Patient mobility and healthcare developments in the European Union

2004/2148(INI) - 09/06/2005 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report by John BOWIS (EPP-ED, UK) on patient mobility and healthcare. (Please see the document of 25/05/2005.) The report was adopted by 554 votes in favour to 12 against with 18 abstentions. Parliament welcomed the Commission's communication on patient mobility and the ideas it outlines for structuring cooperation in healthcare, but regretted that it did not provide a timetable for action and did not make any commitment to an integrated policy on patient mobility.

Parliament felt that European health policy is being driven in a piecemeal fashion by European Court of Justice rulings on patient mobility. The process of enlargement will bring even more complex cases for the European Court of Justice to deal with. It is in both patients' and governments' interests that clear guidance on policy and procedures should be agreed and put in place without delay. Further clarity is needed to enable patients, healthcare professionals and health budget holders and insurers to understand and participate in cross-borderand transnational healthcare.

Parliament believed that as a minimum the patient who suffers from a life-threatening condition should have a right and the possibility to seek timely treatment in another Member State, if this is not available in his/her own country or not within a reasonable period of time.

In addition, the issue of patient mobility needs a separate Commission proposal. The Services Directive should concentrate on service mobility rather than patient mobility, but the Services Directive should incorporate a call to the Commission to bring forward a proposal on patient mobility within six months of that measure entering into force. Furthermore, this proposal should be based on the work of the High Level Group on Health Services and Medical Care and should address a framework for guidance to patients, health professionals and health budget managers and proposals to cover information to patients and patient security and confidentiality. Guidelines should include procedures to obtain treatment, sources of information about health professionals and healthcare facilities, mechanisms for paying for care, arrangements for travel and linguistic support, arrangements for continuing care, follow-up, convalescence and rehabilitation prior to or after return, complaints and other related procedures and special care for the elderly and pensioners. Mechanisms of payment for care should be uniform and impartial so as to avoid inequalities and the creation of disadvantages to certain patients.

Parliament considered that priority should be given, in the context of patient mobility, to adopting guidelines concerning access to treatments which do not exist in the patient's Member State of origin and treatments for which there is an urgent need but no possibility of immediate availability in the patient's Member State of origin.

Finally, Parliament encouraged the Commission to monitor the deployment of the European Health Card in Member States to ensure that Member States are providing clear and comprehensible information to the public about how the card works. It asked the Commission to consider whether the European Health Card should form the basis for promoting a common approach to patient identifiers and developing new functions such as the storage of medical emergency data, in accordance with the eEurope 2005 Action Plan.