

Compromise Amendment A

Covering amendments 3 by Karin Jöns and 4 by Mario Mantovani
Recital A

- A. whereas the right to health is a basic civic right, *as enshrined in Article II-95 of the proposed Treaty establishing a Constitution for Europe*, and whereas *the Charter of Fundamental Rights of the European Union recognises the right of each person to have access to health care and medical treatment and the right of the elderly to lead a dignified and independent life and to participate in social, cultural and working life*,

Compromise Amendment B

Covering amendments 5 by Milan Cabrnoch and 7 by Mario Mantovani
Recita B

- B. whereas health is a value inherent to each individual *at all stages and in all situations in life* and is one of the basic prerequisites enabling him or her to *make an active contribution to* society, and whereas public health is one of society's values and maintaining it is one of society's important tasks,

Compromise Amendment C

Covering amendments 11 by Karin Jöns and 12 by Elisabeth Schroedter
Recital E

- E. *whereas the free movement of persons (including workers) is one of the EU's basic principles and is also at the same time essential to the further development of the individual Member States and of the Union as a whole, so that people's confidence in the availability and the quality of health care as a result of their movement between Member States can be strengthened through the open coordination of health systems,*

whereas the jurisprudence of the European Court of Justice, there will be an increase in patient mobility and the use of cross border services, and this development, combined with a deepening of the internal market, will have an increasing impact on national health systems whose principles and objectives must not be jeopardised thereby,

whereas the European sickness insurance card is an appropriate instrument for ensuring freedom of movement within the EU, even if the structures of national social systems vary very substantially,

Compromise Amendment D

Covering amendments 17 by Milan Cabrnoch and 18 by Elisabeth Schroedter
Recital G

- G. whereas *health systems, as part of Member State' social security systems*, are confronted with the challenges posed by new investigative and therapeutic technologies, an ageing population (*i.e. an enormous increase in the number of the very old and frail in need of tailored health assessment and appropriate care*) and the general

public's increasing expectations, *including the guarantee of universal access for all citizens to these systems,*

Compromise Amendment E

Covering amendments 23 by Milan Cabrnoc and 24 by Mario Mantovani

Recital J

- J. whereas the focal point of everything relating to health is the individual - the patient; he or she is provided with health care and pays for it either directly or in the form of insurance or taxes; ordinary people have the utmost interest in the availability, *accessibility, appropriateness* and quality of care, and must therefore be fully informed and have full rights *and choice* as regards decision-making in respect of health-care *options and* consumption,

Compromise Amendment F

Covering amendments 25 by Elisabeth Schroedter and 26 by Mario Mantovani

Recital K

- K. whereas the quality of health care is affected in particular by the educational level of *continuing training of* health workers, *by appropriate working and labour protection conditions*, by the availability of high-quality investigative and therapeutic technologies, by the level of organisation of health services and by the quality of communication and information-sharing between health-care providers and patients,

Compromise Amendment G

Covering amendments 35 by Elisabeth Schroedter and 36 by Harald Ettl

Paragraph 1

1. *Notes* that the Commission *intends to support - inter alia within the framework of the open method of coordination* - national (and, where appropriate) regional governments in the development and reform of health care systems *and demands that* the absolute sovereignty of national (and where appropriate, regional) governments in the field of healthcare organisation *in particular the various funding systems be fully respected; so that they may attain jointly defined objectives for the modernisation of the social protection systems;*

Compromise Amendment H

Covering amendments 39 by Harald Ettl, 40 by Karin Jöns, 41 by Jiří Maštálka, 42 by Elisabeth Schroedter and 43 by Philip Bushill-Matthews

Paragraph 2

2. *Welcomes the Council decision to use the open coordination method in the field of health care and long-term treatment; confirms its endorsement of the three basic objectives - universal access independent of income or wealth, high quality and long-term financial sustainability; and calls upon the Member States to make those priorities explicit and to ensure universal access without undue waiting lists and*

points out that sustained efforts must be made to ensure that these objectives are consistent with each other; considers that citizens' rights to equivalent health care in every Member State need reinforcing; calls on each Member State to take the necessary steps to ensure that these rights are respected, and that tourists in particular are not propelled into costly private health treatment against their wishes and in contravention of their rights;

Compromise Amendment I

Covering amendments 49 by Karin Jöns, 50 by Jean Lambert, 51 by Milan Cabrnoch and 53 by Elisabeth Schroedter
Paragraph 3

3. Agrees that *health systems in the Union are confronted with common challenges, owing to medical and technical progress joint to growing costs, demographic developments, in particular the growing number of frail older people, suffering from multiple illnesses, which are often compounded by unfavourable social circumstances, increasing demand for health services and medical products and an increasingly mobile community population;*

Compromise Amendment J

Covering amendments 58 by Milan Cabrnoch, 59 by Thomas Mann, 60 by Ana Mato Adrover and 61 by Elisabeth Schroedter
Paragraph 4

4. Emphasises the importance of prevention and of *affordable* caring for one's own health as the most effective courses of action in the fight against disease, and calls upon the Member States' governments to *encourage the coordination of health prevention programmes aimed at different age groups and which include health promotion and health education amongst their priorities and give prevention a perceptibly higher priority in the actual use of services*, including regular preventive medical examinations and vaccination in accordance with scientific knowledge *and to ensure universal access to these measures; also recommends appropriate geriatric screening for frail older people with a view to improving their quality of life and avoiding unnecessary long-term hospitalization and nursing home care, which will in turn make a huge contribution to cutting expenditure on health;*

Compromise Amendment K

Covering amendments 62 by Harald Ettl, 63 by Jan Andersson and 64 by Thomas Mann
Paragraph 5

5. Remarks that the 'big killers' (e.g. cancer diseases, cardiovascular diseases) and the 'big cripplers' (e.g. musculo-skeletal disorders and other work-related chronic diseases, health problems resulting from e.g. unhealthy diets, drug abuse, environmental degradation and reduced physical activity) could be considerably reduced by general intersectoral *and individual* preventive policies and improved improved *measures to address factors which cause disease in people's working and living environment; stresses, therefore, the importance of developing occupational health care with a view*

to the prevention and early detection of diseases and health problems;

Compromise Amendment L

Covering amendments 68 by Elisabeth Schroedter, 69 by Mario Mantovani, 70 by Thomas Mann and 72 by Anna Ibrisagic

Paragraph 6

6. Emphasises the fact that the main role in any system of health care and long-term care must be played by the individual as *a beneficiary of services and* a care consumer; his or her rights are paramount and first and foremost amongst them is the right to comprehensive information concerning his or her own health, concerning health care and long-term care options and concerning the *choice of care which* is offered on the market by individual providers *whether public or otherwise and universal access to it*; each individual must have the right to a free choice of *doctor and place of treatment* without restriction anywhere in the Community; *however, this is unfortunately impeded by bureaucratic rules in the Member States and mobility in Europe is significantly restricted*;

Compromise Amendment M

Covering amendments 74 by Jean Lambert and 75 by Milan Cabrnock

Paragraph 7

7. Welcomes the emphasis which the Commission places on improving *interdisciplinary and interagency* communication and cooperation between individual health care and long-term care providers in prevention, diagnosis and treatment; the doctor responsible for dispensing primary care plays a key role in such communication and cooperation; the sharing of existing information leads to higher quality *and efficiency of* the care provided, a reduction in the risk that patients will be harmed and greater effectiveness in the use of manpower and resources;

Compromise Amendment N

Covering amendments 77 by Ana Mato Adrover, 78 by Anna Ibrisagic, 79 by Elisabeth Schroedter and 80 by Jean Lambert

Paragraph 9

9. Stresses the importance of health care, *long term care and social care in* national economies, *thanks to the* large number of people *which they employ at present* and *their* potential to create an abundance of jobs *with various care providers, thus creating increased competition and hence increased growth potential for national economies; regarding gradual ageing of the EU population, which will require the deployment of more financial and human resources to help older people*; and also *considers that in many Member States there is an urgent need to take active steps to recruit and retain health care workers*;

Compromise Amendment O

Covering amendments 89 by Thomas Mann and 90 by Ana Mato Adrover

Paragraph 12

12. Calls on Member States' governments to bring the systems for educating and training health workers closer into line, *to advance the recognition of professional qualifications, facilitating the mobility of health professionals*, and both to coordinate to a greater extent and to bring closer into line the requirements relating to the equipping of health-care facilities and the use of new investigative and therapeutic technologies, and thus to promote comparable health-care quality in all Member States;