

EU Accession One Year Later

The first of May 2004 heralded a new era as ten member states joined the European Union. The conduct of affairs and business in the new member states is gradually changing amid concerns from the original fifteen member states that this will have an economic and cultural impact on the European Union.

As a result, a number of countries and institutions are monitoring events in relation to a broad spectrum of issues, both on a national and international basis. In March of this year for example, the Royal College of Physicians in conjunction with the Department of Health, the Health Protection Agency in the UK and the World Health Organisation organised a conference on the Health Implications of an Expanded EU. The benefits and problems prevailing as well as the potential of an expanded EU were discussed. The picture that emerged is a complex and, in some instances, surprising one with differences attributable to the cultural, economic and infrastructural diversity of the twenty-five member states.

This editorial will attempt to highlight the effect of EU accession on health service provision, under- and postgraduate training, professional mobility, the maintenance of standards and quality in health care provision as well as the establishment of equity in the distribution of both health and educational resources.

One major concern is the increasing prevalence of both communicable and non-communicable diseases such as multidrug resistant tuberculosis, smoking-related deaths, cardiovascular disease, obesity, the metabolic syndrome and neoplasia documented across the European Union. Alcoholism is a significant problem in a number of EU countries and the socioeconomic impact on these countries and their health and social services is not insignificant. Each country appears unique with regards to both the epidemiology and the demographics of different diseases and Malta is certainly no exception. In the new member states, whilst the mortality from alcohol-related causes is significantly higher in Lithuania, Estonia and Latvia (WHO Health for All Database, January 2005), the estimated prevalence of diabetes is high in a number of both new (including Malta) and old EU member states (International Diabetes Federation 2003, The Diabetes Atlas). The picture that emerges mandates the formulation of health and management policies in line with EU-wide targets but with due consideration given to regional differences in service availability and financial resources. Adherence to *The Summary of Legislation - Internal Market* which specifies free movement of people, services, goods and capital in the European Union will undoubtedly affect both

disease surveillance and healthcare provision as previously relatively uncommon diseases become more prevalent in certain countries.

The expected increase in professional mobility adds another dimension to both the opportunities and threats that the EU member states face. The ratio of doctors and nurses to populations differs throughout the Union. Migration of healthcare workers driven by health sector reform, regulatory changes, general economic conditions and career prospects is to be expected. References to this "brain drain" have been made by a number of institutions and reported in the media. Whilst a detailed analysis of the extent of the problem and the drivers of this mobility in all professional sectors is lacking in Malta, it is reasonable to assume that job satisfaction, financial remuneration and the opportunity to continue one's professional development will be identified as catalysts in this process. The resultant skills shortages and curtailment of service provision in certain countries and regions will be associated with an improvement in staffing levels, excellence in academic medicine and service provision and therefore, adequate targeting of health-related problems in a number of other countries. The development of incentives and policies to encourage the eventual return of these professionals to their countries of origin, or to areas in need of expansion, will be crucial to ensure equitable health service distribution. These are issues that are particularly relevant to Malta in the next decade if we are to move forward in health care and education.

Professional mobility also necessitates the establishment of policies to ensure that standards of care are universally established and maintained for the benefit of the patient. A number of central and national regulatory bodies have been set up with the remit to ensure uniformity and standardization of health care professional training at both the undergraduate and postgraduate level as well as to supervise continuing professional development. The implementation of the recommendations of these bodies on a national level, however, may be influenced by resource availability and financial considerations. Vigilance to ensure that targets are achieved and standards are established and maintained will be essential, especially in countries where there is a strong interface between political and regulatory bodies.

The situation that Malta faces is not different from that of a number of states in the EU. Progress has been registered in different areas including the establishment of independent bodies with the remit of promoting and assessing policies and

procedures related to training and healthcare as well as service provision. In order to effectively spearhead ongoing progress in education, health, research and development, a cohesive and co-ordinated interaction between an increasing number of stakeholders becomes necessary. It is only thus that sustainable development to the benefit of patients, institutions and indeed globally in the EU and neighbouring countries will be ensured. There are a number of available options open to us but a

synergistic *modus operandi* between the Ministry of Health, the Ministry of Education, the University of Malta, the Medical School, the different professional associations and indeed the private sector locally is crucial. A commitment to funding and infrastructural support has to be made and honoured. Only then will we be able to work on an equal partnership basis with overseas institutions, colleges, centres and networks of excellence for the benefit of our patients and our country.

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Editor