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**E-Health and the Informed Patient
OECD Forum 2004
May 13, 2004**

We live in a new world of tremendous possibilities, but things are changing so fast that our sense of the way the world works has not yet caught up with reality. Just think for a moment about how information and telecommunications technologies have changed the way we live.

Since the dot.com boom, websites and digital data technology have changed the way we live our daily lives. These innovations have surfaced as important tools in patient/provider relations, telemedicine, consumer oriented health care, research, and distance learning. I recently visited an HIV clinic in Maun, a small town in Botswana, where the doctors told me that they have ready access to much of the most recent medical literature on HIV clinical care through the Internet – this is an amazing change in access to information, one that has come about in just the last few years. Increased use of health technology allows for improved collaboration in treatment and research, information exchanges, process integration and knowledge management. And there is growing evidence that better use of health technology also leads to better health outcomes.

We've already seen the technology-based opportunities with well-educated AIDS patients since the late 1980s. This group of patients says "medical decisions are about my life, and I'm the best judge of what's most important to me." It is our joint responsibility – including those of us in the pharmaceutical industry -- to help all members of the new generation to get access to the high-quality knowledge they want to establish productive dialogue with their physician.

But there is still a long way to go in adapting our current regulatory and daily practices to the trends in technological change and consumer empowerment I've noted. Four years ago, when European heads of state agreed on the Lisbon Agenda, their ambitious goal was to create "the most competitive and dynamic knowledge-based economy in the world." A key element in the Lisbon agenda was a commitment to e-health. All Member States agreed on "the strategic importance of full exploitation of new information technologies in the public administration of health, for the benefit of the citizen as consumer of both health care services and health information."

This commitment has been affirmed repeatedly in the intervening years by the Council, the Commission, and the European Parliament. For instance, in April 2001 the Parliament's Report on the Programme of Action in the Field of Public Health noted that "the Community should take into account the right of patients to receive simple, clear and scientifically sound information about their illnesses, available treatments and ways of improving their quality of life." So, basically we all agree!

Not really – because there is this gap between our new world of possibilities, political statements, and the lagging sense of how things are really working. On the one hand, we hear sound and progressive rhetoric about the importance of the informed

patient and the need to create an information society that will enable improved health for all. On the other hand, the regulatory framework still imposes severe restrictions that work against patients' interests and the Commission's own agenda of providing people with the tools they need to make more informed healthcare choices.

As a pharmaceutical company, I'm not allowed to provide information directly to you as a consumer – either on the Internet or through other media. I cannot tell you about the extensive knowledge base I have. Actually, we are prohibited from making the scientific information we have -- consistent with the EU-approved product label -- available directly to patients and consumers. At the same time, any producer of herbal remedies of doubtful efficacy, any health NGO that has an issue on which it wants to communicate, can disseminate its information through any means, with little or no regulatory oversight.

The result is a curious situation in Europe, where motivated and technology-savvy – and English-speaking -- consumers go to US Web sites to get the information they seek, while others who lack English, or who don't have access to the Internet, are unaware of the health choices they have.

A recent article in the *Wall Street Journal Europe* the issue really well. An HIV patient went online looking for help when his viral load count soared last summer and his health began to suffer. He found a US-based Web site advertising a new AIDS medicine called Fuzeon (from the Swiss company, Roche). He told his doctor about it, began to take it -- and found his health improved dramatically. "I didn't get this information from the doctor," the patient said. "I brought it to the doctor. Without this drug I might not be here." The irony of this outcome is that according to European regulations, he should never have been able to gain access to the information about this medicine.

AIDS activists used e-technology and community information networks to gain early knowledge of new drugs in the mid-1990s – drugs that revolutionized the treatment of HIV infection. I was impressed at the speed with which the medical community and patients adopted this new therapy across Europe. E-technology was a facilitator -- and within two years essentially all of those who could benefit from antiretroviral medicines were receiving these treatments. This is an unusually high proportion relative to other therapeutic areas.

Contrast this with osteoporosis. This condition affects more than 12 million middle-aged and elderly women in Europe, but (according to WHO criteria) only one in five women who should be treated with medicines that have been proven to reduce the risk of debilitating fractures are diagnosed and treated. And this is more than five years after new treatments were introduced.

Or in heart disease, consider the case of statins for the treatment of high cholesterol. There is compelling evidence from landmark trials that statins have been proven to reduce the risk of heart attack and stroke, i.e., you live longer. Based on mortality reduction from the 4S trial alone, in recent years an estimated 60,000 – 70,000 European lives have been saved annually by statin treatment. Yet ten years after these data became available, still fewer than half of those high-risk patients who would benefit from statins are receiving such treatment.

Giving research-based companies the opportunity to provide information to patients through modern e-technology – to Spanish patients in Spanish, to Polish patients

in Polish, and so on, all fully in line with the approved label -- would certainly help to broaden the resources available to patients who want to take a more active role in their own health care. This would enrich the dialogue between patients, doctors and other health professionals. And remember: an educated patient is an engaged patient, and a knowledgeable patient is a more compliant patient – one who takes his or her medicines every day as directed.

Broader implementation of digital delivery of high-quality healthcare information and services from all providers can bring the new world of possibilities I mentioned at the outset a step closer to reality. It could enable society to make the experience of elderly women with osteoporosis, or middle-aged men with myocardial infarctions or angina, more like the experience of the educated HIV patients.

Rather than keeping European patients in the dark, let's use the capabilities of e-technology to help people get access to the information they want -- to make more informed decisions about the healthcare choices they face.