20 Years of EU health values (2006–2026): four proposals for the future

Markus Frischhut,[a] Barbara Prainsack,[b] Tamara Hervey,[c] Anniek de Ruijter,[d,*] Tomislav Sokol,[e,k] Nick Guldemond,[f] Joaquin Cayon-De las Cuevas,[g] André den Exter,[h] Nick Fahy,[i] and Guerino Massimo Oscar Fares[j]

[a]Department of Management & Law, MCI | The Entrepreneurial School®, Innsbruck, Austria
[b]Department of Political Science, Faculty of Social Sciences, University of Vienna, Vienna, Austria
[c]The City Law School, City University of London, London, United Kingdom
[d]Law for Health and Life, Faculty of Law, University of Amsterdam, Amsterdam, Netherlands
[e]Zagreb School of Economics and Management, Catholic University of Croatia, Zagreb, Croatia
[f]Medical Center, Leiden University, Leiden, Netherlands
[g]Research Group on Health Law & Bioethics, IDIVAL-Universidad de Cantabria, Santander, Spain
[h]Erasmus School of Law, Erasmus University Rotterdam, Rotterdam, Netherlands
[i]Health and Care Research Group, RAND Europe, Cambridge, United Kingdom
[j]Department of Education, University Roma Tre, Rome, Italy
[k]European Parliament, Brussels, Belgium

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In 2006—two decades ago—all EU health ministers adopted a resolution entitled "Council Conclusions on Common values and principles in European Union Health Systems".[1] This document articulated what they considered a distinctly European approach to healthcare, centred on universality, access to good quality care, equity, and solidarity. Around this time, national governments sought to reassert national control over health policy, often reacting against what they perceived as EU 'encroachment' into a domain traditionally reserved for Members States. This concern among EU Member States stemmed from the fact that some of the most consequential developments in EU health law did not originate from EU institutions, but from individual patients who challenged national restrictions by invoking their EU free-movement rights in the context of cross-border patient mobility.

This 2006 health ministers' resolution sets out overarching health values—universality, access to good quality care, equity, and solidarity—and a set of 'operating principles' (quality, safety, evidence and ethics-based care, patient involvement, redress, privacy, and confidentiality) for how health systems should function.[1] Similar to the general values of the EU in Article 2 EU-Treaty,[2] the EU health values are not defined, but at least they are explained to a certain degree.

Nearly two decades on, health systems across Europe face mounting pressures driven by population ageing, rising chronic and multimorbid conditions, persistent workforce shortages, and the increasing cross-border mobility and international migration of health professionals.[3] The COVID-19 pandemic exposed major vulnerabilities and further intensified these strains. In addition, geopolitical conflicts and wars, trade tensions, the rise of populism, growing market concentration among large technology companies, and contested data governance—alongside the escalating impacts of climate change and more frequent heatwaves—have heightened risks to health and, in many settings, contributed to excess mortality.

The Greek word for crisis, κρίσις (krisis)—meaning judgment at a decisive turning point—aptly captures the present moment, just as it did around 2006 during a pivotal period in EU health integration. 20 years on, the challenges and poly-crises[4] outlined above are reshaping the legal landscape for health in Europe and call for a reassessment of EU health values and principles—especially as new legal instruments increasingly extend beyond a purely national frame of responsibility.

Values articulate the 'why' behind the actions of individuals and societies; they motivate, set goals, and guide long-term visions. Principles translate those values into action-guiding norms and standards for behaviour and decision-making. In health, these values also reflect a distinctly European approach: prioritising patients and solidarity,[5,6] while also shaping the professional identity of health workers and informing the objectives and operations of health institutions.

Beyond the 'why', where do those health values matter? The 2006 Council Conclusions were intended, in part, to articulate common values and operating principles that could anchor national health systems vis-à-vis internal market dynamics and EU case law. Since then, EU law and policy have become more deeply intertwined with national health systems. The policy context has shifted: demographic change is exerting ever greater pressure on health and long-term care; cross-border challenges now extend well beyond patient mobility; and workforce sustainability has moved to the forefront. These developments raise the

*Corresponding author.
E-mail address: a.deruijter@uva.nl (A. de Ruijter).

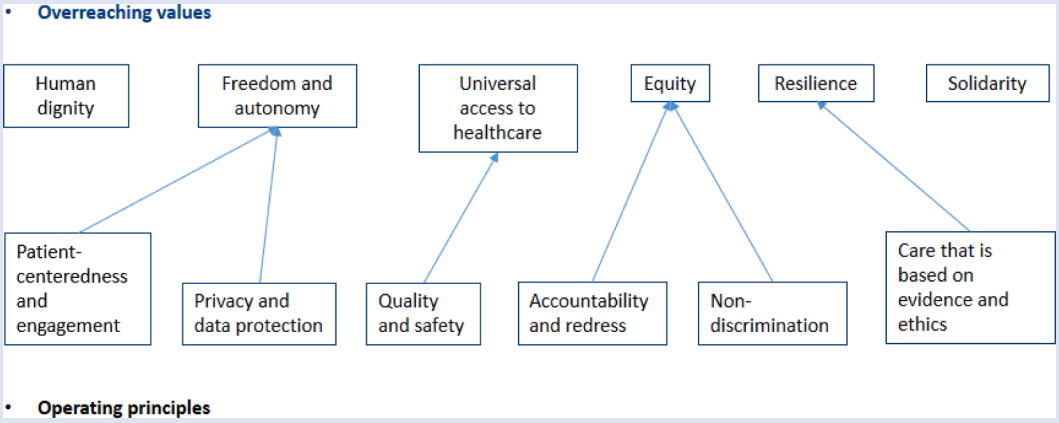
Box 1. Four proposals for the future.

Proposal No 1: From values 'in' national health systems to values 'of' a European Health Union: Reframe the document to articulate the values and principles of a genuine EHU, reflecting the increasingly shared responsibility of the EU and its Member States for health policy, preparedness, and healthcare delivery.

Proposal No 2: A purpose-driven preamble to guide implementation: Add a preamble that orients policymakers, professionals, and stakeholders on how to interpret and guide the document, emphasising human rights (including the right to health), One Health, protection of vulnerable groups, the commitment to 'leave no one behind', non-regression, and progressive realisation.

Proposal No 3: A concise, cumulative set of core values: Endorse a non-hierarchical set of values—human dignity, freedom and autonomy, universal access to healthcare, equity, resilience, and solidarity—affirming that they apply cumulatively and guide both policy and practice.

Proposal No 4: Coherent principles that operationalise the values: Link values (except for human dignity and solidarity due to their overall importance) to one or more concrete, action-guiding principles (i.e. patient-centeredness and engagement, privacy and data protection, quality and safety, accountability and redress, non-discrimination, care that is based on evidence and ethics) to ensure practical implementation and policy coherence (see below).



question of whether the 2006 Council Conclusions—drafted against the backdrop of increasing patient mobility—should be updated to reflect today's realities, including a stronger focus on the circumstances and needs of health professionals (Box 1). The rapid expansion of digital health data and practices also poses questions about the equitable distribution of benefits and risks,[7] the responsible use of artificial intelligence in healthcare,[8] and the newly created European Health Data Space (EDHS) Regulation. The pandemic also elevated the issue of resilience[9] and critical medicines as a priority, as reflected in the 'Critical Medicines Act'.

Twenty years after the first formulation of the EU Health Values, it is time to revisit and update this compass. We have aimed for a balanced approach, addressing current challenges while also creating a document that is well-equipped to meet future ones. We also sought to strike a balance between continuity and new ideas. We have also resisted the temptation to include every possible concept (e.g. justice or trust) in this new document and have endeavoured to present a proposal that is both concise and precise, while remaining clear enough. Hence, our proposal should be seen as the values of a true 'European Health Union',[10] taking into account shared responsibilities for health care.

Contributors
MF developed an initial structure and all authors then contributed online. The results were then put together by MF and further discussed in meetings in Gastein (MF, BP, TH, AR, NG, NF) and in a workshop in Santander (MF, TH, AR, TS, JC, AE, GF). MF prepared the visualization and assembled all the discussions into an original draft before revision and editing by all authors.

Declaration of interests
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