



The Future of Hospitals and Healthcare



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President 2008 – 2011

Madam President, Chief Executive,
Past Presidents, Past Secretary General,
Colleagues, Ladies and Gentlemen

Thank you for the splendid invitation and the opportunity to come back to the HOPE family on the 50th Anniversary of its foundation. It is with enormous satisfaction that I look back at my HOPE experience and I will address particularly the present and future managers of Europe's health system, some of whom are present with us today at the end of their Exchange Programme experience. Treasure this experience, it has thought you so much already and the next two days will broaden your horizon and will enrich your knowledge further.

But now back to tonight. Before speaking about my Presidency, allow me to go back to the Maltese pre-accession period, 2000-2003. With our partners in HOPE, we had identified human resource issues as being the most important challenges for the hospital and health care sector. It was immediately evident that under the pressure of better opportunities, health care professionals from the East and South of Europe would move West and North with two significant and predictable effects on the new acceding countries: brain drain of their best health experts and consequent delays in introduction of innovations and new services. This soon became a double disadvantage for most countries because through the cross-border directive, patients gained the right to seek for unavailable specialised services away from their home country and be reimbursed by their home country. We were unfortunately right: the upheaval in health human resources is known to all of you. It is still very much a reality in most countries. It cannot be different since we spend 60-70% of our health budgets on human resources, we are getting older and we are consuming more health resources. There is only one lesson to be learnt here: do not stop investing in the training and updating of the health work force, wherever you are operating within the European health system.

Within 2 years of Malta joining HOPE as a permanent member, I was elected HOPE Vice-President in 2005 and three years later in 2008 I became HOPE President. As President, I took over from a UK Governor – the historic masters of Malta and gave over to a German Governor – the largest country in the EU. Indeed everyone can find space within HOPE. I take this opportunity to thank the Governors of HOPE for the trust they showed in the Maltese Governor at the time – some of them are still here today – I think that I have not betrayed that trust. I stopped being active in HOPE in 2012. Looking back at nearly twelve years of work in HOPE, I still cherish the friendship, the experiences and the added value that HOPE membership has given to me personally and to my country.



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These memories have left an indelible mark that has enriched me personally. On the eve of a possibly devastating UK referendum, I have one appeal to make to you – believe in the Europe that has brought 500 million people together. This is not just about the economy. It is about the common European values, solidarity, the social Europe which has historically been the best defender of the weak and the vulnerable. Let us not take European values for granted – we may regret this, sooner rather than later.

Within my Presidency years, there was a strong effort to further increase the visibility of HOPE within the European institutions. I remind us all about the fundamental role of HOPE in the years preceding the final debate leading to the formulation of the cross-border directive. HOPE was well prepared with extensive documentation and was able to reconcile differing views across Europe on what remains as the largest achievement for patients' rights within the EU to date. Through its internal representation of the various hospital organisational realities within Europe, HOPE defined and proposed a common position for all European hospitals, which was adopted in its entirety in the final text of the directive. Another first was the HOPE manifesto to all MEPs, Commissioners and Permanent Representations following the European Parliamentary Elections of 2009. Our common position adopted three guiding principles that continue to be relevant today: public health must remain at the core of all health activities within the EU; hospital and healthcare services are investments and major contributors to development; and coordination and coherence is essential in EU policies that impact on both the healthcare sector and the social sector.

I come from Malta the smallest country of the EU since 2004. For me personally, small size was always an opportunity and never a disadvantage. Within HOPE and within the European institutions, the Maltese viewpoint, reflections and negotiating positions often brought to the discussion table the harsh reality of health and care as they are experienced by the citizens of Europe and the health practitioners in the towns and villages across Europe. Europe is not only the large capital cities; it is also the communities in the lakes regions of Finland, the mountain communities across the Alps, the farming and rural communities and the residents of the small islands. Europe of citizens, communities and regions needs to reflect better daily life as it happens. No matter how small or distant from the centre is your service or community, never give up on your dreams and never stop proposing your ideas because your dreams and your ideas probably reflect the real life experiences of Europeans.

Thank you.