The European Parliament voted on April 4 for a renewed attempt to extend the European Union’s (EU) influence over health policy in the 15 EU member states. The Parliament is seeking to establish a European Health Coordination and Monitoring Centre (HCMC) by amending a proposed 5-year EU public health programme. The new body would collate health data across the EU, monitor epidemiological trends, and identify and tackle health inequalities. The Strasbourg assembly’s suggestion revives an idea that has been previously rejected by the member states.

Governments have agreed to EU programmes that fund networking exercises in epidemiological surveillance and communicable disease control and comparable forms of health data have been developed. But central monitoring of health-care policy is seen as an intrusion into national affairs, not to mention a potential source of political discomfort. On similar grounds, the EU states have insisted that the European Environment Agency, which also set out to have a more centralised decision-making role, should be confined to data gathering across the EU.

Nevertheless, successive revisions of the EU treaties at Maastricht, Amsterdam, and Nice have granted the EU powers to coordinate public health policy as opposed to health service provision. The European Commission proposes that eight minor programmes under which member states currently collaborate on problems such as cancer, AIDS, and drug abuse should be replaced with a single, EU-wide, public health programme. The programme will receive US$267 million which should provide for the project until 2006.

The Parliament calculates that the funding would represent an 8% reduction on current spending. However members of Parliament have already demanded an increase to US$338 million for the body and the Parliament’s public health committee has suggested that at least US$444 million is needed. However, some EU officials favour a bigger budget and note that US$889 million is disbursed by the EU each year in subsidies to tobacco producers.

Parliament has also suggested a wishlist of dozens of issues that need to be tackled under the new programme. These include patients’ rights to information, exposure to electromagnetic fields, mental health, food safety, degenerative diseases of the nervous system, and standards of medical information on the internet.

Commissioner David Byrne, who is responsible for public health affairs, said that “the relevance of public health policy is fast becoming a litmus test of the European Union’s credibility for our citizens”. But he has declined to support the HCMC amendment, on grounds that EU rules allow only the Commission to propose such a major innovation. Ministers will now agree their own “common position” on Byrne’s latest raft of proposals for improvements to health care. And later this year, Parliament is expected to invoke its rights to “conciliation” talks with ministers, to negotiate the precise role of the new programme.

Arthur Rogers

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Netherlands legalise euthanasia

On April 10 the Dutch Senate voted by 46 votes to 28 to legalise euthanasia, which makes the Netherlands the first country to allow so called mercy killing by doctors.

Under the landmark legislation termination of life is still punishable by law—with up to 12 years imprisonment—unless a number of clinical requirements are met. The strict legislation stipulates that the patient’s request for euthanasia should be voluntary and have been carefully considered. In addition, the patient’s suffering must be unbearable and the clinical course hopeless. An independent physician must be consulted beforehand and the municipal coroner must be notified after the patient has died. A case of death by euthanasia will then be judged by a regional committee. The law also allows patients to leave a written request for euthanasia, which will give doctors the right to use their discretion when patients become too physically or mentally ill to decide for themselves.

The law concludes 30 years of public and legal discussion in The Netherlands. The proposal was actually approved by Parliament on Nov 28 last year. And although voting by the Senate is deemed a formality, the issue still provoked a lively debate, inside and outside the Parliament.

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Protesters demonstrated against law

In the weeks preceding the debate the Upper House received 60,000 letters urging legislators to vote against the bill. Opponents fear the law could be abused by people trying to use doctors to help them end their life. But Health Minister, Els Borst, has said that she “does not expect abuse because the law involves numerous careful supervisory provisions”. And surveys show that 90% of Dutch people are in favour of the law.

Enhanced transparency by the new law was also questioned. But Borst and Justice Minister Benk Korthals suggest that doctors will be more likely to report euthanasia now that the threat of punishment has been minimised. In practice the number of reports of euthanasia has been decreasing, from 2300 cases in 1998 to 2121 in 2000. However the actual number of euthanasia cases is estimated to be 5000 per year in The Netherlands.

Some members of the Dutch Parliament have expressed their irritation at the tone of the euthanasia debate abroad. They noted that opponents in the European Parliament have expressed concern that euthanasia could be used as a form of controlling health-care budgets. Borst has said that “an injection for budgetary reasons is unthinkable. In this country everyone is insured to receive health care from the cradle to the grave. Perhaps this is even a essential condition for euthanasia”.

Wim Weber

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