SEANAD ÉIREANN
BAILE ÁTHA CLIATH
(Dublin 2.)

CROSS BORDER HEALTH CARE CO-OPERATION

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The professional bodies involved in health care are more likely to be all island than divided on a Northern Ireland/Republic of Ireland basis. It would be foolish to list them because any omitted might be offended. From the Royal Colleges of Physicians and Surgeons to quite informal clinical clubs doctors and other professionals involved in health care, have not allowed territorial allegiance hinder advances which it was felt could be made on behalf of the health care of patients and the health of the Irish people as a whole.

Cross border co-operation at a local level takes place also - here let me say that I had hoped to have Donal O'Shea, C.E.O. of the North Western and North Eastern Health Boards here today to advance my case, but he already had an important meeting in Armagh arranged with his counterparts in the Western and Southern Health Boards. Nearly 1 million of the five million inhabitants of the island live in these areas.

The health initiatives I would like to see advanced would benefit individuals as well as the health of all people living on the island and I would like to deal with the latter first.

Despite being quite a wealthy country in global terms both North and South we suffer a high level of possibly preventable ill health - we have some of the highest levels in the world, for example, of cardio vascular disease, cancer and sudden infant death. While environmental factors are important, so, too, are genetics. Recent advances in our knowledge of genetics in this country have been greatly aided by the fact that, as a small genetic pool with a low immigration rate over the centuries, we are ideally suited to investigate the influence of genetics on disease.

Epidemiological research such as this would be of national and international importance. An Institute of Public Health on an all island basis has been mooted in the past and support for it has been

expressed by those involved in the Departments of Health both North and South. Without being provocative there is more in common in health statistics between Belfast and Dublin than either with Finchley - there is more in common too with Irish and Scottish disease patterns than Irish and English. The reasons for this are sometimes quite easy to understand, for example, diseases influenced by high fatty diets, but why the very high incidence of carcinoma of the oesophagus in women in Ireland? The Health Research Board projects should be all Ireland otherwise we are losing part of the picture. If one saw that a disease was prevalent in adjacent countries on both sides of the border an environmental cause might be more easily found. Joint submissions to the European Union for research money could be made - we could ask the Europe Against Cancer project for funding in this field.

The Institute, too, would address public health policies such as immunisation and screening. We, in the Republic, have a sadly low rate of immunisation of children - if schemes in both areas were organised at the same time we would all have the advantages of the publicity campaigns needed. Viruses and bacteria do not stop at borders and adjacent countries co-operate in many parts of the world.

Screening programmes could be co-ordinated. Leaving aside the fact that we in the Republic need to establish a population register we could organise on the same basis as Northern Ireland for cervical and breast screening, noting, however, that Northern Ireland has a lower take up rate than the rest of the United Kingdom.
Thankfully the recently set up tumour register here is able to "speak" to its opposite number in Northern ireland. Both registers should be trawled for differences and similarities between the incidence of various Cancers in both areas. Genetics being much the same, environmental factors may emerge.

Health promotion messages could be sent out at the same time be they to do with smoking, industrial accidents, road traffic accidents and so on. Policy on taxation of tobacco would be standardised.

Government purchasing and the sharing of expensive equipment does take place to some extent but this should be de rigueur rather

than depending on individuals to make contact. North South exchange of views, for example, in medical audit would be worthwhile. The U.K. government has put a considerable amount of money into medical audit - but is it any good? Should we, here, bother with it? Our populations and demographics are similar so they would compare well.

At a local level services on either side of the border would not be back to back but would face each other. The maximum co-operation will be of great benefit to patients and their relatives enabling them to avoid travel wherever possible. Here I must confess to being one who feels that economics are not the only factor which should be taken into account - the individual patient needs an advocate more often.

Psycho social factors which may be of more importance in Ireland than other countries can be addressed. It should be remembered that we, in the Republic, use the health services in Northern Ireland to deal with issues which are considered sensitive - here, for example, genetic counselling in Northern Ireland is far more developed than here. It is well known that many women from the Republic have had amniocentesis or chorionic villus sampling done in Northern Ireland to determine if foetal abnormalities are present. Perhaps we consider this a suitable way of sharing facilities.

While many health endeavours are on a European basis now a focused approach to our own problems regarding epidemiology, preventative medicine promotion of good health and research would benefit us all. A joint institute with executive authority in these areas would be my suggestion.

1) Training - problem of rotation because of absence of senior registrar posts.

2) Tendency to separate has generally been from the South but for more successful. (Royal Colleges) All-Ireland Bodies - do they get concessions.

3) Practical issues like computerization (of payments, don't [illegible]) for screening services.

4) Blocking of contacts North/South - use of expensive equipment.

5) Public Health Programmes.

Negatives from Southerners to All-Ireland approach.

Manpower.

Olivia Mitchell. Speaks for Brian Hanna.
would someone from there come to a meeting ? - if so who.