

1. A vision for pharmaceutical & biomedical innovation and research: unmet need & incentives to innovate

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***“To be more efficient in health
care helps social progress,
To cut budgets desperately,
promotes regression
moving us backward to the past”***

Major Points

- **On economic recession**
- **On competitiveness and value**
- **On social utility**
- **On partnerships**
- **On being a patient**
- **Our social contract**
- **On patient's needs**
- **On the evaluations of medicines and its prejudices**
- **On what to do next**

On economic recession

- **Medicine is affected by a crisis of success.**
- **Other economic areas are affected by a failure of professionalism.**
- **Crisis should be paid by the sectors that generated the crisis and by politicians.**
- **Health care should be the last sector to pay the price of the current crisis.**
- **Social and scientific progresses should be protected from economic recession.**

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On competitiveness

- **Health care in Europe is a source of competitive advantage adding value to our economy.**
- **There is a need to make a good assessment of the positive externalities related with health care.**
- **The replacement of productive capitalism by speculative capitalism damages seriously R&D.**
- **We need to move R&D to productive and social capitalism under a new capital market that protect long term risky investments.**

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On social utility

- **If patients needs innovations we need to protect R&D and, therefore, consider their social utility as a major source of social progress.**
- **Innovations add economic value to European economy.**
- **Society should indicate what kind of innovations could meet societal and individual unmet health needs**

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On partnerships

- **The public sector must correct the unfair treatment for R&D under the speculative short-term financial capitalism.**
- **The industry – government “tennis match” generates mutual distrust and delay progress.**
- **The need of improving health care requires the implication of all stakeholders to design a more explicit social contract for R&D.**
- **Private-public partnerships should be the present and the future for R&D.**

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On being a patient

- **Having the experience of living with three diseases: organic, emotional and social**
- **Act of generosity accepting to help other patients talking about your experience with the disease and participating in clinical trials that will benefit those who are now healthy.**
- **An unfair situation nobody deserves.**

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On our social contract

- **P. Solidarity:** I could be the patient because we do not choose the unfairness of the disease
- **P. Subsidiarity:** Healthy people pay for the care of the sick with the mutual understanding that the children of the patients will pay for the care of the healthy when they were sick.
- **P. Reciprocity:** I will do for you what I expect you will do for me if I were the patient
- **P. Human Dignity**

- ***“Remember when making decisions:***

BE A PATIENT IS MATTER OF TIME”

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On patient's needs

- **Patient's organizations are in the best position to identify unmet needs.**
- **Attending needs appropriately, like chronic disease management, improves quality of care and is a cost saving strategy.**
- **Be patient cost money (for the patient)**
- **A deliberative democracy requires patient engagement in R&D.**
- **R&D should consider seriously PROMs.**

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On evaluating medicines and its prejudices

- Is innovation the problem or part of the benefit of health care?
- NICE models have its limitations:
 - Not independent: defends government based budget
 - Same CEA ratio: opposed decisions
 - Narrow focus of assessment: Disease management more appropriate than drug A vs B
 - Utilities of healthy people differ from the ones expressed by patients
 - Utilities should express values and preferences of individual patients

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What next to do

- **Sharing experiences**
- **Be loyal to the European history: Welfare State, 20 century history against dictatorship and for democracy, industrial revolution, economic distribution, human rights (including women and workers), etc**
- **Patients' associations as an asset**
- **Focus on R&D as a source of social progress and economic value**