binding, but they are also the result of a political compromise, and for key pollutants less strict than what the WHO recommends. The WHO air quality guidelines are currently under revision and due to be published later in 2020.



In its new policy paper, CPME lists various ways and policy options which may help to improve air quality, reduce global warming and protect health. These include the phase-out of coal and traffic restrictions such as low-emission zones, which several European

cities have already introduced. Coal phase-out, however, requires support for renewable energy technologies and ensuring a just transition in regions where coal remains the major source of energy and employment.

Moreover, investments in cleaner public transport and more energy-efficient and healthy buildings are important. Doctors can help directly by promoting walking and cycling to their patients. Reducing environmental pollutants at a local level is also crucial to reduce inequalities in health. There is evidence that people in more deprived neighbourhoods with lower incomes, higher unemployment rates, and a higher percentage of ethnic minorities, are more exposed to air pollution. Therefore, CPME believes that improving urban and transport planning practices is crucial.

In November 2019, CPME published a [Policy brief for the EU](#) in collaboration with the Lancet Countdown focusing on the link between health and climate change. It also included data on transport and the economic costs of air pollution, themes featured in the 2019 Lancet Countdown report.

The new European Commission has already expressed its goal to update the EU air quality standards in 2021 to be better aligned with the WHO standards. In addition, the European Green Deal presented by the Commission in December 2019 outlines policy initiatives to eliminate pollution, for example by providing support to local authorities. In January, the European Parliament adopted a resolution to welcome and support the Commission's ambitious plan.

Air quality and health

The medical sector can play big part in the air quality discussion. However, doctors and other healthcare professionals first need to have the right tools to talk about the impact of air pollution on health with their patients and citizens. Therefore, professional education is necessary and the topic should be addressed in undergraduate medical studies already. Doctors should be able to actively participate in preventive actions by raising awareness of the negative health impacts of air pollution and climate destabilisation but also of the health benefits of air quality measures. CPME continues to be involved in the discussions on air quality at European level and encourages its national member associations to do the same at national level.

[Markus Kujawa](#), EU Policy Adviser



FUTURE HEALTHCARE LEADERS FOR FUTURE HEALTH CHALLENGES

The climate crisis and its worsening effects have been marked by The Lancet since 2009 as the biggest health threat of the 21st century as it contributes to almost a quarter of global mortality. Exacerbating mental ill-health and poverty, intensifying heat waves, the altering spread of infectious disease, extreme weather and many more effects are drastically adding to the death toll. One of the causes of this crisis is air pollution. The direct effects of pollution lead to an estimated seven million deaths globally every year, and Europe counts one-tenth of these. The way we respond to this crisis now will be decisive for the survival of humanity.

Climate action could prevent the worst outcomes of natural disasters and additionally benefit health immensely with healthier diets, more liveable cities and cleaner air. At the current time, this action is urgently needed on the local, national and regional level. Health has common ground in all policies, which makes it the key to implementing change. This emphasizes the necessity of a combined response from all professionals in the health sector, especially from our future health professionals.

Medical students are the backbone of our future, and empowering them will create the new health leaders of tomorrow. They reflect the concerns and needs of future generations with their innovative and refreshing ideas. For years, medical students have been calling out for more involvement on a political level and in climate action in society, but the lack of opportunities and involvement in decision-making processes prevent them from participating in meaningful ways. Medical students should be entitled to be a part of decisions that affect them directly. Active participation will contribute to their development and that of their communities. In terms of air pollution, medical students should be educated on this topic as part of the



© EMSA, 2019

Air quality and health

curriculum, be invited to national and regional conferences to participate in policy discussions and be made co-organizers of actions for cleaner air.

EMSA has a policy statement on climate change and health in which it calls upon Member States and European Institutions to foster meaningful youth participation in all climate negotiations, include health in all climate policies and vice versa climate in health-related policies, and calls upon medical schools to implement climate education in their curricula. Currently, EMSA is working on internal sustainability, capacity building of its members and is developing a toolkit for the implementation of climate in medical education. Together with the European Public Health Alliance (EPHA), the association is coordinating a project to strengthen clean air policies in cities, specifically in the Netherlands, and to tackle the climate emergency by stressing the negative health impacts, focusing on transport. EMSA will organise awareness activities for the public and will call upon local authorities to implement sustainable urban planning in order to reduce greenhouse gas emissions, such as easier access to public and bicycle transport. The latter also contributes to EMSA's other priority: the prevention of non-communicable diseases, such as cardiovascular diseases, by active transport.

We call on Member States, European institutions and national medical associations to involve medical students and medical students' associations in policy change and climate action on all levels. They can create the opportunities. We are ready to participate with our vision for change. Reach out to us!

Saifali Ahmed, medical student,

EMSA member

SOLUTIONS



CLEAN AIR FOR HEALTH

#AirPollution



THE EUROPEAN GREEN DEAL: WHAT'S IN IT FOR HEALTH, CLEAN AIR AND THE CLIMATE?

Improving the quality of the air that we breathe has been on the EU's policy agenda for decades and there is a comprehensive regulatory framework in place. However, while there have been some successes in driving down emissions, air pollution continues to be the leading environmental threat to health, an "invisible killer" resulting in 400, 000 early deaths and a cost burden of up to 940 billion Euro each year.



Health advocates were delighted to see EU Commission President von der Leyen's proposal for a European Green Deal, a package for Europe

to become climate-neutral by 2050. This includes the promise to align the current EU air quality standards more closely with World Health Organization recommendations, which is a major and long-awaited step forward.

In 2013, the World Health Organization underlined the need for stronger EU action: a science review concluded that poor air quality had health effects in lower concentrations than previously thought and larger health impacts. For children and future generations, the harm to their healthy development can already start in utero. In view of the overwhelming body of evidence, clean air has risen up WHO's agenda, resulting in the first ever global WHO Air Pollution conference in 2018 and new recommendations for clean air to be expected by 2021.

What does this mean for the Green Deal deliberations?

With a view to reducing the burden of disease from polluted air it is essential that President von der Leyen and her team start working towards healthier air in 2020 already, rather than next year as foreseen.

This means adopting a roadmap for the alignment of the EU's legally binding air quality standards to the WHO's. The bloc's current standards, which were last updated 12 years ago, are the result of a political compromise. For key pollutants, such as PM2.5, which can penetrate deep into the lungs and enter the bloodstream, the EU's standard is considerably weaker than what WHO recommends.

But EU policy-makers shouldn't stop there: given the importance of the Green Deal as the umbrella for action, it needs to become the instrument for boosting health through clean air and climate action. Air pollution and climate change are inextricably linked, as the burning of fossil fuels in our transport, heating, electricity and manufacturing systems leads to the release of huge amounts of air pollutants and climate change-fueling CO2. In addition, oil is the basis of many of the chemicals that we are exposed to, and the flood of microplastic that surrounds us, including in the air.

While the extraction and burning of fossil fuels once enabled economic and technological progress, the science is clear that the majority of them need to stay in the ground if we are to halt global warming at 1.5 degrees. The next ten years are crucial.

The EU's Green Deal needs to better reflect the urgency to act by firmly rooting measures in a zero-pollution and health-based approach. This means significantly upping the EU's CO2 emissions-reduction target to at least -65% for 2030. Such a goal will provide the impetus for the transformative shift that is needed. Researchers from the renowned Lancet Countdown have demonstrated that decarbonisation will bring about significant health benefits, which offset mitigation costs.

In view of the twin climate and air quality emergencies, more and more health professionals are speaking out within their organisations, to the media, and with their patients. The health sector has a unique contribution to make to ongoing policy deliberations, be it at local, national, EU or international level. HEAL welcomes CPME's position on air quality, which together with the existing mandate on climate change, provide a solid basis to work on. We look forward to combining efforts so that health is at the heart of all air and climate policies.

Anne Stauffer,

Director for Strategy and Campaigns

CLIMATE CHANGE IS THE GREATEST THREAT TO HEALTH

BUT TACKLING IT IS THE BIGGEST PUBLIC HEALTH OPPORTUNITY

WHO IS AT RISK?

All populations, but some are more vulnerable than others



CLIMATE CHANGE RISK FACTORS FOR OUR HEALTH



PHASING OUT POLLUTING FOSSIL FUELS IN FAVOUR OF CLEAN AND RENEWABLE ENERGY

Healthy energy without coal power, swift decarbonisation for health, stopping of subsidies for fossil fuels.

MORE EFFICIENT & HEALTHIER BUILDINGS

Put health at the heart for renovating and climate proofing the EU's existing building stock

CHANGED FOOD PRODUCTION AND DIETS

Decrease the risk for cardiovascular disease and cancer through reduced meat consumption, which also leads to less climate-harming emissions from agriculture.

ACTIVE TRANSPORTATION: WALKING AND CYCLING

Prioritise walking & cycling and other measures that will boost health. Diesel cars are not a healthy solution.

Actions from the health sector

Health sector and health decision makers have to sit at the table whenever policy proposals and measures on climate change, energy, transport, agriculture etc. are negotiated and decided. Tackling social and health inequalities should be a priority.

Health professionals should get involved and speak up about the health effects of climate change and the opportunities for mitigation.



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TIME FOR DOCTORS TO PRESCRIBE CLEAN AIR FOR HEALTH!



The time has come for medical professionals across Europe to make their voices heard on the public health crisis caused by air pollution. The European Public Health Alliance is calling on doctors across Europe to join the fight for clean air in the EU.

Air pollution harms human health!

Air pollution is literally a matter of life or death¹. There is strong and robust evidence about the detrimental societal and economic impacts of air pollution². The societal impacts from the world's largest environmental health threat, according to the World Health Organization (WHO), range from short-term health effects such as hospital admissions, to ultimately death. In total, 71,000 studies are currently available in the medical literature on the health effects of air pollutants³.

Air pollution not only kills people but is expensive, too! According to the WHO, the economic and human costs to Europe's cities and society are huge, at over €1tn per year⁴. The Organisation for Economic Cooperation and Development (OECD) projects that the market costs of air pollution (reduced productivity, additional health expenditure, crop losses, etc.) will increase to 2% of European GDP by 2060. However, this is estimated to be

equivalent to just one tenth of the non-market costs, including those of illness, ecosystem damage and the effects on the current climate emergency⁵. The transport sector is a huge contributor to air pollution.



Dr Chris Griffiths during the former Doctors against Diesel campaign in the UK

Why do we need to hear your voice?

With a public health crisis brought on by air pollution, as the climate emergency continues to worsen by the day, the internal combustion engine (i.e. diesel and petrol cars) are choking our children and our planet. The transport sector is a massive contributor to this crisis. In Europe alone, 27% of greenhouse gas emissions come from transport (with 45% of that coming from

cars alone), while also contributing to 1/5 of all emissions across the globe. Even so-called "clean" diesel cars, subject to the strictest EU diesel car pollution controls, are still failing to stop large amounts of harmful particle pollution being spewed into the environment and affecting the air we breathe⁶.

Why are doctors best placed to demand clean air?

As a doctor, you are on the frontline of public health, faced daily with the harmful impact of chronic diseases on human health. Doctors are the foundations of national healthcare systems, from GPs, who are patients' first port of call, to those providing care in emergency departments and operating theatres where the most severe cases are treated. Sending back patients to polluted environments can only further aggravate their conditions.

We need local city governments to take the lead in protecting their communities by implementing comprehensive low emission zones, including bans on the most polluting combustion engines.

Air quality and health

We need to rebuild our transportation infrastructure by investing heavily in public transport powered by renewable energy, cycling, and walking infrastructures, and shifting from road to rail and improved public transport.

Above all, we need EU policymakers to match their promises with strict and legally enforceable limits on air pollution levels, as air pollution knows no borders.

The health of our communities is on the line – and we hope that you, as a medical professional dealing with the damaging effects of air pollution every day, will join our campaign with other doctors across Europe to call for healthy and clean air for all. Your voice, as trusted and respected members of our community, will help us to ensure our demands are heard.

How can you get involved?

You can join the debate by sharing data and raising your voice on social media using the #cleanair4health hashtag. The European Public Health Alliance is ready to join forces with doctors to fight air pollution and you can expect further updates about campaign actions on <https://cleanair4health.eu/> website later this year.

About EPHA

The European Public Health Alliance is Europe's leading NGO alliance advocating for better health. A member led organisation made up of public health NGOS, patient groups, health professionals and disease groups, we work to improve health and strengthen the voice of public health in Europe. Through our Clean Air for Health campaign, we raise awareness and call for action at European, national and local level to tackle the health effects of air pollution.

[Zoltán Massay-Kosubek](#) and [Matteo Barisione](#),

Clean Air for Health Campaign, European Public Health Alliance

1. <https://epha.org/a-matter-of-life-or-death/>
2. CPME Policy on Air Quality and Health https://www.cpme.eu/index.php?downloadunprotected=/uploads/adopted/2019/CPME_AD_Board_16112019_073_FINAL_EN_CPME.air.quality.pdf
3. European Respiratory Society: The Health Impact of Air Pollution An expert report of the International Society for Environmental Epidemiology (ISEE) and the European Respiratory Society (ERS), 2019 <https://ers.app.box.com/s/81rilw1uyrj8kv24caowsy2hf7dv8nuz>
4. World Health Organization Regional Office for Europe (2015), Economic cost of the health impact of air pollution in Europe, 2015. Available from: http://www.euro.who.int/__data/assets/pdf_file/0004/276772/Economic-cost-health-impact-air-pollution-en.pdf
5. The Lancet Countdown on Health and Climate Change CPME Policy brief for the EU https://storage.googleapis.com/lancet-countdown/2019/11/Lancet-Countdown_Policy-brief-for-EU_FINAL.pdf
6. <https://epha.org/why-clean-diesel-cars-still-emit-health-harmful-particle-pollution/>

EUROPEAN DOCTORS' PERSPECTIVE ON AI IMPLEMENTATION IN HEALTH CARE

Considering scientific advancements in AI-based technology and rising interest in its implementation in health care delivery, CPME recognised a need to take a stance on how AI can be safely and responsibly introduced in medical practice. Therefore, the European doctors adopted their [Policy on AI in Health Care](#) in November 2019, stressing that the fulfilment of AI's potential to become a unique instrument in the set of emerging health care tools will depend on its appropriate design, application, professional oversight and clinical validation. For that purpose, the integration of practicing physicians' and patients' perspectives at each stage of this process is indispensable.

Firstly, European doctors endorse a conceptualisation of artificial intelligence that is intended to coexist and support doctors. Therefore, we suggest the term "augmented intelligence" as it more accurately reflects the scope of support and enhancement of the physicians' expertise, rather than the replacement of this.

We also note that confident and effective use of health care AI depends on understanding its advantages and limitations. Health care AI can be successfully integrated into the current practice only if doctors possess adequate knowledge about it. We therefore believe that AI systems should be part of basic medical education and continuing medical education.

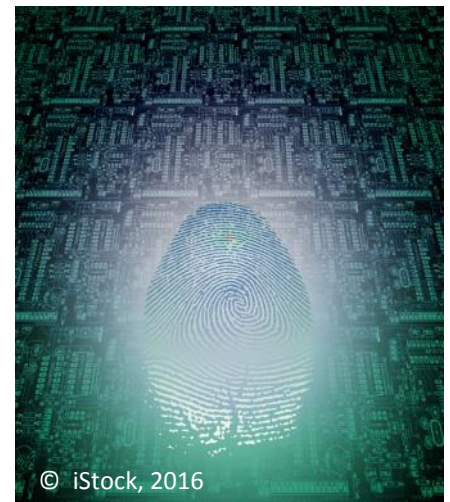
In our position, European doctors also discuss the notion of trust in regard to new technology and mechanisms supporting it in medicine, which include integrity, transparency, reproducibility or explainability, amongst others. We stress that if health care AI cannot be fully explainable, it must at least meet the criteria of other dimensions, such as reproducibility.

The CPME policy also addresses health data governance, pointing out that the development of AI is interrelated with the transformational approach to the use of data. We discuss the new technology's impact on data security, governance, ownership, sharing or application to train AI systems and caution not to compromise data privacy when implementing new digital solutions. Moreover, we stress that the application of 'third party' AI, sharing patients' records and applying health data to enhance capabilities of AI must not affect medical confidentiality.

In this context, we recognize the importance of data quality, pointing out a need to minimize the risks which may come with building AI on existing data which is imperfect and not free from numerous biases. Therefore, European doctors argue that systematic quality checks should be established and performed to secure safety and precision of AI outputs throughout the lifecycle of an AI tool.

What is more, regulatory steps to establish a comprehensive legal framework addressing the application of AI-powered products and services in health care is of utmost importance. This includes fit for purpose liability rules clearly defining the limits of physicians' responsibility and liability, intellectual property, privacy and governance regimes. Certainty and stability are key for successful uptake of new digital solutions by doctors.

Finally, AI must be subject to high clinical standards and should be empirically evaluated like any other digital device. Governmental and independent non-governmental oversight of AI-powered tools is essential. In view of the upcoming White Paper on artificial intelligence by the European Commission in February 2020 and the subsequent legislation on a coordinated European approach on the human and ethical implications of AI, European doctors advocate the development of AI in healthcare that is based on robust evidence; its use must be accountable, non-discriminatory and respect patients' privacy. CPME calls on the Commission to put greater emphasis on the trustworthiness and safety of AI applications in health care and to better engage health care professionals in its work.



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Piotr Kolczynski, EU Policy Adviser

EUROPEAN DOCTORS ANNOUNCE THEIR OPINION ON NOVEL TOBACCO AND NICOTINE PRODUCTS



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The Standing Committee of European Doctors (CPME) has adopted a new [policy on novel tobacco and nicotine products](#). European doctors are highly concerned about the health risks of these products, and therefore call on policy makers to recognise that they are harmful.

CPME also calls on all doctors to inform their patients and all citizens about the health risks associated with these novel products and not to recommend them as a means to stop or cut down on smoking. Young people who have never smoked should be particularly protected. CPME therefore supports banning flavourings which increase the appeal of new products.

Moreover, tax measures should be used to ensure that the cost of novel tobacco and nicotine products is maintained at a high level similar to that of conventional cigarettes.

“Novel products contain tobacco and/or nicotine, and are therefore addictive and harmful to health. We don’t recommend them as a means for helping smokers quit”, says Prof. Dr Frank Ulrich Montgomery, CPME President.

CPME has updated its 2010 position paper on e-cigarettes because in recent years the industry has introduced a varied selection of novel products: heated tobacco products and electric nicotine delivery systems, of which electronic cigarettes are the most popular.

[Markus Kujawa](#), EU Policy Adviser



IMPLEMENTING A ONE HEALTH CULTURE IN UNDERGRADUATE EDUCATION TO TACKLE CURRENT AND FUTURE HEALTH CHALLENGES



The professional and student organisations representing medical doctors, dentists, pharmacists and veterinarians in Europe call on policy makers, academics and professionals to promote an interdisciplinary exchange under the One Health approach in education.

The European organisations are committed to organising regular

roundtables in different European regions to debate the need to update current curricula and promote interdisciplinary collaboration in undergraduate education. The aim is to bring together interested parties in specific country clusters to raise awareness and share experiences.

In December 2019, a second roundtable hosted by the Polish Chamber of Physicians and Dentists in Warsaw brought together more than 50 participants from the Czech Republic, Hungary, Poland and Slovakia.

The representatives of the four countries recognised that the integrated education of all future health professionals is fundamental for tackling current and future health challenges. They agreed on the importance of supporting joint initiatives at national level to further implement the One Health approach. Moreover, it was remarked that any change at university level is possible only if educators are committed to encouraging interactions among students of different disciplines.

Please find the full report on the open debate [here](#).

[Piotr Kolczynski](#), EU Policy Adviser

[Miriam D'Ambrosio](#), Communication Officer

CPME COLLABORATED WITH THE LANCET COUNTDOWN ON CLIMATE CHANGE

At the end of 2019, CPME published a [Policy brief for the EU](#) in collaboration with the Lancet Countdown focusing on the link between health and climate change. It focuses on data from four topics featured in the [2019 Lancet Countdown report](#): the economic costs of air pollution, electricity generation, transport, and climate suitability for mosquito-borne disease transmission.

The brief calls on European policymakers to update the EU air quality standards to be aligned with WHO guidelines and boost the share of renewable energy in electricity generation, including phasing out the use of coal and other fossil fuels. Moreover, it recommends prioritising active and accessible mobility for all and promoting safe walking and cycling.

The publication was launched in parallel with the 2019 Lancet Countdown report and several other regional policy briefs around the world. The Lancet Countdown is a global, independent, interdisciplinary research collaboration between leading academic institutions, the United Nations, and intergovernmental agencies. CPME also collaborated with the Lancet Countdown in 2018.



[Markus Kujawa](#), EU Policy Adviser



UNESCO Chair in Bioethics
14th World Conference on

**Bioethics, Medical
Ethics & Health Law**

May 11-14, 2020
Porto Palacio Hotel
Porto, Portugal

www.bioethics-porto2020.com

CPME BRINGS AI, AND DEFENSIVE MEDICINE TO UNESCO BIOETHICS CONFERENCE 2020

The fast pace of EU policy-making often leaves little time for in-depth reflection on ethics in health. The World Conference on Bioethics, Medical Ethics & Health Law hosted by the UNESCO Chair in Bioethics is therefore a welcome opportunity for ethics in health to be the focus of attention. At this year's conference, which is taking place in Porto from 11 to 14 May 2020, CPME will present two topics which the CPME membership recently adopted policies on: AI and defensive medicine. In sessions dedicated to each topic, a panel of expert speakers from National Medical Associations and other backgrounds will contemplate the ethical questions raised. On defensive medicine, CPME Vice-President Daiva Brogiené will present the 2019 '[CPME Position Paper on Defensive Medicine](#)', while representatives from national level and patients' organisations will present their work on what motivates defensive medicine, what the impact is on patients and health systems, and how to reduce defensive practices.

On AI, the 2019 '[CPME Policy on AI in Health Care](#)' will be presented and Prof Christian Lovis, CPME Rapporteur on AI and Professor of Clinical Informatics at the University of Geneva will open the session's discussion on safe and responsible implementation of AI in medical practice. The following debate will cover the ethical, clinical and legal implications of AI-based technology introduction in health care delivery.

CPME looks forward to testing its policies with experts and exploring the implications of its recommendations against the wider context of medical ethics.

[Sarada Das](#), Deputy Secretary General

CED'S OUTLOOK FOR 2020



The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries.

The CED's guiding principle for the future of European dentistry is that everybody should have access to high-quality oral healthcare, which must be delivered by well-trained, professional and fully qualified dentists, using the latest and most suitable technologies

in an evidence-based approach.

Taking into account current challenges facing oral health across Europe (antimicrobial resistance, aging population, health disparities, corporatisation of dentistry, digitalisation of healthcare etc.), the CED will continue to promote high standards in oral healthcare and dentistry with professional practice focused on patient safety. To achieve this, the CED seeks to ensure that the dental profession is properly regulated and that these new challenges can be met by the dental teams of today. This means that in the year 2020, the CED will continue to focus on professional education and regulation, health promotion and disease prevention, patient safety and the environmental sustainability of dentistry, as well as on the impact of e-Health and artificial intelligence on dentistry: only by doing so will we be able to ensure that our population's oral health needs are adequately met, both now and in the future.

The future of oral care and dentistry in Europe

When it comes to the outlook in oral health, I like to start with the positive news first: in the last few decades we have witnessed immense progress in the prevention of dental caries in children, as well as a major improvement in the prevalence of caries in children and young adults in Europe, which is a great achievement by any measure.

However, damaged, missing or filled teeth are still the norm in Europe and oral diseases remain amongst the most prevalent health burdens. Nearly half of the world's population is suffering from untreated dental caries, severe chronic periodontitis, and missing teeth. The WHO reports that \$298 billion has been spent on direct caries-related costs, and 5%-10% of healthcare budgets in industrialised countries is spent on the treatment of dental caries. In addition to the financial cost of treating caries, the secondary burden on individuals and economies, resulting from missed educational, social and employment opportunities, is immense.

Unfortunately, it seems that most politicians still do not understand that oral health is an essential part of general health and has an effect, not only on quality of life, but also on sustainability of health systems and more broadly on the national economy. This is why CED is constantly emphasising that neglecting oral health issues has serious health, societal and economic consequences and that resolving these concerns must become a top priority for EU health policy.

The CED, supported by our members from 33 national dental associations, stands ready to seize the opportunities and face the challenges that the future holds for dentistry and oral health in Europe. I am very grateful for our members' support throughout the years and I look forward to another successful year ahead!



[Dr Marco Landi](#), CED President

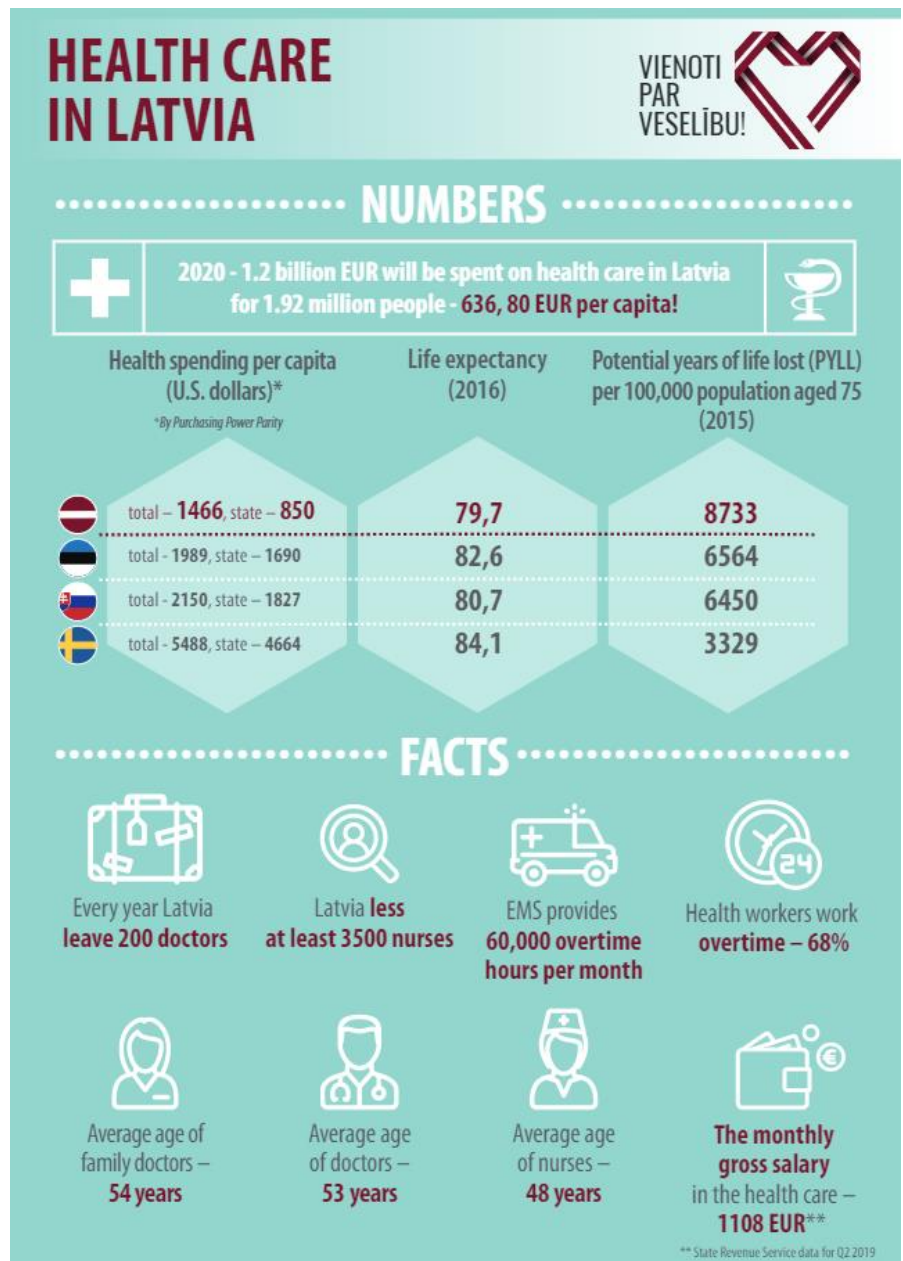
HEALTH CARE IN LATVIA



On 7 November 2019, approximately five thousand health care workers, students and community members gathered in front of the Parliamentary building (*Saeima*) to protest about the situation of health care in Latvia. This was one of the biggest protest actions of the last two decades.

Since regaining independence in 1991, the health sector in Latvia has undergone a number of completely contradictory reforms, although some of them were prevented. In 2002, a new political party “*Jaunais Laiks*” (The New Time) promoted an idea that budget funds and mandatory health insurance funds should be administered by the private insurance companies. Two years later, the government run by the same party abolished the mandatory health insurance element in the financing of health care in Latvia (until 2004, 28 % of personal income tax went to the mandatory health insurance fund). Starting in 2004, health care was financed through general taxation, but every three years a new project intending to re-introduce mandatory health insurance emerged, causing a new wave of discussions about the method that should be applied to collect money for the health sector.

In 2017, a new law on the financing of the health sector was approved, stipulating that 1% of social tax go to health care. The system envisaged two different categories of healthcare baskets available to patients: for a small percentage of citizens who pay an elevated social tax rate, all health services are available, but for those who do not pay the elevated rate, only emergency and primary care is paid from public funds. On 2nd January 2019, the Latvian Medical Association (LMA) asked for the introduction of the two baskets system to be halted because it would have a negative impact on access to health care and make the work of physicians very difficult. The Parliament supported the LMA proposals. The same law set out a plan for increasing the salaries of professionals working in the health sector. Salaries should grow by 20 % every year starting from 2018 until 2022. This political promise stipulated in the law was kept in 2018 and 2019. In 2020 our new government planned an increase of



only 7 %. Due to this situation, the Latvian Medical Association, the Latvian Nurse Association and Latvian Association of Junior Doctors in cooperation with the Trade Union of Health and Social Workers held a press conference to express our concerns at the end of October 2019. This was followed by discussions with government representatives which resulted in a 10 % increase in salaries in 2020. Broken promises and disappointed expectations gave rise to the two protest actions we organised in front of Parliament on 7th and 28th November 2019.

For years, Latvian politicians have undervalued the role of the health sector in the economy. In 2020, Government spending per capita on health care will be 650 euros, which is the second lowest in the EU. At the same time, GDP per capita in Latvia in 2019 was 19 924 dollars, which is higher than in Poland, Croatia or Hungary. GDP per capita in Estonia is 25 % higher than in Latvia but spending on health care per capita is twice as much as in Latvia. Instead of mending and meddling with complicated new schemes for health care financing, politicians should plan sufficient budget spending on health care from existing funds.

Health is very important for economic growth, security, equality and the wellbeing of Europeans. Maybe it is time to set out European guidelines, not only for the treatment of diseases, but a new guideline on the political approach to health care in EU countries.

Dr Ilze Aizsiliece,

President of the Latvian Medical Association



HEALTH CARE IN MONTENEGRO

Montenegrin health care is financed exclusively by the state. Funding for health care is allocated from the common budget and is at a level lower than 5% of GDP, which is more than insufficient in relation to the volume of rights guaranteed by these funds to Montenegrin citizens. However, the system still works, largely thanks to the tremendous work of a significant number of Montenegrin physicians, who, despite many challenges, remain

committed to the noble profession of medicine.

This group of Montenegrin doctors are humble, well-educated persons of a southern character, which implies attachment to the family and the land on which they were born, attachment to the community and the people around them. How long the above characteristics, and probably many other reasons, will be sufficient to ensure that Montenegrin doctors remain in their country and engage in medical practice, primarily in public health, only time will tell.

The working conditions of physicians in different workplaces, in different healthcare institutions and in different environments are determined by:

- ◆ responsibility,
- ◆ the range of services they provide,
- ◆ the available apparatus they use in their work,
- ◆ the available diagnostic procedures,
- ◆ availability of medicines,
- ◆ working hours,
- ◆ service organization,
- ◆ sufficient or insufficient number of executors,
- ◆ possibility of overtime work and possibility of additional earnings ,
- ◆ the possibility of parallel work in public and private sectors,
- ◆ and many other less significant factors.

A huge number of doctors in Montenegro are dissatisfied with the conditions in which they perform health care. The current situation, where the level of income of GPs does not differ from the average income, and in which specialists receive far from adequate pay, is unsustainable and unfair. This is a strong incentive for leaving the country and results in "gray" payments that are absolutely harmful for the development of the health system.

Apart from low wages, other reasons why, as a society and as a profession, GPs are in a situation where so many of us suffer and feel punished for the profession we practice are:

- ◆ lack of standards in the work of physicians
- ◆ excessive influence of politics on the health system
- ◆ insufficient financial resources for health care
- ◆ insufficient control over work
- ◆ neglect of society towards the health system and health workers.

Conclusion:

Montenegrin health system is still functioning. However, its functioning is most reminiscent of the chaotic movement of molecules. It may take time, but I will quote, "only one flutter of a butterfly's wing" can disrupt such chaotic movement and disrupt the entire system.

[Dr Aleksandar Mugoša](#),

President of Montenegrin Medical Chamber

About Montenegro:

⇒ Montenegro covers an area of 13,812m² and our country is one of the smallest countries in Europe.

⇒ The total population, according to the last census, is 630,000, which can be seen as both an advantage and a disadvantage, depending on your perspective.

⇒ We have 30 Public Health Institutions (18 health centers, 8 general hospitals, 3 specialist hospitals whose directors are here with us, and only one Clinical Center)

⇒ The total number of licensed doctors is 2267.

⇒ The average number of doctors is 3.59 per thousand inhabitants, which is close to the European average.

[Dr Aleksandar Mugoša](#),

President of Montenegrin Medical Chamber



THE PRIORITIES OF THE GEORGIAN MEDICAL ASSOCIATION DURING RECENT YEARS

The Georgian Medical Association (GeMA) was officially founded on 5 May 1989.

Since 1995 it has been a member of the European Forum of Medical Associations and the World Health Organization (EFMA/WHO). Since October 2002 it has been a member of the World Medical Association (WMA). Since 2011, a member of the South-East European Medical Forum (SEEMF), and since 2015 an observer member of the Standing Committee of European Doctors (CPME).

The Director of the Board of the Georgian Medical Association strives to take an active part in reforms of health care and the medical educational system (undergraduate and post graduate medical education).

Today, the GeMA cooperates with the Georgian parliament (on the consultation board for prevention and support of health from 2017-2020) and with the Ministry of Refugees from the Occupied Territories of Georgia, Labor,

Health and Social Affairs of Georgia (board of Reforms).

The GeMA also conducts certain activities regarding the continuing medical education of Georgian doctors: together with the Medical Faculty of Tbilisi State University, an electronic scientific magazine “Translational and Clinical Medicine – Georgian Medical Journal” has been established. Every year, GeMA holds local and international medical conferences in Tbilisi and other regions of Georgia. For example, the following conferences have taken place in recent years: April 2015, Tbilisi - EFMA/WHO; September 2016, Batumi – SEEMF; September 2017, Tbilisi – First Meeting of Georgian Surgeons; August 2018, Mestia – International Congress of Georgian Surgeons; September 2019, Batumi – International Congress of Georgian Surgeons; October 2019, Tbilisi –WMA General Assembly.

The GeMA has already planned the International Congress of Georgian Surgeons in October 2020 in Telavi; September 2021, Batumi; September 2022, Bordjomi, September 2023, Batumi; September 2024, Kutaisi. From 2020-2022 workshops will take place for doctors from GeMA Regional Organizations.

In 1994, the faculty of medicine was reestablished at the oldest, most historical university in Georgia – Iv. Javakhishvili Tbilisi State University. In 2011, post graduate programmes started. Unfortunately, the University does not yet have its own clinic. Following efforts by the GeMA, the government of Georgia has given the university a building for the clinic, and the GeMA is working on this project together with Tbilisi State University. For this purpose, the GeMA is looking for partners and sponsors inside and outside the country.

The GeMA also plans to present amendments to the Georgian Parliament regarding the following topics: Questions of certification – recertification (among them restoration of certificates); Postgraduate and continuing medical education; Protection of legal and social rights of medical personnel; Mandatory doctors liability insurance.

The GeMA pays special attention to patients’ rights and the legal and social rights of medical personnel. In recent years, the claims of patients have increased substantially. According to Georgian law, claims are discussed by the Council of Professional Development of the Ministry of Refugees from the Occupied Territories of Georgia, Labor, Health and Social Affairs of Georgia.

The increased number of claims against doctors and clinics is also caused by the media. They release information about claims without any appropriate professional research and it damages the reputation of doctors and clinics. Unfortunately, they don’t release information when it is finally decided that a doctor is not guilty. This damages the interests of medical personal, and also those of potential patients.

As doctors’ liability insurance is not mandatory in Georgia, the GeMA decided to establish a special agency that would take care of doctors’ interests.

Together with insurance company “Ardi Group”, the “Georgian Insured Medic’s Agency”(GIMA) was created in 2011. The basic functions of this are: support of development of a culture and practice of professional liability insurance in the medical sphere, supporting protection of medics to ensure patients’ rights; mediation in disputes between medics and patients; development of strategy and recommendations of professional liability insurance on the basis of experience gained.

We have built a triangular process for protecting doctors’ rights - three separate bodies play a specific role: The “GeMA” provides expert assistance, “GIMA” provides insurance and service and “Ardi Group” provides financial compensation. The experience of recent years has shown that this “triangle” approach is successful and produces good results for patients as well as for doctors.

During the history of its existence, the GeMA has always tried and continues to be involved in the process of development of the health care system. The Directors’ Board of the GeMA is happy to receive any kind of advice and help from its international partners regarding the development of medical education and quality of medical care. We would be especially pleased to receive any kind of support regarding the problem of the university clinic.

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COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
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Guest commentary

For feedback, further information, questions or to express an interest to contribute to future editions, please contact:

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