



**Statement of Leopold Schmudermaier, President of the PGEU  
at the discussion “The informed patient – what the European Union has to do”  
Brussels, 6 December 2007**

Let me begin by saying that PGEU fully supports the right of patients to high quality information. We acknowledge that, while health professionals remain the primary source of high quality information, patients often turn to supplementary or alternative information sources, such as family, friends or the internet.

Our age is to a great extent characterized by easy access to a seemingly infinite amount of information. This is a great thing. It has empowered patients and to some extent changed the nature of the relationship between patients and health professionals. But it also carries with it dangers. Poor quality information may lead to inappropriate choices. Inappropriate choices may lead to less rational use of medicines. Patients may suffer. Health systems, already struggling with pressure on resources, may suffer too.

So while we cannot deny the new reality of the information age, we have a duty to ensure that information can be made available to patients that is of the highest possible quality.

So what is the way forward?

First, I think we must acknowledge that the production of high quality information cannot be left to self censorship or market forces. For example, I think we must be frank and accept that there are legitimate concerns regarding the unregulated provision of information to patients by the pharmaceutical industry.

Second, we need a clear and robust set of criteria for determining the quality of information. I think the quality criteria developed by the Pharmaceutical Forum has shown the way forward in this respect. In particular, not only must information be

accurate, patient centered and comprehensive, it must also be presented in a way that is objective and non-promotional. We believe that this is the best way to tackle the problem of making adequate distinctions between information and advertising. Here we see a role for EU action to ensure that common criteria are applied in all member states, and information gaps within the Community are significantly reduced.

Third, we believe that we need some form of prior validation of information, so that information can be immediately identified by patients as meeting the quality standards.

Of course we cannot force patients to choose validated sources, but we can provide them with a source in which they can have total confidence.

We must always bear in mind that even such validated information will not meet all needs –especially when we consider the growing dependence on highly personalised information and advice in our ageing society. Our first priority should always be the specific needs of the patient. While providing a source of validated information will certainly help patients, we must not assume that such pure information could replace the professional and independent advice from highly qualified health professionals as are pharmacists.

Finally, let me say that PGEU believes that we have before us a real opportunity to create a system which addresses the legitimate concerns about information gaps, brings the information process into line with new cultural and technological developments, and provides new opportunities for health professionals to develop their practices in new ways in partnership with patients.

But it is crucial that we do not compromise on the key issue of quality, and that the validation processes adopted are strong and independent enough to attract the highest possible level of public and professional confidence.