



Thinking along European lines



Nurse prescribing

The complexity of the changing and expanding role of nurses has never been greater, or more controversial, than in the issue of nurse prescribing – or to give it its official title, non-medical prescribing. In this issue, June James describes the current situation in the UK and discusses the implications for Europe. That nurses have the legal right – after the appropriate training – to prescribe medicines in some countries might come as a surprise to many across Europe, both in nursing and in medicine. This was clearly evident at the FEND conference in Athens in September 2005, when many participants challenged the speakers on this subject. The responsibility of prescribing in the field of diabetes has never been more controversial; several new pharmaceutical therapies will be available from 2006, while debate continues over which criteria to use to initiate treatment.¹ There will doubtless be much attention paid by healthcare leaders across Europe to the development of the nurse-prescribing role. In *European Diabetes Nursing* we are pleased that a Europe-wide platform for nurses in diabetes is available to share best practice and exchange views.

Raising awareness at the European level for actions to combat diabetes

It is not many years since the perception of type 2 diabetes changed: once seen as a ‘mild condition of the elderly’, it is now widely recognised as one of the deadliest problems facing our species. John Bowis (page 39) provides a vivid reminder that work is ongoing at all levels from the clinic to European Parliament to raise global awareness of diabetes and enhance knowledge of the disease and its prevention. His frustration at the difficulties involved in raising support for a ‘neglected’ disease is apparent. However, at the instigation of John and others, the European Parliament is now calling for an EU Diabetes Strategy and a Council Recommendation on Diabetes Prevention, Diagnosis and Control. In February of this year a conference on ‘Prevention of type 2 diabetes’ was organised by the Austrian Health Institute, on behalf of the Austrian Federal Ministry of Health and Women (with the support of the European Commission) together with European Association for the Study of Diabetes (EASD); International Diabetes Federation (IDF-Europe); Federation of European Nurses in Diabetes (FEND); and Primary Care

Diabetes (PCD) Europe. ‘In order to provide a forum for all EU member states...to exchange views’. This was an example of democracy in action, setting goals and targets on how Europe can develop strategies for prevention, treatment, care and social inclusion for people with diabetes.

Also highlighted recently was the comparison of resources made available for diabetes research by the European Union (EU) in contrast to what is provided by corresponding funding agencies in the USA.² The EU responds to lobbying (a process that starts years before the funds are allocated and the calls are devised); a framework programme is then opened. This process is hugely complicated. Anyone who wants to know more about present and upcoming research programmes should look at the Europa Cordis website (<http://www.cordis.lu/>). For a disease area to be considered for funding by the EU, the first task is to get the disease ‘named’ in the forthcoming Framework Programme. If a disease is not named, any possibility of major funding is effectively removed and the disease area is marginalised, not just for that funding period – which may last several years – but for years to come. Consequently, the pool of researchers will move to other fields, as the work dries up, or form part of the brain drain to countries that offer their researchers better pay. The fact that diabetes is on the 6th EU Framework Programme at all is due to tremendous amounts of work by organisations such as EASD, IDF and FEND, among others. That research in Europe still has to be supported by funds from the USA ‘the major source of reserved diabetes research funding in Europe is from NGOs, most notably the JDRF (Juvenile Diabetes Research Foundation) which spends 25% of its funds in Europe’² is astonishing. It has been stated many times that diabetes funding needs to be increased and the management process simplified. We await further news on the substance of the calls on Framework 7.

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References

1. Smyth S, Heron A. Diabetes and obesity: the twin epidemics. *Nat Med* 2006; **12**: 75–80.
2. Halban PA, Ferrannini E, Nerup J. Diabetes research investment in the European Union. *Nat Med* 2006; **12**: 70–72.