

The EU Cross Border Health Directive 2011/24/EU

A Directive aimed to provide cross-border healthcare, giving EU citizens more rights to seek healthcare across the EU.

Cost - £30m ([European Commission](#))

Talking Points

Sovereignty

This Directive is only applicable because of a European Court of Justice Ruling in 1998. The ruling permitted EU citizens to seek treatment in other member states, with the cost being carried by the member state the EU citizen is from. This shows the power of the ECJ over member states, how ECJ rulings can affect domestic and public policy.

British Healthcare

The UK already struggles with health waiting lists. This policy will, if handled badly, ensure that British people may be put to the back of the queue in favour of European patients. This is totally unfair to British taxpayers who pay into the pot to expect NHS treatment first. Similarly the Government may use this as a way to send British patients abroad to seek treatment, especially as the UK has some of the worst survival rates for cancer care in the EU. We should be looking to effectively reform the NHS, not send patients abroad to get treatment.

Hurts the Poor

[Critics](#) of the Directive claim that the plans will force insurers/healthcare providers to send people abroad for treatment as a way to reduce costs. This takes vulnerable people away from their friends and family when such pastoral care is needed most.

Language problems

There will still be a significant language barrier across the EU. Patients will struggle to ensure treatments and prescriptions are authentic and correct.

What is it?

This Directive aims to provide greater choice of healthcare options for EU citizens, either by seeking treatment, prescriptions, if waiting times are too great, or specialist treatment is available elsewhere in the EU.

Under the plans, patients seeking 24-hours of hospital treatment will need prior authorisation from a doctor in the home nation before seeking treatment abroad. Each member state must openly list which treatments it will provide with the necessary authorisation. Primary or GP care in another country would [not need to be authorised beforehand](#). Travel is only permitted when long distance travel is of no risk to the patient's health.

This, of course, raises the prospect of health tourism, with patients from rich European countries given priority in poorer European countries as the cost of the treatment will be covered by the richer state. It may also prejudice in favour of the wealthy as amendments included a provision that costs above those paid by the member state must be paid by the patient, a concept conflicting with the NHS principle of care free at the point of delivery.

The new plans do not affect existing rules on obtaining emergency care in another EU country.

The directive is expected to come into force in 2013.

Third Party Opinions

"Overseas patients could become the sought-after patients for NHS trusts, exactly like foreign students are for universities." John Lister of the campaign body [Health Emergency](#).

The [European Pharmacy](#) group fears there will be problems recognising prescriptions in different countries, especially as the patient may not understand the language of the nation they are in. They also worry about patients given treatments they can't authenticate.