

Presentation by Mel Read to the European Patients' Forum 27 November 2007

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Why Europe?

- Public Health policy of the European Union, Article 152 of the Treaty
 - cross-border health threats
 - patient mobility
 - reducing health inequalities
 - Treaty of Amsterdam extends this general competence
 - budgetary pressures within each Member State

Why Europe?

- Freedom of Movement-legal cases
- Internet pharmacies-Doc Morris case
- Balance between in patent drugs, genetic drugs, parallel traded drugs, over the counter drugs, “alternative” drugs
- Authorisations of pharmaceutical products
- Patents
- Orphan Drugs
- European Commission Framework Research Programme
- Europe Against Cancer initiative
- Anti-smoking measures

Role and Influence of MEPs

- 2 main powers
 - to amend legislation including co-decision procedure post Maastricht
 - to vote on the budget lines (excluding agriculture)

Why MEPs work with lobby groups

- personal/professional interests
- constituency/party interests
- “trendy issues”
- personal conscience – importance of Rapporteur and Shadow Rapporteur

Rules of the game

- timely interventions
- openness/transparency
- understanding legislative process

Factors for success

- professionalism
- background homework
- what not to do

Future trends

“EU Institutions and Agencies are increasingly interacting with patient organisations. This development is to be applauded as the patient’s voice is essential in all discussions surrounding EU health initiatives and policies.”

From conference report European Patient Forum Spring Conference, Brussels, March 2007

Future Trends

- patients are already well informed about diagnoses, prognoses, range of treatment, able to make comparisons across national boundaries, a trend likely to accelerate
- patient groups are likely to become radicalised, more demanding, more professional