

ADDRESS BY MR H VREDELING, VICE-PRESIDENT OF THE COMMISSION OF THE  
EUROPEAN COMMUNITIES RESPONSIBLE FOR EMPLOYMENT AND SOCIAL AFFAIRS  
TO THE ROYAL BELGIAN ACADEMIES OF MEDICINE SPECIAL MEETING ON THE  
THEME "EUROPE, HEALTH, SCIENCE" AT THE UNIVERSITY OF LIEGE

LIEGE, 24 OCTOBER 1980

OPENING SESSION IN THE PRESENCE  
OF THEIR MAJESTIES THE KING AND THE QUEEN,  
ON FRIDAY OCTOBER 24 AT 9.30 a.m.

Sir, Madam,

Permit me to express to You my sentiments of profound respect. Both in Belgium and abroad, You have never failed to proclaim faith in the building of Europe and the hope that it can contribute to the promotion of a more social and more stable economic order.

We know of the interest of both of You in the welfare of the people and the constant solicitude displayed in regard to all those struck down by illness or suffering.

The presence of Your Majesties is a vivid reminder that our true purpose is a Europe in which our thought, our planning, is centred more closely upon people's happiness, health and well-being!

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Ladies and Gentlemen,

It is with great pleasure that I take part in today's event; it is, I feel, most timely.

The participation of numerous and eminent personalities from the European medical world, meeting in as prestigious a place as the Royal Academy of Medicine, can only boost the action taken by the Commission in the field of health and provide it with irreplaceable support. I am convinced that at the European level, health problems will in the near future gain the position they merit in the concerns of the Commission.

The European Economic Community must become a social and political Community and the process of European integration must continue to develop by extending its field of activity.

The Community of Nine and soon of Ten represents a demographic and economic potential of considerable importance which can be maintained only if its social, cultural and human potential is safeguarded at the same time.

The objectives of economic development and the improvement of health are not incompatible or irreconcilable. They are complementary. Economic growth is scarcely possible if it is not based on health. The constant improvement of health is connected, in our countries, with economic development.

In the Council Resolution of 21 January 1974 concerning a Social Action Programme, it is stressed that vigorous action must be taken to attain the social aims of European union in successive stages, with particular attention to the qualitative aspect of the improvement of living and working conditions. This transition from the quantitative to the qualitative aspect demands much thought and imagination and most certainly a change in attitudes and behaviour.

There is a clear need for us to examine together the major problems facing our societies in the field of health protection in order to achieve a harmonious and balanced development of the environment in which our populations will have to live in coming years.

To introduce a subject such as health into the concept of the Communities is no easy task, for whereas a Europe focused on health seems obvious to many, no provision is made for it in the Treaties establishing the European Economic Community. Thus, if it is to be achieved, it requires the political will and especially the support of public opinion.

One of the fields in which the European Commission is operating already rather directly is the field of the protection of workers, on the workplace. In the area of safety in mines, a lot of work has been done throughout the years and the same is the case in the context of the Euratom Treaty.

We have recently brought into effect an action-programme for the protection of workers against toxic agents such as lead, asbestos and cadmium. Concrete and effective directives will be developed and will concern a better health protection for millions of workers. These kind of actions are impossible without moral and political support.

For the last two or three years, the European Parliament, the voice of European public opinion, has been pressuring the Commission to take action in a series of fields not expressly provided for in the Treaties and which are mainly connected with public health.

Two Councils of Ministers for Health have already been held that enabled the Ministers for Health from the Nine countries to establish initial contact; they entrusted the Commission with the task of conducting a certain number of studies and projects in the fields of health education, health economics, the anti-smoking campaign, misuse of medicines, and mutual assistance in the event of particularly serious illnesses or accidents. But these measures are only part of the approach to problems of public health as it could become in a true European Community of Health.

An important event in the last few years has been the adoption since 1975 of four Directives on freedom of movement and freedom to pursue medical professions throughout the Community. Since 1977, doctors, since 1980 nurses, dentists and veterinary surgeons, and, as from 1983, midwives have been and will be moving freely within the Europe of Nine in accordance with the provisions of the Directive. A proposal for a Directive concerning pharmacists is currently being drawn up

The location of doctors or other practitioners of the art of healing is a political factor of great importance and the two advisory Committees set up in 1975 guide the Commission in the implementation of the Directives.

It can be said that there is now true concertation at the European level between university professors, doctor's representatives and the public health administrations for the coordination of the profession and the harmonization of basic education and further education. We should not forget the importance of such concertation, as without the structures created by the Directives, it would not function very regularly.

Freedom of movement for the health professions has economic and social repercussions whose significance and importance the Commission is now studying. Medical demography is also being studied by the Commission, but true results can only be obtained with the help of the highest academic authorities.

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Another worrying problem caused by the development of our societies, which for many years have had, in different forms, insurance schemes to cover the risk of sickness and invalidity, is the galloping inflation of health costs. Joint studies have already started on this subject, but they are clearly inadequate and should be given a greater scientific and political basis. Medical economics and health economics should be developed at Community level.

I know, Ladies and Gentlemen, that the Royal Academy of Medicine holds a privileged position in relation to other similar institutions in European countries, because its six sections comprise not only the basic medical sciences but also clinical medicine, hygiene, pharmacy and veterinary medicine. I think it is because of this characteristic that the heads of this Academy have a particular feeling for health problems as a whole which finds its expression in the organization of this day. This is the first time that an Academy of Medicine has put European health problems on the agenda of one of its meetings.

Such a step, moreover, corresponds to your terms of reference as, apart from the consultations that are held with the national governments, you are able to

concern yourselves with all the studies and research work that can contribute to the advance of the various branches of the art of healing. This is why your initiative must be regarded as significant of the evolution of medical and academic opinion.

It is clear that Academies of Medicine can play an instrumental role since, as they represent academic circles, they are able to meet at European level and to cooperate as regards both the fundamental problems of the adjustment or review of medical teaching programmes and the promotion of a medical science research programme that will provide the essential scientific backup to political measures, provided that the salient features of health organization are adhered to.

Clinical pharmacology, biomedical research work, epidemiology, the definition of the most reliable and realistic health indicators are all subjects where Community cooperation is beginning to be organized through the Committee on Medical Research (CRM). But such action can only be achieved if medical scientific opinion accepts its value and credibility.



Preventive medicine is at the present time an example where scientific opinions and doctrines meet without reaching any conclusion that could serve as a basis for a decision on health policy.

Other examples could be given of the lack of scientific agreement that jeopardizes the development of health education in the field of nutrition or drug addiction.

Is it possible to conceive that a spirit of research and unity of research could come about at the European level? This is a problem that you will discuss this afternoon; its development and conclusions will be followed with great interest by the Commission.

If exchanges of men can help to create a European spirit, the exchange of ideas and doctrines is equally important, particularly when it concerns the application of science to the health of man.

My hope is that today's talks will constitute a positive stage in the building of Health in Europe and that the Academies of Medicine will agree to join the common effort we in the Commission have been making, for a number of years now, to give Europe a more humanitarian face.

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