

L'UEMO produit des «position papers» sur différents sujets, qui font l'objet d'un consensus des délégués européens lors d'un vote à l'Assemblée générale. Vous lirez ici le «position paper» sur le e-health tel qu'il a été voté par l'AG à Belgrade le 19.10.2019. Ces documents servent de guide pour les membres du comité qui doivent négocier avec les autorités européennes.

Deux ministères européens se disputent le thème des nouvelles technologies: 1. La Direction Générale (DG) connect qui s'occupe principalement de la e-health et de l'intelligence artificielle [1]. 2. La DG health qui s'occupe de l'évaluation des technologies de santé (HTA) [2]. D'un côté l'incitation à l'innovation, et de l'autre le frein qui promeut par la législation une médecine soucieuse de la sécurité.

Le 8 avril 2019 le Digital Single Market de la Commission Européenne a publié des recommandations éthiques pour l'intelligence artificielle [3]. Le Comité Permanent des Médecins Européens CPME (qui correspond à la FMH) a salué cette publication tout en souhaitant plus d'engagement de la DG Santé dans ce domaine. Sachant que l'intelligence artificielle est présente dans un nombre croissant de dispositifs médicaux, ces dispositifs doivent être soumis à la régulation sur les technologies de santé. L'UEMO de son côté, au vu des développements de la technologie, a adapté son « position paper » sur le e-health en y incluant l'intelligence artificielle.

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UEMO's eHealth policy

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- The general practitioners of Europe are just as dependent on relevant, well-functioning ICT as on their stethoscope.
- Access to sufficient health information is necessary to give the best service to our patients. We support sharing of data between health care professionals treating the same patient.
- Patients expect to have safe, relevant and user friendly eHealth solutions enabling them to manage their health challenges. UEMO supports this.
- Core values of Family Medicine like continuity of care, equality, equity and ease of access, non-maleficence (the principle of not harming patients), confidentiality and coordinated care must be augmented and not compromised, by eHealth.
- Awareness of unwanted and non evidence-based task shifting between different health care professionals, and/or between patients and their health care professionals, as well as all other side effects of eHealth, is essential.
- Decisions on eHealth must be based on knowledge, and consider patient's and general practitioner's experiences and needs.
- General practitioners must, together with patients and other health care professionals, be part of an open and continuous dialogue with decision makers concerning future eHealth developments on all levels of management. HTA is a good example of such cooperation (see UEMO-HTA position paper).
- No eHealth (including "Artificial intelligence") solutions can encompass the diversity of patients without the support of a health care professional, like a general practitioner.
- We prefer the concept of using Augmented intelligence in lieu of Artificial intelligence, reflecting the utility of such systems in supporting human decision making.
- ICT and the generated workload implications must be properly resourced.
- Treatment or extraction of data from general practitioner's systems must have a legal basis, with patient consent for data not anonymised, and must follow data protection rules. A special vigilance must be paid to third party demands for data.
- Patient safety and data security is the bedrock for eHealth systems. Systems must ensure data security and patient safety.

The general practitioners of Europe are just as dependent on ICT as their stethoscope. They need well-functioning ICT and digital health systems to provide service of high quality and efficiency. Relevance is a key- word.

ICT and digital health solutions add value to every general practitioner's work. With eHealth solutions patients are empowered and enabled to take a more active part in their own health. UEMO is welcoming the digitization and modernisation ICT brings to patients and general practitioners' role. Patients expect to meet safe, relevant and user friendly eHealth solutions. UEMO supports this.

Access to sufficient health information is necessary to give the best service to our patients. More health care professionals may treat the patient at the same time, or have done so in the past. To secure good and cost-effective services we need to share data necessary for our service.

The core values of Family Medicine must be supported, not compromised, by eHealth. These core values are based upon the relationship between doctor and patient.

Continuity of care, the personal relationship between doctor and patient over time adds significant value to the quality of the consultation. eHealth solutions must support continuity of care, not promote fragmented solutions without continuity.

Equal and ease of access to general practice services must be supported by eHealth. Complexity of solutions and the level of patients' digital literacy must not hinder an equal and easy accessible contact with a general practitioner.

Reducing risks. Our services must not harm patients. Digital solutions, like decision support systems, may help GPs to give better help and reduce negative outcomes Apps and other mHealth solutions are often over-focusing on bodily functions and can promote over-treatment. The quality of apps and m-health solutions must be regulated to prioritise the avoidance of diagnostic and treatment errors.

Coordination of care is an important aspect of the general practitioner's work. Being able to electronically exchange information between the primary and secondary level, and interdisciplinary, will support the coordinative function of the general practitioner. Systems must be interoperable. Standardisation processes are therefore very important.

Confidentiality is a precondition. The doctor – patient relationship is built on this trust. Sharing information with other health care professionals, in the best interest of the patient, is often necessary. eHealth must give patients tools to take a more active part in administering health care professionals' access to their information, and possibilities to see and control who have accessed it. Patients must be entitled to block non-anonymous data extraction from their medical records.

Patient safety and data security is the bedrock for eHealth systems. Systems must ensure data security and patient safety Patients must trust their doctor and eHealth systems to safeguard their information. Data security is a combination of confidentiality, accessibility and data integrity (quality of the data). Patient safety and data security must never be traded off for functionality.

ICT and digital health solutions bring side effects and unwanted new balances between health care professions. Awareness of these potentially negative effects of eHealth must be raised. Paradoxically discussions of negative effects are regarded as resistance to eHealth development, when they are preconditions for secure use and development.

Decisions on eHealth must be based on knowledge. We need an evidence base from academic research on eHealth to learn from past projects and initiatives. Too many eHealth initiatives are based upon good intentions or "good ideas", and driven by feelings and demands of the market.

Decisions on eHealth must consider patient's and general practitioner's experiences and needs. User needs and experiences are of paramount importance in decision-making. Many stakeholders are involved, but patients and health care professionals, like general practitioners, are the main actors in health. Ensuring that these needs are met must be done through meaningful involvement of end users and co-creation for digital health tools.

General practitioners must, together with patients and other health care professionals, be part of an open and continuous dialogue with decision makers concerning future eHealth developments (cf UEMO-HTA position

paper). Vendors, governing organs and governments have a special responsibility to keep this dialogue warm. General practitioner's organisations must sit at the table where decisions are made at local, regional, national and international level. UEMO represents the general practitioners of Europe and has the ambition to be an important stakeholder in decisions of European eHealth.

Information technology is a fast developing tool which has great potential to offer care of higher quality, GPs wish to engage with new technologies for the benefit of their patients, Uptake of technology must be driven by need and not by availability. Just because something can be done, does not mean it must be done.

E-Health has little meaning without the human contact between health care professional and patient. People are diverse, and every situation is unique. No eHealth solutions (including augmented intelligence) can encompass this diversity without the support of a health care professional. With support of a variety of well-functioning electronic tools, like the electronic health record, health information exchange systems, decision support systems and tools for administration the general practitioner can free up time for analogue contact and improve quality.

ICT must be properly financed. To encourage uptake of ICT, interoperability of systems, maintenance, upgrading and use of optimal security measures there must be a system of incentives for general practice. If governments do not offer solutions for use free of charge, it is necessary to reimburse general practitioners' investments and use of ICT.

Treatment and extraction of data from general practitioner's systems must have a legal basis, following data protection rules¹, human rights² and civil and political rights³. A special vigilance must be paid to third party demands for data. Third party use of data like governance, control and research must be under strict legal control and under the explicit control of the general practitioner.

Adopted by the General Assembly London 27 May 2017 – revised version adopted by the General Assembly Paris 28 October 2017+ revision by the GA Belgrade 19 November 2019.

Références

- 1 DG connect. Overview of current action of DG connect on artificial intelligence. <https://ec.europa.eu/growth/tools-databases/dem/monitor/content/overview-current-action-dg-connect-artificial-intelligence>.
- 2 Widmer D, Ouvrard P, Bonnamour MC. HTA et la place des médecins de famille. *Prim Hosp Care Med Int Gen*. 2019;19(07).
- 3 EC Digital Single Market. Guidelines for trustworthy AI. <https://ec.europa.eu/digital-single-market/en/news/ethics-guidelines-trustworthy-ai>.

1 EU 2016/679.

2 Art. 8 The European Charter of Founding Rights.

3 Art. 17 International Covenant on Civil and Political Rights.

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