Editorial

The European Association of Health Law:
Addressing Unmet Needs in Policy, Practice and Research

1. Introduction

The European Association of Health Law (EAHL) held its Founding Conference at the Royal Society of Edinburgh in Edinburgh, Scotland on 10-11 April 2008. It was attended by over 100 delegates from 23 countries. During the conference, the Association’s Constitution was approved and a Programme of Action agreed. This Editorial explains the history of the Association, its mission and objectives, the relationship with the European Journal of Health Law and the Association’s plans for the future.

2. The Establishment of an European Association of Health Law

Initial steps towards establishing a European Association of Health Law were made during the 16th World Congress for Medical Law, held in Toulouse, France on 7-11 August 2006 and detailed in an earlier editorial in this journal.1

Associations of health law or health lawyers are not, now, new, and there are many national examples as well as numerous international organisations, perhaps most notably, the World Association of Medical Law.2 What has not existed, however, is a body with the explicit remit of focusing on the contributions of Europe. This is defined in its broadest sense to include the range of countries making up the Council of Europe;3 it is distinguished by the growing influence of its unique political and legal European Union;4 and, arguably, it is characterised by its particular legal (and ethical) approach to human rights and human dignity as

2) http://www.waml.ws/home.asp.
3) The Council of Europe currently has 47 member states, 1 applicant country (Belarus) and five observer countries (Canada, the Holy See, Japan, Mexico and the United States).
4) The European Union currently has 27 member states; Issues of expansion are addressed in the Treaty of Lisbon, but its future is in doubt at the time of writing after a referendum in Ireland to reject the Treaty.
embodied, inter alia, in the European Convention on Human Rights and more recent instruments such as the Council of Europe Convention on Human Rights and Biomedicine.

There can be little doubt that a European Association of Health Law will be sufficiently distinct from its national or global counterparts to add considerable value to what already exists. Henriette Roscam Abbing has pointed to a plethora of reasons that support the founding of a European Association.5 A Regional Office of WHO for Europe was established early in the second half of the 20th Century, and the range of common concerns affecting European countries has increased considerably since then, from international activities to combat infectious diseases and promote public health, through to agreed health legislation programmes, the establishment of European courses on health law and the development and recognition of common patients’ rights. The advent of the Common Market and the effect of principles of free movement of persons and services not only requires greater interaction between health care systems but necessitate closer approximation (or even harmonisation) of laws. Notwithstanding, the economic imperatives of a Single European Market brings their own challenges to the protection of patient rights and to the sustainability of ‘traditional’ European approaches to welfare and public systems of healthcare. As Roscam Abbing points out: “It is under such conditions that health lawyers must face the challenge of upholding equity in access to good quality health services, of avoiding a socio-economic divide, and of promoting patients’ rights”.6

An Advisory Board was created in 2006 to take forward the plans for a European Association.7 It is a considerable undertaking to assume responsibility for establishing and operating such an Association across so many countries and for an indeterminate time. Volonté alone is not enough; there must be commitment to a clearly defined set of objectives and, just as importantly, recognition of the value of such an enterprise from potential funders who are willing to support the Association — at least in its initial stages — to build momentum around the intellectual and practical architecture that will be necessary to see the project through.

It was serendipitous, then, when Henriette Roscam Abbing approached me with the idea of founding the European Association of Health Law, that I was in a position not only to sign up to the project intellectually, but also to provide financial support under the auspices of SCRIPT, the law and technology Research Centre based in the School of Law at the University of Edinburgh of which I am

5) Note 1, above.
6) Ibid., at 206.
7) Members of the advisory board are: Maria Bottis (GR), Anne-Marie Duguet (FR), Jos Dute (NL), Lars Falberg (SE), Sjef Gevers (NL), Dieter Hart (DE), Bernard Koch (DE), Graeme Laurie (UK), Salla Lötjönen (FI), Geneviève Pinet (WHO), Henriette Roscam Abbing (NL), Elisabeth Rynning (SE), Judith Sandor (HU), Maria Sokalska PL), Dominique Sprumont (CH) and Asim Sheikh (IE).