

# ENC

## NEWS FROM BRUSSELS



European  
NURSING  
Council

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## SWEDISH EU PRESIDENCY PRESENTS ITS HEALTHCARE PRIORITIES

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On January 23, 2023, Swedish ministers have laid out their health policy agenda for their six months at the helm of the rotating presidency of the EU Council, from measures to combat loneliness to the realisation of European Health Data Space. We would like to share with you an article published by EURACTIV, an independent pan-European media network specialised in EU affairs since 1999.

*“This will be a very busy six months, and the Swedish presidency is ready for what is on the agenda and to deal with the unexpected,”* Swedish Social Affairs and Public Health Minister Jakob Forssmed told the European Parliament’s health committee (ENVI) on Monday (23 January).

Stockholm began its presidency on 1 January with a loaded in-tray: Overstretched healthcare systems, drug shortages, the effects of the ongoing Russian aggression in Ukraine, the COVID-19 pandemic and a packed legislative agenda including the pharmaceutical strategy and European Health Data Space (EHDS).

Sweden has underlined that a coordinated approach will be key.

*“It is vital to maintain a close dialogue and cooperation at the EU level and with the European Parliament being a natural and I would say crucial partner in this,”* Forssmed stressed.

The minister added that this applies too to international negotiations when it comes to the international pandemic treaty and supplementary amendments to international health regulation.

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The healthcare priorities of the Swedish Presidency are the following:

- **Health data space** aligning the European Health Data Space with other pieces of legislation, such as the Data Act, the NIS2 Directive, the AI Act, and the proposal on national provisions on health data.
- New rules on substances of human origin (**SoHO**), which would replace the current parameters, which are over 20 years old.
- Making the **European Medical Agency's fees** more flexible to adapt to future developments and more sustainable in the long term.
- **Medical devices regulation** aiming to avoid shortages on life saving devices.
- **Pharmaceutical legislation** in order to fight drug shortages and the existence of orphan drugs.
- Preventing and fighting against **Cancer**.
- Tackling **AMR** (Antimicrobial resistance).
- **Mental health and loneliness** in order to improve public health, mental health, population's welfare, as well as social inclusion and cohesion.
- **COVID-19** for a coordinated precautionary approach.
- **Global health** to improve global health security and deliver better health for all in a changing world.

You may find more detailed information in the original article [here](#) .

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## ALIGNING THE HEALTHCARE SECTOR WITH GLOBAL CLIMATE GOALS

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On January 26, 2023, Health Europa, a paneuropean independent and privately-owned publishing company focusing on the relationship between the public and private sectors across Europe, published an article in which **Don Lleber, Founder and Campaign Director of the *First, Do No Harm* campaign**, discusses the urgent need for the healthcare sector to divest from fossil fuels in order to protect human and planetary health. *First, Do No Harm*, an initiative set up to urge high-profile healthcare institutions to commit to fossil fuel divestment and therefore mitigate the effects on climate change and, in turn, human health. Although the campaign is largely focused on the US, it is worth taking the time to think about the situation in the European Union with a view to achieving healthcare systems that contribute to environmental sustainability.

Indeed, the climate crisis is having huge impacts on human health and is an increasing burden for healthcare systems worldwide. Yet, if the global healthcare sector were a country, it would be the fifth-largest greenhouse gas emitter on the planet. In light of the myriad of health implications associated with the fossil fuel industry, more medical professionals and institutions are calling on the health sector to curb its investments in fossil fuels.

The healthcare sector cumulatively accounts for about 5% of total global greenhouse pollution. Hospitals in the richer Global North have a greater carbon footprint than hospitals in developing nations. The health sector overall references specific sources of emissions within the sector but only reports on its 'operational' emissions.

means the day-to-day running of complex hospital systems create our carbon footprint: complex heating systems, 24-hour electrical needs, complex supply chain issues, hi-tech surgical machinery, food waste, and of course the immense footprint of hospital bio-hazard waste.

However, there is a failure to account for the climate impacts of our sector's billions of dollars in fossil fuel investments at the front end, via massive institutional investments, like pension funds. One reference, from Practice Greenhealth, reveals of all sources of hospital Greenhouse Gas Emissions pollution, institutional investments are 38% – over a third of all hospital pollution is sourced from financed emissions. The healthcare sector failing to account for financed emissions is the equivalent of ordering a lung cancer patient to get radiation treatment while giving them cigarettes to smoke at the same time. This is where fossil fuel divestment comes in.



Hospital CEOs seem to not yet have fossil fuel divestment as a global public health imperative. Investment managers (who work under the CEOs, and who have the agency to make different investments) are only concerned with maximum financial return of investments. And with what the entire medical world knows now, about the global health implications of the climate crisis, we should be drawing a line; the time for fossil fuel investments is over.

**The health community is stating loud and clear that the climate crisis is the single biggest long-term threat to global public health and health professionals are clear about the need to reduce pollution.** This is not only about long-term climate wreckage, but also the profound toxic damage from fossil fuel emissions affecting public health today. People living near oil-producing facilities have significantly higher rates of debilitating or even fatal diseases. Fossil air pollution (PM<sub>2.5</sub>, largely from fossil fuel exhaust) exposure is directly responsible for millions of ‘avoidable’ global deaths. The environmental injustice caused by the fossil economy goes on and on.

The *First, Do No Harm* campaign is getting to the root cause of this pollution: the billions invested in fossil fuels by our own pension funds, providing massive capital for the massive and outdated fossil infrastructure developed by the fossil fuel industry. This includes a staggering amount of new international fossil fuel projects still being planned – in direct opposition to the clear need to stop all new fossil fuel projects.

The campaign is also putting pressure on leading professional and medical organisations to make fossil fuel divestment a core component of the established emissions reduction toolbox. **As a result, many hospitals are engaged in emission-reducing operational measures now, tremendous efforts are being made in climate-conscious new buildings. Hospitals are also engaging in waste reduction, including reprocessing single-use items previously destined for landfill. Carbon-heavy anaesthesia gasses are being replaced with less carbon-heavy alternatives. In general, single-use plastics in non-clinical settings are being sourced. Local sourcing of materials and more plant-based food policies are common now.**

You may find more detailed information in the original article [here](#).

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## CGFNS INTERNATIONAL REAFFIRMS ITS COMMITMENT TO COMBATTING FRAUD IN NURSE CREDENTIALING

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On February 2, 2023, and in the wake of federal charges related to large-scale schemes to sell fake nursing diplomas at some U.S. nursing schools, CGFNS International, a global leader in international credentials evaluation to support health worker mobility, has bolstered its efforts to combat fraud and ensure patient safety through the assessment and authentication of credentials.

Leaders at the organization, which has 45 years of experience in evaluating international education credentials for foreign-trained health workers, pointed to the global nursing shortage as a key driver of increased fraud.

*“CGFNS is actively reviewing whether any of the reports we issued are impacted”,* said CGFNS President and Chief Executive Officer, Dr. Peter Preziosi. *“If we find evidence of this, we will move quickly to address it”* continues.

*“An honestly-earned education paired with appropriate clinical experience is a prerequisite for nursing licensure and is absolutely essential to protecting public safety and trust in the healthcare professions. This applies to all health professionals regardless of whether education was received domestically or internationally”,* he said.



As a preventive measure to combat fraud, CGFNS requires transcripts and validations of licenses to be sent directly from primary source institutions, and it maintains a database of school and licensing officials who are authorized to send documents to CGFNS. The organization catalogues the signatures of these officials as well as their institutional seals or stamps.

Preziosi said that CGFNS, as a longstanding partner of nurse regulators, accreditation agencies, and licensing test providers, will aim to further increase collaboration among the credentialing community to rise vigilance and combat fraud. The organization will also be reviewing its internal security practices to ensure up-to-date, robust protections are in place during the assessment of education and licensing documents of the migrant nurses utilizing its programs.

*“In light of this discovery, CGFNS will continue to make every effort to ensure the quality and integrity of the nurses it supports and to uphold the integrity of the global healthcare workforce”,* he said.

#### **About CGFNS International, Inc.**

Founded in 1977 and based in Philadelphia, CGFNS International is an immigration-neutral not-for-profit organization proudly serving as the world’s largest credentials evaluation organization for the nursing and allied health professions. For more information, visit [www.cgfns.org](http://www.cgfns.org).



You may find further information [here](#).

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## RESEARCHERS FROM THE UNIVERSITAT POLITÈCNICA DE VALÈNCIA (UPV) HAVE DISCOVERED A NEW AND IMPROVED METHOD OF DIAGNOSING CARDIAC ARRHYTHMIA.

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On January 28, 2023, an article on new technologies for diagnosing cardiac arrhythmias was published by Valencia Plaza, the first online newspaper of the Valencian Community in Spain, leader as pure digital by number of visits and users.

A standard electrocardiogram (ECG) has been the preferred method of diagnosing cardiac arrhythmia for almost 100 years. ECGs are effective in detecting pathologies but do not help doctors in providing the most appropriate treatment plan for each patient. They are also invasive and uncomfortable, often requiring surgery and the use of catheters.

Over recent years, a new technology called Electrocardiographic Imaging (ECGi) has come to prominence, allowing cardiac activity to be recorded non-invasively. However, ECGi requires a CT scan to be performed simultaneously, which means its use is limited to highly complex patients in leading health centres.

The UPV researchers collaborated with Corify Care to explore how ECGi could be used as a routine clinical tool. Their results have been published in the Journal of Electrocardiology. Using ECGi without a scan. The researchers assessed the possibility of using ECGi without a CT or MRI scan to detect atrial fibrillation, the most common form of cardiac arrhythmia. Over 40 million people suffer from this form of cardiac arrhythmia worldwide.



The researchers then analysed surface signals from 25 patients with atrial fibrillation. They compared the effect of using ECGi with imaging techniques against their proposed ECGi, using an estimated cardiac geometry based on the anatomical characteristics of the patient's torso.



The results showed that the non-imaging ECGi worked as a robust technique for the **non-invasive diagnosis of atrial fibrillation**. The non-imaging ECGi was able to provide detailed information on the electrical activity of the heart in a more comprehensive way than traditional ECGs.

*“This will help to detect and diagnose cardiac arrhythmias more accurately and to plan the treatment of cardiac arrhythmias in the operating surgery room more efficiently, as it provides precise information about the location and extent of the arrhythmias,”* explained Dr Maria Guillem, a researcher on the project.

As well as reducing patients’ exposure to the ionising radiation that is emitted during CT scans, **the new method also reduces time and cost**. The researchers hope these qualities will allow cardiac arrhythmia diagnostics to become more universal and suitable for clinical practice. This technology, which was patented before the publication of the study, is currently under development and will soon be under the commercial management of Corify.

*“The ability to obtain maps of the heart’s electrical activity safely and within in a few minutes will allow progress, both in atrial fibrillation and in many other arrhythmias, increasing the accuracy of invasive procedures,”* concluded Andreu Climent, researcher of the study and CEO of Corify Care.

You may find further information in the original article, in Spanish, [here](#).