Guideline programme and health policies in Europe

Economic growth and political integration in the EU are closely connected to free mobility of people, products and services. However, the so-called subsidiarity principle means that providing health care is the responsibility of individual member states as health is not a commercial product but more a public service of general interest. This principle has been recently challenged by the suggested directive on patients´ rights in cross-border healthcare. The directive´s explicit aims include facilitating access and providing assurance about safety and quality of cross-border healthcare as well as fostering cooperation between EU healthcare systems where useful.

Comparable clinical practices as well as transparent reimbursement and liability rules are prerequisites of an effective cross-border health care system. Problems arise as attention is paid to the grossly different codes of conduct between the existing national health care systems. Member states have divergent opinions on how the suggested directive should be balanced between the individual patients´s freedom of choice and the member states´ rights to design their own health care baskets and to ask for pre-authorisation before paying the patient´s bill. The less priviledged membes states have expressed their concerns that, in effect, the proposed directive would favour countries with surplus health care capacity and lead to increasing inequity and deteriorating public health in others. There appears to be another group of critical member states characterised by tax-funded equal access health care systems and, interestingly, a strong tradition of national guideline programmes. These member states, or at least their health care systems, fear that among other side effects, uncontrolled patient mobility may lead to health care shopping and less adherence to nationally tailored clinical guidelines.

Politicians are insensitive to the vast cultural differencies in medicine. Policymakers assume that we as medical experts can easily produce guidelines for cross-border dissemination and implementation. Medical specialities and research groups identify themselves as international and global operators and, consequently, have become less sensitive to the real world health care systems. These developments should be taken into account by the expert communities as they prepare clinical guidelines for international audiences. Recent experiences from the European Society of Cardiology´s guideline and survey programme will be reviewed to study how these challenges can be approached on the European level. An example of a potentially successful adoption of clinical guidelines by national policymakers will be provided by Finland´s recent ruling of uniform criteria on access to non-urgent care.

Modern medicine calls for excellent performance and patient empowerment. Today´s health policymaking calls for competitiveness, cost-efficiency and free choice. Clinical guidelines as they exist today have done a wonderful job in teaching our leaders to respect evidence. However, the accepted common values and principles of EU health systems (universality, access to good quality care, equity and solidarity) would be best served if the guideline pioneers would now be willing to compromise some academic purity for the sake of maximal added value to our patients. Such re-evaluations and strategic changes are probably underway in many guideline-producing organizations. By doing so, you will maintain both the clinicians´ appreciation and the politicians´ apprehension.

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