Will the right to the protection of health be a real one in the future European Union?

On 10–11 December 2003, an international meeting on “The Right to Health in Europe”, co-organised by the Fund for Health Research of Castilla la Mancha, Spain (FISCAM), the National Health Service Consultants’ Association of UK (NHSCA), and the Federation of Associations for the Defence of the Public Health Care of Spain (FADSP), took place in Toledo (Spain). There were speakers from the UK, Germany, Italy, and Spain.

The aim was to analyse how globalisation and other forthcoming changes in our continent, such as the European Constitution may influence the right to health. The main topics discussed were:

- The right to health in the Spanish Constitution,
- The institutions of the EU and their role in health policies,
- The social and health care divergences between Spain and the EU,
- Past, present, and future of the public health care systems in Europe,
- Agreements between World Trade Organisation and the EU, the possible privatisation of the health services,
- The contents of European Citizens’ charter on the rights to health,
- Is a strategic alliance for the defence of the European public health care services necessary and possible?

Two aspects were particularly worrying: the short space dedicated to the health care in the projects of the future European Constitution, and the fact that the General Agreement for Trade of Services (GATS) deals with health care as a component of the market. If so, health services cannot be universal, free, and equitable.

The release of a Declaration on the Right to Health of the Citizens of the European Union was decided. In summary, this declaration states:

- Health is a social achievement, an achievement of every citizen
- Citizens pay a lot of importance to health.
- Differences and imbalances continue to exist, despite the reforms introduced.
- The starting conditions are different in each member country. So, the actions to be taken must be individualised.
- The public authorities of the member states have the responsibility to guarantee the right to health of their citizens.
- The contents of Article II–95 of the project of European Constitution, on the right to health protection, must be well defined. This right must be widened and specified.
- The right to health must be incorporated as a basic right, together with the values of human dignity, freedom, equality, and solidarity.

Several existing hindrances must be taken into account: The measures restricting the public expenditure have a negative impact on the social expenses. This is unacceptable, because the aging of the population, the new family structures, the access of women to work, and the arrival of emigrants demand an increase.

To reverse the present condition we propose:

- Attention must be paid to the demands of the citizens and of the social agents.
- Proposals to correct the present imbalances between different states should be drawn.
- Criteria and cooperation instruments should be defined to ensure the right to health, to improve the cohesion, and to reach the European confluence in this field.

Diego Reverte-Cejudo, Marciano Sanchez-Bayle
Federación de Asociaciones para la Defensa de la Sanidad Pública, Madrid, Spain
Correspondence to: Dr D Reverte-Cejudo, Federación de Asociaciones para la Defensa de la Sanidad Pública, Arroyo de la Media Legua, 49, local 29 Madrid, Spain 28030; dreverte@eresmas.net

Any person interested in having the full text version of this document and/or adhering to it, may contact: Federación de Asociaciones para la Defensa de la Sanidad Pública, c/ Arroyo de la Media Legua no 29, local 49, 28030 Madrid, Spain; fax: +34 914377506; email: fadspu@teleline.es

APHORISM OF THE MONTH

“Be careful what you are selling—medical care is the third cause of death.” (Lowell Levin)

This aphorism is self explanatory, but sometimes there is a touching belief in the efficacy of medical care that is shared by professionals and the public. We must constantly question where the most appropriate intervention points are to improve and protect the public’s health, and not be seduced uncritically by technical interventions for their own sake.

JRA