# Social protection: health care and care for the elderly, accessibility, quality and financial viability

2002/2071(COS) - 10/12/2002

The committee adopted the report by Mario MANTOVANI (EPP-ED, I) welcoming the Commission communication as a "good basis for discussion" of the future of Member States' health care and long-term care systems for an ageing population. It regretted, however, that the Community strategy and action programme in the field of public health (2003-2008), based on health promotion and primary prevention, had not been taken into account in the Commission's approach on health care and care for the elderly. It also said that the long-term objectives of accessibility, quality and financial viability proposed by the Commission were too narrowly conceptualised and too strongly biased towards a mere cost-cutting strategy in the framework of the stability pact. It warned against the risk of overemphasising the goal of financial viability at the expense of accessibility and quality and pointed out that forecasts relating to the anticipated rise in costs were difficult to make. The report also made a number of recommendations, as follows: - Community cooperation in improving health services should be stepped up through such measures as exchanges of information on the population's state of health and risk factors, the exchange of good practice, the establishment of indicators and an analysis of needs and the drawing up of common standards for monitoring the health services; - training, information and prevention campaigns in the field of health, centred on a lifelong approach, should be organised at national and Community level; - there should be accurate and impartial information for the population regarding the opportunities for care as well as greater freedom of choice for patients; - an internal market should be created in health services and products, which should first and foremost guarantee high quality health care accessible to and affordable for all; - elderly people should be guaranteed access not only to strictly medical services but also to preventive care, physiotherapy, rehabilitation and any other service designed to ensure their independence for as long as possible, in order to prevent and delay the onset of diseases and improve their quality of life; - particular attention should be paid to developing certain aspects of the health and social services for the elderly, such as cultural and social activities to prevent the isolation of elderly people, support for families and individuals caring for an elderly person, combating the maltreatment and neglect of elderly people, providing ongoing training in geriatrics and gerontology for healthcare and social service professionals, the prevention, detection and early treatment of mental illness in the old, and a specific programme to fund nursing training projects and specialised higher training in relevant areas in view of the nursing shortage affecting all the Member States. The committee also welcomed the plans to introduce a European health insurance card and urged the Commission and Council to undertake a fundamental review of the legal framework for cross-border access to health care services in the EU. Moreover, the applicant countries should be involved as far as possible now in EU health policy programmes, and the challenges of EU enlargement should be taken into account in any policy discussion on health care and long-term care for the elderly. Lastly, MEPs wanted the European Convention to include a high level of health protection as a general goal in the draft Constitution and to define health policy as an area in which competence is shared between the Union and the Member States.