The German medical profession's core demands for Europe 2019+

The German medical profession welcomes the many advances the European Union has brought about for physicians and patients, including with regards to working conditions, professional mobility, cross-border healthcare and safer and more readily available medicinal products.

We call on European institutions to continue to ensure that health policy measures produce real added value for patients. However, the principles of subsidiarity and proportionality must be observed in the process.

The German medical profession will continue to play an active and constructive role in shaping EU health policy. We would like to contribute to a broad discussion with these core demands.

1 Prioritise patient safety over market interests

Everyone has the right to timely, high-quality and affordable healthcare and treatment. At the same time, physicians perform their services in a special relationship of trust with their patients. They base their treatment decisions solely on the individual needs of their patients. Doctors' services are characterised by personal commitment, therapeutic freedom and expertise. This requires a high degree of professional qualification and personal responsibility on the part of attending physicians. The high quality of treatment is ensured by national regulations for accessing and practising the profession. The European Commission is driving the deregulation of liberal professions solely for the sake of liberalising the provision of services. This does not meet the requirements of quality assurance and patient safety and is therefore strongly rejected by the medical profession.

We urge the Commission and Parliament not to subordinate medical services to free-market optimisation strategies and to recognise proven structures of professional self-governance.

2 Establish true comparability of professional qualifications

The EU Professional Qualifications Directive has helped make the medical profession the most mobile of all the regulated professions.

Our experience with the recognition of professional qualifications makes it clear that automatic recognition cannot be based exclusively on minimum periods of time. Confidence in the system of automatic recognition increases when national requirements for basic and specialty training are transparent.

However, a uniform European basic and specialty training system would not do justice to the different patient care needs in the various Member States. Moreover, the EU Treaties do not provide for the content of basic and specialty training to be defined at the European level. We therefore reject any trends toward creating a uniform European system for basic and specialty training. Instead, the prevailing national requirements should be compared on a regular basis in a transparent procedure by experts from the national bodies responsible for recognition.

Patients have a right to be understood by and to understand their doctor. Knowledge of the national language is therefore essential. The Directive explicitly recognises the link between language proficiency and patient safety. Therefore, Member States must be able to ensure a consistently high level of language proficiency. Specialised language proficiency examinations, as offered by the Chambers of Physicians in Germany, are an effective means of demonstrating sufficient language skills. We call on the Commission and Parliament to allow Member States sufficient leeway with regard to assessing language skills so that they can respond to language deficiencies in practice, thus ensuring patient safety.

3 Harnessing the opportunities of digital transformation the right way

Digitisation in the healthcare sector offers many opportunities for improving medical care. Digital assistance systems can help optimise patient care and ensure continuity of care. However, there is no digital substitute for the professional expertise and human competence of physicians. Physicians, as confidants of their patients, are responsible for providing treatment. Only they can make treatment decisions together with their patients. The relationship of trust between physicians and patients must also be sustained in a digital world.

In order to harness the possibilities of digital technology safely and efficiently, the digital health literacy of patients, as well as physicians, must be improved. New digital applications in care must always be proportionate to their practical use, creating added value for patient care. The development of cross-border digital services must be aligned with the criteria of patient safety, data security, practicability and interoperability, all the more so given that the development of national telematics infrastructures has progressed at different paces.

Health research can help improve quality of care. The extent to which patient and care data should be used for research purposes must be discussed in a dialogue involving society as a whole. Data may only be transferred with the consent of the patient. Patients' data should not be used to their detriment.

4 Maintain a healthy and safe working environment for doctors

Good patient care requires a healthy and safe working environment. In the Declaration of Geneva, doctors pledge to attend to their own health and well-being in order to be able to provide care of the highest standard. They need a working environment that protects them from physical, psychological and verbal violence. Excessive workload also poses a threat. The EU Working Time Directive, substantiated by the case law of the European Court of Justice, provides effective protection against this. At the same time, all measures must be taken to protect members of the health sector from harmful substances or objects, following the example of the EU Directive on prevention from sharp injuries.

5 Safeguard the supply of medicinal products

The German medical profession welcomes the EU's efforts to contain antimicrobial resistance and to coordinate efforts to increase vaccination rates. It offers its support and expertise to this end.

The EU should help to keep much-needed medicinal products available to patients and to prevent procurement bottlenecks. Bottlenecks often arise as a result of medicinal products being produced outside the EU, by too few manufacturers or of insufficient quality. In addition, EU law must provide incentives to effectively promote the development of, e.g., vaccines, paediatric medicinal products, orphan medicinal products or medicinal products for use in cancer treatment. However, the system of incentives must be readjusted in order to prevent windfall gains and the abuse of market exclusivity. The desire to expedite the licensing process is not a justification for lowering clinical evidence requirements.

6 Member States need to invest in training in the healthcare sector

Migration of healthcare workers is a component of the single market. But it must not take place at the expense of less affluent Member States. The Member States themselves are responsible for ensuring that a sufficient number of physicians and other health professionals are trained to meet their respective needs.

BUNDESÄRZTEKAMMER

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 physicians in the Federal Republic of Germany and plays an active role in opinion-forming processes with regard to health and social policy.

KBV KASSENÄRZTLICHE BUNDESVEREINIGUNG

The 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 a physician or a psychotherapist of their own choice at any time and anywhere in the country. The KBV represents the political interests of all office-based physicians and psychotherapists in the Federal Republic of Germany.