Interview with Paul Ribeyre in La Libre Pharmacie

Caption: In October 1952, in response to questions from the French pharmaceutical industry, Paul Ribeyre, French Minister of Public Health and Population, sets out the objectives of the plan for a European Health Community.

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Interview with Paul Ribeyre from *La Libre Pharmacie*

I get a call from my editor in chief: ‘The Health Minister will see you on Friday 3 October at 11 a.m. He has agreed to a long interview, and he will answer all your questions. The text of the ministerial statement will be posted to you. Make the necessary arrangements.’

I begin by wondering how to proceed: I am not exactly used to this type of work; I know no more than the average French person about the ‘white pool’; and I must admit that I am dreading having to ask the Minister some indiscreet questions.

The official document arrives in the post, and I start to prepare my questions with the audacity of incompetence. I am relying on my complete lack of prejudice to help me be as objective as possible.

On the arranged day, at the agreed time, I somewhat anxiously fill in the interview form handed to me by the clerk at the Ministry of Health.

It doesn’t matter that I have to wait: it is perfectly understandable that a Minister’s duties do not always allow him to be on time; and my wait will not exceed the thinking time required by anyone about to tackle serious issues.

Nonetheless, I feel alone. Like a mantra, I repeat the line from Molière’s comedy: ‘Que diable allait-il faire dans cette galère?’ [‘What the Devil was he doing in that galley?’]. Then I apologise to the Health Minister for making such an unflattering comparison to the building in rue de Tilsitt.

However, it is an unfair comparison: this becomes clear as soon as I enter.

When I try to recollect my feelings on entering the Minister’s office, every other memory fades away, overridden by a sense of being made welcome.

I was expecting something very official, something a little stilted, and dare I say it, even a touch embarrassing. Yet, from the outset, I find not a personality, but a man.

Of course, the Minister, Mr Paul Ribeyre, is sitting at his desk; and naturally, his position is more comfortable than mine; but he puts me at ease with such charming simplicity, that I no longer have any scruples about bravely pulling out my file and my notebook and throwing myself wholeheartedly into conducting the dreaded interview.

I must admit, Minister, that I feel unable to keep only to those questions that I have prepared in advance. I would ask you to be indulgent towards me as a novice. I shall, however, attempt to avoid repetitions, and I shall try not to take up too much of your time.

An interview is undoubtedly subject to a degree of imprecision and repetition, as it depends on the rather unplanned nature of the conversation; but this lack of rigour is itself beneficial, as it enables greater clarification of points that may not be so obvious in a prepared speech … I would add that such clarification is not a waste of time.

If we were facing each other as enemies, a banal comparison would lead me to say ‘let battle commence’. But what drives me is nothing like a desire to attack. I do not feel hostile, just very curious about what I am

going to learn as I get to know this public figure who is honouring my profession by devoting his time to it, time which is more precious for him than for most.

While he is speaking, through the tall windows I can see the tranquil trees of an autumnal Paris and the triumphal Arc which France built to honour its glory.

We have not yet finished building, but, if it is to create monuments that reach up to the sky, mankind must first accept the need to lay solid foundations.

I am neither for nor against it. As yet, I do not know if it is worth taking part in this project. I am not a pioneer, I am a prospector: I want to clear the site. As a consequence, I hope that we shall all be able to see more clearly, and that then, if the project succeeds, there will be no lack of workers.

I become favourably biased towards the man sitting opposite me, who wants to help me, because it is clear that he is driven by great thoughts.

It is no longer the time for general reflection. I must begin the interview and see it through to the end.

It is clearly true, Minister, that this act of high-level politics brings with it an element of risk: the risk of generosity. I think France may be proud to be the first to tackle this issue.

In my opinion, generosity is an innate French quality. But let us make no mistake, France is also the country of common sense, prudence and clear ideas.

You used the word ‘politics’, and this is indeed how I understand it, provided you use the correct definition of this word, which is the search for the well-being of the State. Today, the State realises that it has wider horizons and greater responsibilities.

The State that you are talking about, Minister, is not an abstract idea: it comprises very human elements and very legitimate interests. Are these what you call ‘specific features’ in paragraph 6 of your statement?

I use the term ‘specific features’ in the historical sense, in other words, in reference to the tendency for a State or a region to defend itself against absorption into a larger State, even if this is to the detriment of the general interest.

Do you consider those ‘specific features’ to be national in scope, or do they relate to private interests?

Specific national features, such as those resulting from legislation specific to each country, are sometimes difficult to distinguish from private interests, which tend to oppose any change in certain industrial or economic traditions. Both will be interlinked in practice and constitute difficulties to be overcome.

In addition, we must resolve the concerns of those who wrongly fear an attack on certain international organisations or of those who are afraid of losing the often purely honorary positions acquired in such organisations.

I must admit that I had been thinking more about private interests. Do they not risk being seriously damaged?

This issue has not escaped us. Legitimate private interests might be damaged if certain precautions were not taken. That is why I have clearly said in my statement that we shall listen to the interested parties and

involve them in the setting up of this cooperative project. This point has given rise to no objections.

Furthermore, it will be easy to show that the required sacrifices may largely be offset by an expanded field of activity within the Community.

Staying with this issue of specific features, Minister, do you not think that it would be better to pose the problem as clearly as possible?

I would say that we shall all benefit from the 'Health Community', as everyone will play a part in it. Specific features are an issue, and I should like to think that individuals will understand that their own interests can coincide with the common interest when it comes to improving what is both an essential asset of mankind and the very goal of the health profession's activities.

Equally, we hope that, from a legislative angle, Parliament will allocate generous funding to us for this task of European integration.

Are you not concerned that the term 'European' will cause some people to feel resentment and drive others away? And do you not agree that the word 'European' indicates a political will that *ipso facto* excludes nations which, through their interests and beliefs, are part of other communities (Atlantic, Muslim, Oriental, etc.)?

We do not fear that the term 'European' will cause difficulties. On the contrary, many countries, such as the USA, are very actively encouraging us to go further in the establishment of this European Community. Therefore, the creation of a united Europe does not necessarily entail adopting a hostile stance towards other communities; just as in theory the establishment of an Arab League should not offend a European Community, if it existed.

Besides, why should the term 'European' offend anyone? It relates to a geographical and historical reality. Europe is a group of nations that have shared two thousand years of civilisation which have inevitably left the same mark on all of us.

The geographer, Daniel Foucher, once said: 'Europe is too large to be united, but it is too small to be divided. Therein lies its dual destiny.'

We must try to escape from this dilemma. It is this very imbalance that has given birth to the 'European awareness' — a feeling among communities and peoples that something is missing: a Health awareness can only arise from illness.

The concern of a Europe that is trying to find itself can be only productive, as any gestation begins with pain and every creation with anxiety.

How does the European Health Community differ from the World Health Organisation (WHO)? Does it play a complementary or restrictive role?

This is a valid question, especially as both institutions are concerned with the same issues. As you are aware, WHO's constitution sets out its mission to ensure 'the highest possible level of health' for every human being, where the term health is understood to have a very broad meaning since it denotes 'a state of complete physical, mental and social well-being, and not just the absence of illness or infirmity.'

This is also the European Health Community's goal. However, whilst these two bodies have shared objectives, the means of attaining them are different.

In answer to your question, I would say that, in geographical terms, the European Health Community is more restricted than WHO, whereas it performs a complementary role in terms of the way it operates.

WHO is just one of a number of specialised UN institutions, and, as such, it has a worldwide remit. And yet, paradoxical as it may seem, such a large organisation naturally imposes limits on its own activity. Whilst I am delighted to praise the worthy efforts of WHO European Office, it can only partially address these limitations.

Therefore, I would repeat, the role of the European Health Community will differ from and yet complement the role of the specialist international institutions.

As outlined in my statement, these organisations have had to make do with focusing their activities on scientific or administrative studies, research, and working together to benefit the most underprivileged people, but they do not especially pursue real economic progress, which will be one of the roles of the Community. This Community will be a homogenous group formed by countries that are very similar in terms of their origin and their social evolution; it will be able to address a large number of questions more realistically than a larger institution ever could.

In general terms, an organisation with a worldwide remit will clash with the national identities of its various member countries when looking for over-precise solutions. It will receive only relatively small concessions from its members with regard to national sovereignty.

Furthermore, certain problems cannot be resolved by the existing international institutions as no supranational authority has been conferred upon them; this shortcoming generally makes their recommendations ineffective.

An example is WHO's International Pharmacopoeia. This is the work of five experts; it is extremely incomplete and does not meet European desiderata — for example, in terms of the quality of the medicaments described — and as a result, no European country has considered adopting what is supposed to be an International Pharmacopoeia. While it appears to be a very valuable directory, it has no practical application in several countries.

However, the European Health Community might produce a 'European Pharmacopoeia' to which every participating country could contribute directly and which would become compulsory in each of these States.

Finally, another reason that prevents WHO from quickly attaining some of its goals is a lack of funding.

It will be possible to provide the European Community with a proportionally higher level of funds insofar as all the Member States will very quickly benefit from the funds which will not be allocated worldwide in such a way that the practical results are very difficult to perceive.

If this project becomes a reality, are you not concerned about overlapping, competing and even clashing with organisations active in the international arena (WHO, ILO, FAO, etc.)?

I would refer back to my answer to your previous question: the European Community will play a role different from yet complementary to the other international organisations.

At all events, every precaution must be taken to avoid clashes with other organisations. In practice, difficulties are very unlikely to arise, since the existing international situation in this field will be taken into account.

The European Health Community will, on the one hand, benefit from the work carried out by existing international bodies, and, on the other hand, it will make a tangible contribution to these bodies.

Since something tangible must be achieved first, in order to create a climate for joint action, do you not think that one of the key phrases of your statement is the following: 'By pooling resources intended to care for the sick and the infirm, its (the Health Community's) task will be to contribute to the moral and physical welfare of the people'? Still in terms of tangible progress, do you not see this

European Health Community primarily as a pooling of resources?

Indeed, you have understood our line of thought. In practical terms, the European Health Community will primarily be a pooling of all types of resources.

You say in your statement: 'Beyond our borders, irrespective of nationality, religious belief or political ideology, we all have one common concern: "mankind".' Does this shared idea really exist?

Can we say that there is a European conception of mankind that is not distorted by national customs, religion or politics? In other words, is there such a thing as a universal definition of a European?

President Pinay has already answered this question for me in the speech he gave in Brussels just a few days ago. 'If we want to restore hope to people's hearts, we must restore a moral **purpose** in this technical civilisation. **It is the task of the Christian and humanist West to find a new form of social existence**.'

I would also refer you to the '**European Convention on Human Rights**' which, as you are aware, was signed on 4 November 1950 in Rome. The contracting parties, Member States of the Council of Europe, expressed the desire:

'To safeguard the moral values and democratic principles that constitute their **common heritage**.'

'To ensure through **gradual measures** the universal application of the Declaration of Human Rights', etc. Furthermore, does not Article 3 [sic] state that 'the just requirements of morality, public order and **general welfare** must be met'? I believe that I am following the spirit of that Convention by giving priority to the safeguarding of the **health** of mankind — its most valuable resource.

If I have correctly understood, you are convinced that the priority rests on, in the words of President Schuman, 'initiating tangible progress through true solidarity.'

That is correct.

Are you therefore ignoring the preliminary ideological problem that we have just mentioned?

The answer to your question is yes, but I must elaborate. In the same way as the ancient philosopher instructed to prove movement began to walk, I would say that walking proves movement.

However, I do not wish to underplay the importance of principles. In this regard, an interview leaves little room for that development. I think it is best to refer you to the conclusion of my statement, and I shall quote the last paragraph of this conclusion: 'Does not the magnitude of the goal pursued and the hope it involves now preclude any hesitation?'

May I, Minister, continue to focus on the ideological aspect of the issue, simply to define more clearly which aspects are related more specifically to economic factors and which are closer to the central ideology.

Can you now clarify what is meant by: 'It (the Community) will also combine cultural assets and human values'? As this paragraph follows immediately after the paragraph proposing the 'creation of a common market', does this mean that, for you, the material issue does not detract from the reality of Health?

Are we to understand that the words 'cultural assets' are of an exclusively scientific nature, or are we to think that, taken in conjunction with the words 'human values', they open the Health Community to wider perspectives, for example: educational issues, child protection, the protection of women, racial issues, etc.?

Material progress is merely a side issue of the whole debate, because, when it comes to caring for the sick, issues of intelligence and of character play the predominant role.

You know better than anyone that medicine, and paramedical activities, are not based solely on Science. Because of the nature of the subject, they also touch on Art, since they are all built upon the issue of humanity.

The expressions ‘cultural assets’ and ‘human values’ must be understood in the broadest sense.

‘Cultural assets’ represent the total knowledge acquired in the diverse areas that you have mentioned; however, they are also the means that the community will provide to its participants for further progress: laboratories, publications, statistical services, etc.

The term ‘human values’ describes, for example, experts and practitioners, whose competence will be called upon by different countries, and the results of their work will be widely disseminated. These researchers will work together in the same field of expertise in a European Health Community research centre.

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Your chapter entitled ‘The Treaty of the European Health Community’ seems to provide no more than a general outline. Can you tell us if the project is in place in your Ministry or if you think that it should be the subject of a preliminary study?

When I presented my statement to the Council of Ministers, how could I have given my colleagues anything other than the main outline of a project which has certainly been the subject of studies by my staff but which can only take shape gradually?

We can only draw up a preliminary draft, one which must be finalised with the other Ministries and then discussed with the governments of the participating States. This is the framework upon which we must weave ... and one day, hopefully, embroider.

To answer your question, a preliminary study is required.

Will this study be carried out by a committee of senior civil servants and jurists, or will other professionals be involved?

This study will be carried out by a committee of senior civil servants and jurists, as well as other professionals. On this point, I can confirm the assurances I have already given — the same assurances that appear in my statement. The professionals will be able to voice their criticisms and suggestions and will be involved in the finalisation of the treaty. If we did not operate in this way, we could be justly accused of systematising.

Indeed, we have not yet decided upon a definite form for the preliminary draft to which I was referring, precisely because we wanted to draw up this first document only after consulting the professionals concerned.

At what stage do you plan on involving health service professionals in the creation of the Community?

Will they be consulted? Will they take part in designing the project, or will they be involved only in carrying it out?

We have already consulted the health service professionals, and we shall continue to consult them as the work progresses.

I should like to return to the issue of the involvement of professionals, if I may.

Firstly though, a question about 'How a European Health Community would work'. Is it really possible to model health services on the coal and steel pool?

Are these areas sufficiently similar to enable them to be dealt with in the same way, since one relates mainly to heavy industry while the other is primarily concerned with human beings?

Furthermore, would it not be true to say that the three proposed bodies — the High Authority, the Consultative Committee and the Council of Ministers — are cumbersome, ceding too much ground to lengthy administrative processes and political difficulties (national demands)?

We are well aware that the problems to be resolved are much more complex than those facing the European Coal and Steel Community. It is very clear that changes to the system adopted by the ECSC must take into account the specific role of the white pool. Moreover, I have never said that we should 'model' the organisation of this Community, rather that we should 'draw inspiration' from it. I was particularly thinking of the key concept upon which it is based.

To date, contractual agreements have remained the principal instruments of any international organisation, but such agreements, which have relied upon goodwill and loyalty, have proved to be insufficient. Many infringements in the recent past are evidence of this. From now on, thanks to the extraordinarily innovative Schuman Plan, treaties must create not merely obligations but also institutions to ensure that they are respected, in other words supranational bodies with their own independent remit in a particular area.

The three proposed bodies will not therefore be cumbersome, if you remember that the High Authority, which will be supranational in character, will be able to overcome the very difficulties you have mentioned, especially national demands. Furthermore, this body will not be responsible for detailed action, but it will act as a catalyst for the activities of the various countries.

Another question about 'How a European Health Community would work'.

Is it not true to say that funding (paragraph d) is a factor in increasing the cost of living because of the direct impact of health on the budget?

Funding methods have not yet been finalised. The choice will clearly take into account the effect that these methods could have on prices. In any case, the new organisation must lead to a drop in health sector costs sooner or later. This is a field where the most highly qualified economic and financial experts will advise the Community authorities.

Let us consider another aspect of the financial issue:

Do you think that the pooling of scientific research can be achieved without the allocation of special funds by national governments?

Where will these funds come from?

And a supplementary question, which body will manage and coordinate the scientific research?

It is important to distinguish between the funding of scientific research undertaken by the Community and the coordination of this research with research undertaken at the behest of each Member State. In relation to the first point, this issue will be tackled using all of the resources at the Community's disposal. These resources, initially at least, could include contributions charged to the budgets of the various States. Coordination of the various research bodies will certainly be required in order to avoid duplication of effort, and, once again, the activities of the Community will lead to better returns and to savings.

At Community level, these management and coordination tasks will probably be undertaken by the High Authority, assisted by the Consultative Committee, which will consist of scientists.

The question of scientific research leads us nicely to a specific aspect of the Health Community issue: the involvement of practitioners.

This begs the question:

Will Health Service practitioners play an ex officio role in the organisation and management of the Community?

In relation to participation by practitioners — and with respect to the issue that particularly concerns you, scientific research — we hope that groups will be formed that comprise experts or practitioners from every country within the European Health Community, and that they will work together for the general interest.

Will this participation happen through the intervention of consultative bodies, or will they be involved to a certain extent in management and decision-making?

We believe both things will happen.

Will the Health Community be exclusively in the hands of Ministers, civil servants and experts, or could it be driven by people who actively participate in the field on a daily basis?

I have raised this question again because of its importance to every health professional.

The European Health Community will take its inspiration from the ECSC, where we have seen that people from very different backgrounds have played a role.

With more specific regard to the pharmaceutical profession, two kinds of question need to be asked:

(a) How do you see medicinal ingredients being controlled, given the diversity of established products?

In other words, to what extent does the French proprietary product's legal status, particularly authorisation, fit in with the requirements of the Plan?

(b) How do you see Social Security administrative procedures interacting with pharmaceutical production, which is expected to shake up the cost price, and perhaps even the standards of treatment?

(a) We believe that the pooling of the raw materials destined for the pharmaceuticals industry must form the basis of the treaty. In order to do this, on the one hand, customs barriers must be removed on these products, and, on the other hand, the High Authority must adopt common standards. This is why one of the High Authority's most urgent tasks will be to draft a European pharmacopoeia.

The proprietary products will remain under the control of each State, but it should be clearly understood that there should be no discrimination on the basis of the origin of the ingredient used in the proprietary product. In fact, abolishing authorisation would be a dangerous contradiction of the conventions of the Health Service and, in practice, the problem would be impossible to solve, with each State wanting to impose on other States proprietary products sold legally at home.

With regard to treatment, this would be a step backwards rather than forwards because, as you are very well aware, in every European country we suffer from an excess of existing pharmaceutical proprietary products.

(b) On the face of it, in terms of Social Security, each country will continue to reimburse its taxpayers for the same products as now.

A foreigner working in a particular country will subscribe to the Social Security system of the country where he is working.

Furthermore, one of the most sensitive issues to resolve is that of the social insurance costs payable by industry in each country, but this problem stretches beyond the European Health Community, as it is already pertinent to coal and steel.

Do you intend to defend before a Constituent Assembly of the Health Community the main principles of French practitioners:

(a) Freedom of choice for the patient;
(b) Freedom of prescription;
(c) Direct payment?

Or, should we expect the 'Health Service' to become generalised and await the creation of a super-body providing free care?

In our opinion, the three principles that you mention also constitute the fundamental principles of any social legislation. To reject them would mean denying patients indispensable guarantees relating to the quality of care that they are likely to receive; to end direct payment would equate to ceasing to tackle abuse and compromising the stability of a social security system; this would, at all events, make it difficult for honest emigrants who are at the mercy of unscrupulous profiteers. We have always upheld these views, and we shall defend them on the European stage. Moreover, within the necessarily restrictive framework of a statement, I have highlighted the need for freedom of prescription.

Have you thought about a seat for this organisation? As the initiator of this project, what is France's preference:

Geneva, with its tradition of cooperation in the field of health?
London, at the interface with the Americas?
Strasbourg, already involved in the seat of the coal and steel pool?
Paris, the undisputed intellectual capital?

It would have been premature of me to propose a seat for this new organisation, as we are still only at the stage of negotiations.

Has the 'language' issue been raised?

Is Latin likely to remain the language of the pharmacopoeias?

The issue of language will be raised, but I believe that it has already been solved in practice, since German doctors, like those from most Anglo-Saxon countries in the European Health Community, tend to prescribe in Latin.

Have you considered the establishment of a Community journal?

Are there any plans for a documentation centre?

We have not yet considered establishing a journal, but the idea is an interesting one.

The Documentation Centre, on the other hand, will be one of the raisons d'être of the European Community; it is for this reason that, in my statement, I have focused on the need for mutual information in all areas of health, demography and science. In order to support the decisions taken by the High Authority and to facilitate governmental action, different journals could be published in several languages in order to ensure

the dissemination of the most important information.

One final question:

How can French pharmacists provide effective support to the Community?

Must they expect politically motivated decisions?

Can they, without feeling that they are acting prematurely, start laying the foundations for future cooperation with their foreign colleagues?

Must they make contact, at national level, with other members of the French Health Community?

In short, what audacious yet prudent act do you suggest the leaders of the pharmaceutical industry undertake to promote this supranational Health Community of which you have such high hopes?

We believe that the excellent relations that already exist between the various European countries within the International Pharmaceutical Federation are a positive omen for the future, and we think that it would be eminently sensible for French pharmacists to begin discussing these issues seriously with their European colleagues forthwith.

With regard to the contacts to be made at national level, you are better placed than I to make this happen.

In a few words, we really hope that the French pharmacists will help us to build this European Health Community. Please do not hesitate to bring to my attention any suggestions you might wish to make relating to this matter; I will certainly take note of them.

It is not my place, Minister, to have the last word, and yet, before concluding, I should like to thank you on behalf of the journal that I represent, and also on behalf of my colleagues, whom you have honoured by granting me an interview.

Nor is it my place to prejudge the feelings of my colleagues, however I should like to express the hope that my profession will be able to be of use to you.

Nor do I want to jump to conclusions, but you could say that this interview has been of value to me and even more valuable to the work that we have just started.

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I send my article to our journal 'La Libre Pharmacie'. I would like to thank that journal for this opportunity. My journalist colleagues are most welcome to write to me at the journal, should they require any clarifications.

X. Blanc-Bernard