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the tobacco industry operates in similar ways throughout the world, much can be achieved through sharing of information across national boundaries. All EU governments are expected to have ratified the WHO Framework Convention on Tobacco Control by the end of 2005. The world's first public health treaty commits governments to take action to reduce the disease, disability, and death caused by tobacco. The evidence based policies that it contains—such as increases in tobacco tax, advertising bans, smoke-free public places, and hard hitting picture warnings—have been proved to work. It's time for Europe's doctors to treat tobacco dependence in their patients. But it's also time to move out of the

consulting room and demand that our governments take effective action too.

Competing interests: None declared.

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Comparison of amount of biomedical research originating from the European Union and the United States

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Abstract

Objective To examine and compare the research productivity of the European Union, the four "candidate" countries (those currently waiting to join the EU), and the United States in several fields of biomedical sciences.

Design A retrospective observational study—bibliometric analysis.

Data sources Manuscripts published by authors from each country separately and from each group of countries for the period 1994 to 2004 and included in the Essential Science Indicators database of the Institute of Scientific Information.

Main outcome measures Number of published articles and number of citations, adjusted for gross domestic product and population size.

Results 1 485 749 articles were published by authors from the EU compared with 1 356 805 from the US. The research productivity of the first 15 countries to join the EU, adjusted for population, was lower (76%) than that of the US—and even lower (66%) when the 10 newest EU countries were included in the analysis.

Conclusion The newest EU members and the EU candidate countries need further help and resources to increase their productivity, thereby improving the productivity of the EU as a whole.

The European Union and the United States are the leading powers in biomedical research and publications, although the US is ahead of the EU in most scientific disciplines.¹⁻³ The EU has been gradually closing this gap, but the union's future expansion might widen the gap again in favour of the US.⁴⁻⁶ We examined the biomedical research output of the EU's member countries and of four candidate countries for the EU, to compare the geographical distribution of output across Europe with the output in the US.

Methods

Our study covered the period 1994 to 2004. We examined data for the US plus three groups of European



countries: (a) the first 15 states joining the EU (including three—Austria, Finland, Sweden—that did not join until January 1995); (b) the 10 countries that joined the EU in May 2004; and (c) the four "candidate" countries waiting to join (Bulgaria, Croatia, Romania, Turkey). We estimated the amount of research produced by each country separately and by each group, using the information included in the Essential Science Indicators database of the Institute for Scientific Information. A paper was attributed to any country (or countries) if an address for that country was given by one or more authors; therefore an article could be attributed to more than one country.

We focused our search on nine scientific fields: biology and biochemistry; clinical medicine; immunology; microbiology; molecular biology and genetics; multidisciplinary; neuroscience and behaviour; psychiatry and psychology; and pharmacology and toxicology.

European Union Biomedicalheal

W. Palm



European Union Biomedicalhealth:

European Union Biomedical and Health Research André-Emmanuel Baert, 1995 Description des projets de recherche et des participants dans les domaines suivants Drugs and the administration of medicines Risk factors and occupational medicine Biomedical technology Health services research Aids research Cancer research Research on cardiovascular diseases Research on mental illness and neurological diseases The ageing process and age related health problems and handicaps Human genome analysis Research on biomedical ethics

European Law and New Health Technologies Mark L Flear, Anne-Maree Farrell, Tamara K Hervey, Thérèse Murphy, 2013-03-14 Health is a matter of fundamental importance in European societies both as a human right in itself and as a factor in a productive workforce and therefore a healthy economy New health technologies promise improved quality of life for patients suffering from a range of diseases and the potential for the prevention of incidence of disease in the future At the same time new health technologies pose significant challenges for governments particularly in relation to ensuring the technologies are safe effective and provide appropriate value for public money To guard against the possible dangers arising from new health technologies and to maximize the benefits all European governments regulate their development marketing and public financing In addition several international institutions operating at European level in particular the European Union the Council of Europe and the European Patent Office have become involved in the regulation of new health technologies They have done so both through traditional command and control legal measures and through other regulatory mechanisms including guidelines soft law steering through redistribution of resources and private or quasi private regulation This collection analyses European law and its relationships with new health technologies It uses interdisciplinary insights particularly from law but also drawing on regulation theory and science and technology studies to shed new light on some of the key defining features of the relationships and especially the roles of risk rights ethics and markets The collection explores the way in which European law s engagement with new health technologies is to be legitimized and discusses the implications for biological or biomedical citizenship

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providing a detailed map of the often labyrinthine body of European law and how it impacts on health care **EU Health Law & Policy** Anniek de Ruijter, 2019-01-24 Whether there is a public health need for the containment and response to swine flu or an individual need to access health care across the border for a hip operation to alleviate pain the EU has an increasingly powerful role in the field of human health Health law and policy is deeply tied into fundamental rights bioethics and values with important implications for individuals However it is also an expansive area of economic regulation of social and state arrangements The growing role of the EU in human health law and policy is contested particularly as it has implications for the fundamental rights and values that are enshrined in national health law and policy This book outlines through case studies how the expansion of EU power is taking place through law and policy in both public health and health care How is law and policy in the field of human health adopted who are the institutional actors involved and what is the impact of these developments for fundamental rights *Building European Reference Networks in Health Care* Willy Palm, 2013 Under the European Directive on the application of patients rights in cross border health care the development of European reference networks was promoted as one of the prime areas for cross border cooperation among Member States These networks are meant to improve access to and provision of high quality health care to all patients who have conditions requiring a concentration of specialized resources or expertise At the same time they could act as focal points for medical training and research information dissemination and evaluation especially for rare diseases The idea of pooling resources in order to better address medical conditions that are rare or require very specialized expertise or equipment corresponds with moves towards concentration of specialized health care services often motivated by common health systems challenges like tightening financial constraints workforce shortages and growing attention for quality and safety This book examines the different ways in which the concept of reference networks has been implemented in European countries and what kind of medical conditions or interventions it covers in various countries It also looks at the motivations behind the establishment of such networks the regulatory and administrative processes for identifying and designating them as well as the financial arrangements needed for their proper functioning This study outlines the key policy implications and challenges for developing the concept of reference networks at national and European levels Ultimately we aim to provide a better understanding of the issues that may be encountered when implementing the Directive Closing the health gap in European Union Witold A. Zatoński, Marta Mańczuk, Urszula Sulkowska, 2008 *Building European Reference Networks in Health Care* W. Palm, 2013 Under the European Directive on the application of patients rights in cross border health care the development of European reference networks was promoted as one of the prime areas for cross border cooperation among Member States These networks are meant to improve access to and provision of high quality health care to all patients who have conditions requiring a concentration of specialized resources or expertise At the same time they could act as focal points for medical training and research information dissemination and evaluation especially for rare diseases The idea of

pooling resources in order to better address medical conditions that are rare or require very specialized expertise or equipment corresponds with moves towards concentration of specialized health care services often motivated by common health systems challenges like tightening financial constraints workforce shortages and growing attention for quality and safety This book examines the different ways in which the concept of reference networks has been implemented in European countries and what kind of medical conditions or interventions it covers in various countries It also looks at the motivations behind the establishment of such networks the regulatory and administrative processes for identifying and designating them as well as the financial arrangements needed for their proper functioning This study outlines the key policy implications and challenges for developing the concept of reference networks at national and European levels Ultimately we aim to provide a better understanding of the issues that may be encountered when implementing the Directive

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