DECLARATION OF LISBON
ANNUAL SPANISH-PORTUGUESE MEDICAL ASSOCIATIONS MEETING

ORDEM DOS MEDICOS DE PORTUGAL AND CONSEJO GENERAL DE MEDICOS DE ESPAÑA

Lisbon, 10-11 November 2015

I.- THE NATIONAL HEALTH SYSTEM; AN EXPRESSION OF MODERNITY, SOLIDARITY AND EQUITY.

European social security systems are based on conventional scientific medicine; it is essential to preserve the different national legislations and systems in the healthcare sector, as this is one of the treasures of Europe. A population's attachment to its systems and traditions must never be questioned.

National Health Systems continue to be excellent distributors of wealth, as they offer medical care of the highest quality to the population, both rich and poor alike, in similar conditions and throughout national territory, displaying solidarity in times of needs and funded by taxes.

National Health Systems are by far the public services most appreciated by citizens, and one of the institutions they most trust and in which the medical professional continues to be held in the highest regard.

It is necessary to strengthen Europe and simplify decision-taking mechanisms, to connect and make clearer the relationship between the decision of the sovereign people and the transformation thereof into policies by European institutions. It is necessary to maintain active economic development by modernising its productive structures only if there is respect for political, democratic and social progress and in particular, healthcare and the development of public health for all populations.

Following the cutbacks of 1% in the GDP of Portugal and Spain in public health budgets, National Health Services are currently unable to fulfil their mission of providing sufficient quality care to all citizens. The overall objective of Medical Associations, in defence of the European social model that is being destroyed by ultra-liberal policies, is to ask the national government for a national health policy that will guarantee the medium and long-term sustainability of fair, sufficient, high-quality public health services and their efficient use. This requires an integrated action in the regulation of research, care and management, regardless of the governing political power.

There are practically no policies in place for HR (Human Resources), the labour market and professional opportunities for doctors, and this situation has been aggravated by scenarios of economic and financial crisis. We must give priority to adequate methods for planning and organising the needs of doctors. In recent years, we have witnessed the consolidation of the precarious labour situation and lack of professional stability in the employment contracts of doctors, with an increase in long-term unemployment in this professional group and an increase in the migration of doctors to other EU member states in search of professional improvements and better labour, social and economic conditions.

II.- SOCIAL FRACTURES AND HEALTH. ACCESSIBILITY TO MEDICINES.

A market economy with no adequate regulation and maximum concentration of capital income and private ownership constitutes a serious threat to the distributive justice, social cohesion and models of co-existence that support our democracies.

Medicines cure and relieve disease, but they also involve risks and costs, and it is always necessary to take this factor into consideration. Many of today's health problems are tackled from the social, preventive and non-pharmacological standpoint, and this strategy must be potentiated.

Patients must be fully informed about and take part in decisions regarding their health, both as people and as citizens. It is necessary to prioritise non-pharmacological treatments and therapies and the prevention of diseases and interventions focused on the needs of the population.

In most cases, the prices proposed by the pharmaceutical industry pose an important barrier for patients in Europe to gain access to treatment. All people must have the necessary medicines to cover their healthcare needs guaranteed, through public funds.

In principle, access to medicines should not continue to depend on the purchasing power of patients, but respond to the real needs of those patients, and it must not be left to the market to decide which medicines should be produced. The EU and its member states must comply with the principle of cohesion in policies that promote development, as set out in article 208 of the Treaty on the Functioning of the European Union, through the promotion of fair and just international trade, medical research and innovation that foster and facilitate universal access to medicines.

It is essential that the price of the medicines used in the treatments take national budgets into consideration and that the necessary balance is achieved between access to new medicines and sustainability of national health systems.

III.- ETHICAL AND SOCIAL ASPECTS OF MEDICINES.

In view of the complex nature of a health system with increasing costs, it is necessary to insist on maintaining the principle of equity as the basis thereof. From an ethical viewpoint, all new therapies or useful technologies with a higher performance than the previous ones must be included at a fair price, as long as this does not endanger other needs of society.

Without a good relationship between doctor and patient and without the continuity of professionals in their workplaces, it is difficult to supervise the evolution of treatment and maintain the best therapy.

Selecting the most appropriate medicine for the needs of each patient is an exercise that involves clinical, ethical and professional choice, and not a strategy targeted at savings or austerity. Patients and users of healthcare services must be duly informed and participate in the personal and collective health decisions that affect them.

In approving new medicines, it is necessary to guarantee that they represent efficient and safe alternatives, preventing the inclusion of new drugs in which it is not possible to demonstrate those properties.

Doctors are obliged to promote quality and excellence in the institution where they provide their services and they should therefore inform the management of their workplace and Medical Associations of any inefficiencies that could pose a risk to correct assistance, including those of an ethical nature.

It is necessary to analyse in depth the ethical aspects of medical prescription, which entails reviewing aspects related to the responsibility of clinicians with regard to prescription, their relations with the government in health systems and their relations with the pharmaceutical industry.

With regard to relations with the pharmaceutical industry, it is common knowledge that an important part of the information these doctors receive about the medicines comes from the pharmaceutical industry and that the pharmaceutical industry finances most pharmaceutical research. For this reason, a complex relationship exists, with important conflicts of interest, which must be analysed by applying medical ethical codes and regulations.

The principles of prescription ethics are the same as those used to ensure good clinical practice: rational scientific criteria and ethical principles, through weighing up the benefit for the patient, respect for the patient's will, the appropriate indications and economic rationality. Prescription ethics should allow us to ensure the quality of the prescription is compatible with the essential principles of the medical profession, reflected in the freedom of prescription and respect for the rights of the patient.

IV.-FREE TRADE AGREEMENTS (TTIP, CETA, TiSA) – CONSEQUENCES FOR HEALTH.

The role assigned to Institutions by the TTIP, CETA or TiSA Trade Agreements causes an imbalance between capitalism and democracy, not only making it impossible to amend their rulings and undermining the power of democratically-elected governments but also legitimising the actions of the markets against governments. This is equivalent to a dictatorship by the economic powers, of incalculable dimensions.

The main concern of the doctors represented by the Medical Associations of Portugal and Spain was expressed with respect to the Free Trade Agreement (TTIP, CETA, TiSA) which is secretly being negotiated by the EU and the USA, and gives rise to great preoccupation due to its lack of transparency.

In view of the supranational agreements currently under negotiation by the EU, the health authorities might be obliged to share more information with pharmaceutical companies about their own decisions in relation to access to medicines, and this would give those companies more power to oppose policies they consider harmful to their interests.

We must prevent international agreements such as the TTIP, CETA or TiSA from privatising services, issuing patents and increasing the price of medicines, making it difficult for impoverished citizens to gain access to them and imposing unbearable health costs on nations. It is obvious that large transnational enterprises stand to gain a considerable amount of business from services that were formerly public, such as water, health, education or social services.

Citizens, doctors and researchers have the right to obtain full information about the medicines they take or prescribe. The TTIP will reinforce "commercial confidentiality" regulations, posing even greater obstacles for the transparency of clinical data. Even with the partial implementation of the industry agenda, the consequences for European health systems and access to medicines would be considerable.

We request the exclusion from the TTIP – CETA and TiSA scope of essential public services such as education, health, food and phyto-sanitary products, for we believe that the regulatory standards applied in EU member states are stricter and offer more guarantees, and clearly-defined environmental and social standards protected from all forms of liberalisation.

Medical Associations must have a single voice within the scope of the EU in order to defend these premises from the medical profession standpoint. They must be involved, take part in and be heard in the debate on the TTIP, to guarantee protection for the health of citizens and public health services as we know them in the EU.

V.- ECONOMIC VALUE OF MEDICINES: PATENTS.

We must face the challenges arising with respect to health policies using models based on promoting health, reducing inequalities, increasing prevention and training people to manage and deal with processes that restrict their wellbeing. In view of the complex nature of a health system with ever-increasing costs, it is necessary to maintain the principle of equity as the basis thereof and extend this to medicine policies.

The combination of training and supervision of professional activity –clinical audits-and results in relation to health, consumer education and the guarantee of access to essential medicines in sufficient quantities is effective in improving their rational use. Excessive, insufficient or improper use of medicines has harmful effects on the patient's health and entails squandering resources. It is necessary to set up better control systems to guarantee the rational use of medicines and independent training for professionals.

Competition in the generic drug market and government price policies are essential aspects in ensuring that medicine prices are affordable. Various EU public health systems have declared they cannot guarantee access to medicines for all patients and in particular, the countries most affected the economic and financial crisis.

In incorporating new drugs with proven efficacy and safety, we must give priority to public health and the provision of care for patients. It is necessary to adopt a prudent approach to industrial profit, which must be in proportion to production and research costs, establishing a fair negotiated price.

States must ask the European Commission to study alternative models to those based on monopolising patents when developing medicines or vaccines produced by public-private enterprises, such as the initiative on new medicines that can guarantee patients access to treatment, sustainability of health budgets and an effective response to crises such as that posed by the Ebola virus or similar threats.

Patent rights and benefits must not be assigned greater importance than health results or the value of life.

It is essential to protect research in relation to public health and rare diseases, which must be encouraged by the public authorities with the cooperation of the pharmaceutical industry, as part of its corporate social responsibility. As regards research with private funds, it is necessary to allocate a percentage of the budget of each project to financing research in public projects. Priority should be given to this initial cooperative agreement in negotiating and/or signing agreements or contracts with pharmaceutical companies.
