

Together for a healthy European Union

The GMA's and KBV's demands for
the European elections in 2024



Since the last European Parliament elections in 2019, the European Union (EU) and its health policy have faced historic challenges. Through its commitment to tackle the Covid-19 pandemic together, the EU has demonstrated that it can be more than just a single market.

The member states undertook various efforts in order to harmonise health protection measures. After initial difficulties, the joint procurement of vaccines was achieved, and a standardised European vaccination certificate eased the free movement of people. By creating a mechanism for better coordinated crisis preparedness and response, the EU has reasonably expanded its range of instruments for combating health threats. A significant European health budget was also created for the first time. Moreover, the pandemic was overcome because doctors and healthcare professionals acted as guarantors for the care of their patients.

At the same time, the pandemic has meant that important European health policy projects have not been tackled or have been delayed. The next legislative period must therefore be used all the more to make progress in key health-related areas and at the same time face up to new challenges while respecting the principle of subsidiarity.



01

Defending democracy to safeguard healthcare

Following the pandemic, the situation in the EU has been influenced by the consequences of Russia's war of aggression against Ukraine and Hamas' attack on Israel.

At the same time, member states are confronted with varying degrees of threats to social cohesion and questioning of democratic values and constitutional principles. These developments are also highly problematic for the provision of healthcare within Europe. Compliance with democratic principles and the rule of law is essential for healthcare systems to function well.

Xenophobia, antisemitism, and racism are diametrically opposed to the medical ethos. To ensure good healthcare for all its citizens, the EU, together with the member states and the civil society organisations, must therefore continue to resolutely defend democracy, the rule of law, and human rights.



**Positions
for a healthy
European
Union**

02

More skilled professionals

Good healthcare requires appropriate infrastructure and staffing.

While it is the responsibility of the member states to define the conditions and the content of education and training, as well as to train sufficient healthcare staff, the EU guarantees the free movement of skilled labour. The opportunity for doctors to work in any EU member state is an achievement of European integration. Nonetheless, the success of migration should not be measured in numbers alone, but rather qualitative objectives must also be taken into account. For instance, the Directive 2005/36/EC must ensure that doctors working in the EU have a reliably high and comparable level of qualification. We reject any lowering of standards in order to meet the demand for doctors, as this would massively jeopardise patient safety.

In addition, the free movement of persons must not lead to the healthcare systems of some member states becoming understaffed due to the emigration of doctors. In order to prevent a loss of labour, member states must guarantee suitable working conditions and appropriate remuneration.

Healthcare professionals expect new working models and the challenges of a changing world of work to be reflected in new legislation. Existing regulations on parental leave, working time, harassment and violence in the workplace, or teleworking, for example, must be regularly reviewed and further developed with the goal of creating good and attractive working conditions.

03

Medicines „made in Europe“

The reliable supply of medicines must be a key component of European healthcare policy.

Certain diseases still cannot be adequately treated because the research and development of urgently needed medicines are stalled for purely economic reasons. Certain treatments are also jeopardised by supply shortages. With its pharmaceutical strategy for Europe, the European Commission has taken an urgently needed step towards incentivising the development of medicines which address an unmet medical need. At the same time, the aim is to avoid false incentives, which have led to price increases that are hardly justifiable and sustainable for healthcare systems. We call upon the Commission, Parliament, and Council to remain committed to completing the initiated reforms. The current proposals can only serve as a first step. Diversified supply chains and increased pharmaceutical production in Europe should be pursued to prevent supply shortages from occurring in the first place. In the interest of patient safety, the current standards must be maintained when reforming the marketing authorisation procedure.

Although we see efforts being made to combat antimicrobial resistance, the current Commission has lacked the necessary persistence. We urge the future Commission to take more decisive action, for example, by taking full advantage of the possibilities offered by the Veterinary Medicinal Products Regulation to restrict the use of so-called reserve antibiotics. In addition, more support should be provided for the development of new antibiotics.

04

Seizing the benefits of the Health Data Space and AI

Improved use of health data opens up new possibilities for prevention and treatment.

However, the promise of improved and more efficient care can only be fulfilled if patients and doctors alike feel that the benefits outweigh the effort involved to make this transition. Data processing in healthcare should therefore not lead to additional work at the expense of patients. The use of health data should be focused on the common good. Europe must also provide convincing answers to questions about data security and privacy protection. Patient-doctor confidentiality must remain protected as a core value of medical practice and as a means of safeguarding patients' rights. Patients must retain control over the use of their health data. The EU should support the member states in achieving interoperability of their procedures and structures; however, a complete standardisation is neither necessary nor desirable.

Artificial Intelligence (AI) has the potential to meaningfully contribute to patient care. However, the use of AI in healthcare also harbours risks and therefore always requires the supervision of doctors.

05

Unlocking the full potential of prevention

The prevention of both communicable and non-communicable diseases is one of the most important competences of the EU in the field of health. By promoting healthy lifestyles and disease prevention, the EU can create tangible added value for its citizens.

Ongoing efforts to increase vaccination rates must be continued. The prevention of non-communicable diseases like cancer, cardiovascular disease, and obesity must be promoted more decisively. The Commission should monitor progress on a regular basis.

Another crucial building block for healthy living in Europe is the fight against the use of drugs and other addictive substances. This also includes alcohol and products containing nicotine. The EU should strongly oppose the legalisation of cannabis for consumption in the member states. Experience shows that legalisation by no means advances the safety of children and adolescents or safeguards health, but rather counteracts these objectives.

06

Climate and environmental protection safeguard health

The German medical profession urges the EU to take a more ambitious approach to reducing greenhouse gases and other harmful emissions such as particulate matter, pharmaceutical residues, pesticides, toxins, and endocrine disruptors in the environment.

Europe should also work together to tackle the health impact of climate change – which is already ongoing – for example, on the subject of heat protection.





The German Medical Association (Bundesärztekammer/BÄK) is the central organisation in the system of medical self-governance in Germany. As the joint association of the 17 State Chambers of Physicians in Germany (Landesärztekammern), it represents the professional interests of ca. 557,000 physicians in the Federal Republic of Germany and plays an active role in opinion-forming processes with regard to health and social policy.

www.baek.de / bruessel@baek.de

**KBV**

KASSENÄRZTLICHE
BUNDESVEREINIGUNG

The German National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung/KBV) plays a key role in the statutory health insurance system, ensuring that compulsorily insured people can consult physician or a psychotherapist of their own choice at any time and anywhere in the country. The KBV represents the political interests of all 185.000 office-based physicians and psychotherapists in the Federal Republic of Germany.

www.kbv.de / bruessel@kbv.de