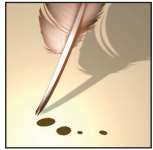




European Diabetes Nursing: getting involved, setting agendas



The European Union is now a part of our lives, and of course this includes our professional lives. It radiates its influence across areas we barely consider. Personally, I am a committed European.

At its best the European Union aims to improve the quality of everything: opening borders between European states has brought many economic, social and political benefits. Human rights are an essential part of international relations and a cornerstone of working together. A single currency ensures economic transparency between cities as diverse as Helsinki and Athens. Better health and better education are not guaranteed – but measuring our national achievements or lack of achievements against those of other member states exerts pressure driven by public expectation. It is now possible for us, as consumers of health care, to choose where and from whom we obtain our medical care from anywhere inside the Union. What better way to improve services locally than by the newspaper headlines announcing the better care offered by our neighbours?

The European Union and its institutions such as the Parliament and the Commission have their problems and their critics: at their worst they may be seen as monolithic and bureaucratic. However, for all their faults these institutions reflect the will of the people whom they represent. How many of us reading this journal voted in the European elections in 2004?

Diabetes nurses should not be sidetracked however. How do we make such a seemingly impenetrable institution work for us and for people with diabetes? I have a suggestion: listen to John Bowis, MEP, at the end of the conference hosted in the European Parliament in Brussels 'Diabetes: Europe rising to the research challenge'. The webcast of the conference can be found on <http://www.easd-lectures.org/brussels/index.php>. John Bowis states: 'When I as a member of Parliament get six letters from constituents talking about an issue I think that's important ... this is the way to get issues onto the budget holders' agenda ... and we start to find progress.' This is an open invitation from an insider – an advocate working in the European Parliament for improvement of diabetes services across the Union – for us to participate in the democratic process.

Becoming involved in diabetes health policy and influencing the delivery of care is a natural place for

the diabetes nurse. Agenda setting for issues such as nurse prescribing, parity of nurse education across Europe, professional status and standard of service delivery along with lobbying for the Diabetes Framework, should be seen as a responsibility of the professional. FEND has a place at the agenda-setting table and, as you will read in a future issue, FEND Chairman Mrs Anne-Marie Felton gave one of the key lectures at the conference.

Understanding and becoming involved in European policy and strategy are an investment for the future. At a time when the Diabetes Framework is being debated and major decisions are being made about diabetes research budgets, nurses should be contributing by astute lobbying – there is plenty to choose from as you will see from this journal. At the FEND conference in Munich last September, former MEP Mrs Mary Banotti enthusiastically endorsed the idea that nurses should be lobbying politicians – and be photographed in their uniforms doing so. Her comment is mirrored in an editorial in the *Journal of Advanced Nursing*: 'Nurses' vivid anecdotes from first-hand involvement in health care are extremely powerful – politicians love them'.¹

Politicians have to take notice of nurses: our size as a profession is a strength and health care is a major political battle ground.² Nurses are a driving force for directing health care initiatives, setting targets and improving service delivery. Involvement in health policy is a tool that can be used within the European sphere to exert pressure on our elected representatives to better serve their constituents.

European Diabetes Nursing is a start; we present articles this month on diverse issues including patient mobility across the European Union and educational needs of people with type 2 diabetes. Now tell us what you think – perhaps six readers have an opinion?

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References

1. Hughes F. Policy – a practical tool for nurses and nursing. *J Advanced Nursing* 2005; **49**: 331.
2. Chatterjee M. Are politicians serious about winning nursing's vote? *Nursing Times* 2004; **100**: 10–11.