



Patients' Rights and Effective Healthcare Regulation in Europe

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Plan of this presentation

- Some thoughts about the context and background
- What is in the draft directive and what is not?
- How feasible will it be to implement the provisions?
- What are the implications of the provisions for national regulation of health care professions and provision?
- What are the longer term implications for patient mobility, professional mobility, patient safety, quality of care, research and management of information?



Some thoughts about the context and background 1

- The Directive that no-one wanted?
- Conflicting agenda of desire to retain national health policies and systems and desire to encourage mobility, competition in services and greater harmonisation
- Not currently a very important issue in terms of numbers and scale, but potentially of increasing importance
- Some deliberate and systematic use of cross border services near borders and for special skills.



Some thoughts about the context and background 2

- Strong (but possibly less strong) commitment to national health models
- Lack of clarity in entitlements in many systems
- Governments have preferred not to be too specific
- *De facto* entitlements grow and change over time
- Some services are costed, some are priced, some are neither
- Some services are evidence based, some are partially, some are not.



Some thoughts about the context and background 3

- Health care professions are responses to needs and historical accident
- There remains some diversity between countries
- Not all professions are really fit for purpose
- There is a need to consider new configurations especially around mental health, changing technologies, laboratory medicine, care of older people
- Professional regulation protects public and professions
- Professional regulation introduces rigidities, some of which are desirable.



What is in the draft directive and what is not? 1

- Aspiration to provide framework for safe, high quality and efficient care
- Member states retain control within common principles
- Patients have the right to receive in another state services covered by their own state on the same terms and subject to same conditions
- Intended not to lead to financial difficulties in health care funding or planning.



What is in the draft directive and what is not? 2

- States to provide information about receiving health care in a neighbouring state
- Prescriptions should generally be recognised across borders
- Encourages the development of reference networks for highly specialised care
- Encourages co-operation in training of professionals
- Support for development of E Health.



What is in the draft directive and what is not? 3

- Encourages co-operation on health care technologies
- Reiterates and reinforces safeguards for confidential information on patients.



How feasible will it be to implement the provisions?

- Implementation will to some extent be constrained by the limited specificity on entitlements
- It will often be difficult to be sure that like is being compared to like
- Serious cultural, linguistic and geographical constraints will limit the effects.



What are the implications of the provisions for national regulation of health care professions and provision? 1

- There are risks of large unexpected costs, despite desire not to have that effect
- There are new problems of planning capacity if an unknown number will travel in or out
- It is likely that covert rationing system will have to become more explicit
- Mechanisms for rationing are likely to become more open to challenge.



What are the implications of the provisions for national regulation of health care professions and provision? 2

- Thought will be needed on how continuity is managed in the context of some services provided outside the home jurisdiction (cf public private divide within countries)
- There will be a need for more harmonisation of professional and provision specification.



What are the longer term implications for patient mobility?

- More likely to be a glacier rather than an avalanche
- If successful the need actually to travel may reduce since contestability may improve domestic provision
- Likely to be concentrated in a few areas where common, useful procedures are in high demand and in areas of super specialised work.



What are the longer term implications for professional mobility?

- If patients travel more, professionals may travel less
- Greater standardisation of professions and boundaries is likely
- Risk of shortages occurring in countries with more constrained resources.



What are the longer term implications for patient safety and quality of care?

- Better information and monitoring are likely to improve safety
- Not clear how existing failures at national level will be helped by the new arrangements
- Greater transparency and comparability could be useful.



What are the longer term implications for research and management of information?

- Some potential to encourage greater co-operation in biomedical research
- Significant potential to encourage research on provision of services
- Current obsession with patient confidentiality issues is likely to be reinforced to detriment of research, patient safety and quality of care
- Some additional rigidities in professions and approaches to care are likely.



Is it all worth it?

- Not the most serious issue
- If I were going to Dublin I would not start here (ad hoc policy making, remaining conflicting perspectives on care across borders)
- Status quo not really an option
- May provide additional constraints to modernising provision of care
- Will probably improve some services for some people and cause some disruption to planning.

Thank you for your attention

