A VIEW OF TURKEY AND EUROPEAN RELATIONS FROM THE PERSPECTIVE OF MEDICAL LEGISLATION: AN ASSESSMENT OF STATE OF PLAY

Perihan Elif Ekmekçi*, Berna Arda**

Abstract
The aim of this paper is to reflect the situation of health legislation alignment in Turkey in its accession process to the European Union and Customs Union Agreement, and to discuss the EU’s health priorities of in parallel with the Turkish ones. The health legislation alignment processes consist of three titles which are: European Union alignment process, the harmonization done in the framework of membership to Council of Europe, and the obligations under the Customs Union Agreement. Significant human resources are required for the adoption of the legislations which make ethically imperative the discussion of whether there is a harmony among the priorities of both parities. Unless this harmony and paralellism is shown, the human resources appointed for the adoption of health legislation process would not prove their efficiency and effectiveness.

In this article, the Customs Union and formal negotiations for full EU membership are included in the phrase “the alignment process to European Union”. Council Decisions 1/95 and 2/97 and the obligations provided by the Customs Union Agreement. The reference document used to discuss the formal negotiation process for full membership to European Union is the Turkish National Program for the Adoption of the EU Acquis 2008-2013. The legislative obligations of Turkey arising from its membership of the Council of Europe, which has significant contributions to the medical legislation especially in the field of medical ethics, are also included in this article.

Keywords: Council of Europe, European Union accession, Health Legislation, Customs Union.

Corresponding author: Perihan Elif Ekmekçi: rpelifek@gmail.com

*Ministry of Health Turkey
**Ankara University, Faculty of History of Medicine, Ethics Department, Ankara, Turkey
INTRODUCTION

European Union’s approach to health enhances and gradually becomes more comprehensive which implicates that the alignments arising from EU candidacy will ascend in the Turkish health legislation.

After the World War II, the European Coal and Steel Community was established to form an economic unity in Europe to strengthen the peace. The European Coal and Steel Community has enhanced its limits of authority and evolved to the European Economic Community, and the European Community and European Union consequently. This process includes two concepts which empower the sphere of influence of the European Union; Enlargement and Deeping.

EU started with six founder states: Belgium, France, Germany, Holland, Italy and Luxemburg. By the waves of enlargement, the Union turned out to be a huge foundation consisting of 28 states with a surface area of 507,416,607 km² and 506 million people. The enlargement generated by the growth in numbers, presents many problems including social policies and, particularly, health. EU has increased its area of influence to overcome these newly arising problems of various political fields. The increased influence is the second dimension of growth which is referred to in the literature as the Deeping process.

With the impact of Deeping, the integration which originated in the economy started to disseminate to other sectors including foreign affairs, security, justice and internal affairs. As a consequence of the Deeping procedure, health and social policies were included in the integrated political areas of the EU.

The amendments to the Foundation Agreements of the EU gradually led to comprehensive health legislation. The White Paper (1994) gave the first clues that health was going to be a growing area of integration. In 2000, The European Union released the Charter of Fundamental Rights that refers to health as follows: “Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.” (1) This Declaration led to a rapid acceleration in the field of health. Two EU health strategy papers had been produced up to 2013, and the third strategy for the 2014-2020 “Together for Health” has been recently launched to support the overall 2020 EU strategy.

In 1959, Turkey submitted its official EU candidacy. In 1963, a significant road map heading to the full EU membership of Turkey was defined under the Ankara Agreement. Unfortunately, this road map has been disrupted several times by the problems generated by both sides. In 1995, the Customs Union Agreement was signed between EU and Turkey which brought a new dimension to the process. With the emergence of Customs Union Agreement a comprehensive legislative alignment period in the field of economics has started. In 2004, EU recognized Turkey’s candidacy to full membership, and the negotiations between EU and Turkey started in 2005. During this development, the
legislative alignment gained a new dimension including health.

The health legislation in EU acquis is not covered by a single chapter but referred to in several. The health acquis can be found in the chapters: Free Movement of Goods, Right of Establishment and Freedom to Provide Services, Social Policies and Employment, Environment, Consumer and Health Protection, and Intellectual Property Rights. Within these chapters, Consumer and Health Protection is the one which focuses on health the most. On December 19, 2007 this Chapter was officially opened to negotiation. The health legislation to be aligned in this Chapter includes communicable diseases, organs, tissues, cell donation and transplantation, and blood and blood components. Turkey started to align its health legislation with the EU legislations in 2007.

Apart from the legislative alignment, Turkey also has the obligation to develop the needed institutional capacity to implement the new legislations. In the EU progress report 2011, it is clearly stated that, without a proper institutional capacity development, the aligned legislation would fail to implement the legislation and to achieve the required practical results (2). In this context, the Decree Law Concerning the Organization and Duties of the Ministry of Health and The Affiliates (663) (Official Gazette Date: 02.11.2011, Number of the Official Gazette: 28103) is considered as a concrete step.

The chapter on Free Movement of Goods is not open to official negotiations yet, but Turkey still has obligations regarding this Chapter. These obligations arise from the Customs Union Agreement. The topics on medical products, medical devices, cosmetics, toys, detergents, data protection and intellectual property rights are covered under this chapter. Although most of the legislations in this Chapter are aligned, the problems about intellectual property rights legislations and data protection still remain unresolved. (2)

The Chapter on environment is one of the most comprehensive chapters. In spite of the absence of health legislations in this Chapter, all the legislations regarding the environment have impact on health. Therefore, the legislative alignments should be addressed in a perspective which gives priority to the health impacts.

As a candidate country, Turkey has an official obligation to fully align all the primary and secondary legislations of the EU and to develop the needed capacity to implement the aligned legislations. The EU’s approach to health becomes more comprehensive in time; therefore, the topics which are not on the agenda now may turn out to be new areas of health legislation alignment. Furthermore, the legislations under discussion are updated and amended in parallel with the improvements. This leads to amendments to the aligned legislation of Turkey.

The Activities in National Program of Turkey for the Adoption of the EU Acquis 2008-2013

The National Program of Turkey for the Adoption of the EU Acquis 2008-2013 entered into force by the Cabinet Decree No 2008/14481 which was published Official Gazette on December 31, 2008. It is the official document that consists of the legislative alignments that Turkey should put into practice on the short
and medium term during the EU candidacy period. The National Program is a response to Accession Partnership Document of the EU that depends on the Council Decision 2008/157/EC, in which EU outlines its principles, priorities, and provisions for our country’s membership to EU process.

The National Program includes the names of the legislations to be aligned, the due time of alignment, and the amount of budget required to fulfill the alignment and develop the needed institutional capacity to implement the new legislation. Within this context, the National Program includes 431 regulations under 33 Chapters.

Health and Consumer Protection Chapter
EU Commission has a concrete conviction that the acquis about protection of consumers is crucial to eliminate inequalities and the marketing obstacles among member states and to enable economic integration. Protecting consumers’ health is one of the important priorities EU Commission in this respect.

Health and Consumer Protection Chapter is divided into two main groups: “Protection of Consumers” and “Protection of Health”. Protection of health refers to infectious diseases, tissue and cells, blood and blood components, cancer, mental health, alcohol, nutrition, physical activities, and tobacco use.

Health and Consumer Protection Chapter was opened to negotiations at the Inter-governmental Conference held on December 19, 2007. The obligations for legislative alignment of Turkey in this context are as follows:

Decision No 2003/641/EC: protecting individuals from economic and mortal causes of tobacco and tobacco products that harm their health and social environment and preventing teenagers and children from using these products.

Decision No 2003/641/EC was adopted in 2009 by the Regulation about Procedures and Principles for Production Type, Labeling and Inspection of Tobacco Products in order to Prevent these Products Give Harm together with the National Program.

“Regulation that makes changes in the Regulation about Procedures and Principles for Production Type, Labeling and Inspection of Tobacco Products in order to Prevent these Products Give Harm” was published in the Official Gazette No 27637 on July 10, 2010.

Directive No 2003/33/EC: In the National program, the Directive aiming to protect individuals from advertorials, promotions and campaigns that promote the consumption of tobacco and tobacco products was planned to be adopted in 2009. This adoption is fulfilled by the issue of “Regulation about Procedures and Principles for Sale and Presentation of Tobacco Products and Alcoholic Drinks” by the Official Gazette No 27808 of January 7, 2011.

Directives No 2004/23/EC, 2006/17/EC, and 2006/86/EC: In the National Program, the Directives aiming to regulate the procedures and principles about obtaining, donating, testing, processing, keeping, storing, transferring, vaccinating and transplanting organs, tissues, cells,
stem cells and cell components for treatment, diagnosis or medical purposes was planned to be adopted in 2009-2010, under the Statutory Law about Organ, Tissue and Cell Transplantation Service.

Directives No 2004/23/EC, 2006/17/EC, and 2006/86/EC also aim to regulate the security and quality standards for donating, obtaining, testing, processing, keeping, storing, and distributing human tissues and cells and to regulate their adverse effects. In the National Program, the stated Directives were planned to be adopted in 2010.

Quality and Security of Centers for Human Tissue and Cells Regulation was published in the Official Gazette No 27742 of October 27, 2010. With this Regulation, EU Directives No 2004/23/EC, 2006/17/EC and 2006/86/EC were adopted.

Decisions No 2007/875/EC, 2008/351/EC, and 2008/426/EC: These Decisions refer to the regulations in the control and surveillance of communicable diseases. In the national Program they were planned to be adopted in 2009. The realization of the adoption took place in 2011 with the Regulation about Principles for Surveillance and Control of Communicable Diseases which was published in the Official Gazette No 27893 on April 2, 2011.

Council Proposal No 1999/519/EC: This Proposal includes the protection of community health from electromagnetic area, investigation of these areas’ effects on health, and determination of duty, authority and responsibility of institutions and organizations for making the community aware of this subject, and was planned to be adopted in 2009, with the Regulation about the Effects of Electromagnetic Areas on Community Health.

The Regulation about Necessary Precautions for Protection of Environment and Community Health from Negative Effects of Non-Ionizing Radiation was issued on Official Gazette No 27651 of July 24, 2010.

Chapter on Free Movements of Goods
Free movements of goods mean that all Member States can trade their goods on a free unified market. This title includes obligations of legislation alignment for medical products, cosmetics, detergent, medical devices, and toys.

The commitments in this Chapter of the National Program and the situation of its adoption in Turkey are follows;

The Directive No 2004/27/EC: This Directive is amending the terms regarding data protection in the Directive No 2001/83/EC. In the National program, Turkey committed to make the said alignment by the date of full membership. This alignment is planned to be fulfilled by amending the Regulation of Authorization of Humane Medical Products at the due date.

The Directive No 2004/24/EC: This Directive aims to regulate the usage of conventional herbal medical products, which are proved to be effective. The regulation not only focuses on pure herbal ingredients but also on the combination of herbal
ingredients with other active substances. In the National program Turkey committed to adopt this Directive in 2009, with the adoption of Regulation about Simplified Authorization of Traditional Herbal Medical Products.

This was adopted under the Regulation about Simplified Authorization of Traditional Herbal Medical Products, and published in the Official Gazette No 27721 dated October 6, 2010.

**Directive No 2001/83/EC:** This directive is on the Community code relating to medicinal products for human use. The essential aim of the Directive is to regulate any rules governing the production, distribution and use of medicinal products in order to safeguard public health. In the national Program, Turkey committed to adopt this directive in 2009, with the Regulation about Storing and Wholesale Distribution of Medical Products but the said adoption is still pending.

**Regulation (EC) No 141/2000:** The purpose of this Regulation is to lay down a Community procedure for the designation of medicinal products as orphan medicinal products and to provide incentives for research; development and placing on the market of designated orphan medicinal products. The stated Regulation was planned for adoption under the National Legislation at the date of full membership, with the Regulation about Orphan Medicine.

**Regulation (EC) No 847/2000:** The purpose of this legislation is to identify the medicines used for curing rare diseases, evaluate them with regard to their cost effectiveness and usage frequency, determine the responsibilities for production and usage, and to promote manufacturers who develop and bring these medicines into use. In the National program, the Regulation for the Provisions on Implementation of the Criteria for Designation of a Medicinal Product as an Orphan Medicinal Product and Definitions of the Concepts ‘Similar Medicinal Product’ and ‘Clinical Superiority’ is committed to be adopted by the full membership of Turkey.

In the National Program, Turkey committed to establish the Turkish Medicine and Medical Devices Institution to create the needed institutional capacity for the adoption and the implementation of the said legislations. In the national Program, this commitment was due by 2009-2013. In 2011 this commitment was fulfilled with the establishment of the Turkish Medicine and Medical Devices Institution, and published in the Turkish Official Gazette no 28103, 2.12.2011. (4)

**Chapter on Environment**

The commitments of Turkey regarding the adoption of health related regulations in National Program, and Turkey’s state of play for the level of alignment are as follows;

**Directive No 98/8/EC:** The purpose of this directive is to assess the risks for human, animal, and environmental health of biocidal products before they enter the market. Also, the directive aims to regulate the principles and procedures of
manufacturing, contract manufacturing, importing, and classifying biocidal products and presentation of biocidal products and to determine the practices for licensed biocidal products. Turkey adopted this Directive in 2009, with the Biocidal Products Regulation and Biocidal Products Regulation was published in the Official Gazette No 27449 of 31 December 2009.

**Directive No 2006/7/EC:** This Directive lays down provisions for the monitoring and classification of bath water quality, the management of bath water quality; and the provision to inform the public on bathing water quality. Although this regulation was undertaken for adoption in 2011, with the Regulation about Changes in Water Quality Regulation this alignment is still pending.

**Chapter on Intellectual Property Law**

The Chapter on Intellectual property law is open for official negotiations. The Ministry of Health does not have any commitments for the adoption of legislation in this chapter in the National Program. However, the chapter includes “supplementary protection certificate” which is one of the main topics for negotiations, with direct and big impact on generic drug sector. For this reason, even though the technical work for the adoption of legislations on this chapter is legally under the responsibility of Turkish Patent Institute, the procedure involves the Ministry of Health.

Supplementary Protection Certificate prolongs the data exclusivity duration, which is valid after the original medicines enters the market, to the benefit of the original medicines. This implementation which delays the generic drugs to enter the market will cause negative effects on access to drugs. Turkey has delayed the adoption of this issue until the full membership to the EU.

**Chapter on the Right for Establishment and Freedom to Provide Services**

This Chapter is not open to official negotiations yet, and it is about free movement of persons. The EU directive about recognition of professional competence is the Directive 2005/36/EC. This directive is valid for all member countries’ citizens who want to perform their profession in another state member, other than the country they acquired their professional competences.

This directive regulates the professions of health such as midwifes, nurses, medical doctors, dentists, and pharmacologists. In the National Program, the responsibility for adaptation of this Directive is granted to the National Institute of Professional Competence. The adoption of the said Directive is currently fulfilled except for “the charter of citizenship”.

**Adoption of health legislation within the Context of the Agreement on Customs Union**

Customs Union can be summarized as the mutual custom tariffs for third countries aiming to ensure the economic integration between EU and Turkey. This integration requires the adoption and alignment of a comprehensive list of legislations. The legislations to be harmonized in accordance with the Agreement on
Customs Union were listed on the Association Council Decision No 1/95. This legislation list in the Council Decision No 1/95 is updated by the Council Decision No.2/97. This list includes cosmetics, medical devices, human and medicinal products and toys to be subjected to the health legislation. Apart from these issues, the Customs Union has brought many new concepts including “market surveillance and control, ethical rules, CE sign” into our medical law.

Since 1995, the regulations on health have been made under different topics. These areas are as follows:

- **Cosmetics**


  Toys


- **Medical devices**


  Decision 2002/364 of 7 May 2002 on common technical specifications for in vitro-diagnostic medical devices was adopted by the “Statement
Common Technical Specifications for in Vitro-Diagnostic Medical Devices” Official Gazette no: 2005/1


- **Human medicinal products**


**Directive 78/25/EEC of 12 December 1977** on the approximation of the laws of the Member States relating to the colouring matters which may be added to medicinal products is adopted by the “Statement on Colouring Matters which may be Added to Medicinal Products” Official Gazette no: 25704 of 18.01.2005.


**Directive 2005/28/EC of 8 April 2005** laying down principles and detailed guidelines for good clinical practice as regards the investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products was adopted by the “Regulation on Clinical Trials” Official Gazette no: 27089 of 23.12.2008.

**Directive 89/105/EEC of 21 December 1988** relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems was adopted by the “Decision on Pricing of the Medicinal Products” Official Gazette no: 25373 on
DISCUSSIONS AND CONCLUSIONS

Comprehensive legislative alignment regarding health related issues has been carried out within the scope of the Agreement on Customs Union and EU Accession process. It is beyond doubt that this alignment requires a huge amount of time and effort by the specialized human resources. These resources have been used for the legislative work on the aforementioned areas instead of other health issues which implicates that studies on this field had priority to the others. In this context, the first thing to discuss is whether the health related priorities are also a priority for Turkey. Finding the answer to this particular question is important in terms of making an evaluation on whether the limited resources are used fairly and properly as well as for the impact of regulations regarding medical law during the accession process on the national public health of the country. Therefore, the reason why “health” has a priority for EU and priority health fields of EU has been analyzed in the first step and these priorities have been compared with those of Turkey.

Priorities in the field of health, or even whether the health field is a priority, depend on individual perspectives. Humans can reflect an economical value either by producing goods or services in person or by consuming the goods and services on the market. In both situations, the “person” should be healthy in order to create this value. The value of human health emerges from the capacity of a healthy person to produce economic goods. The healthy individual’s capacity to produce economic goods is higher than that of an unhealthy one which makes “healthy” an area of priority for an economist.

This point of view clarifies why health is a priority for EU. From the same perspective, we can predict that the components threatening the economic stability and integration are primary challenges of health by gaining some tips on the priorities of the Union.

EU Members are not subject to binding regulations in terms of health care delivery and financing. The Union has made health regulations only in restricted areas of health as mentioned above. These fields are priority health fields for the Union.

EU has a wide geography where around 506 million individuals have the right to move freely within an area of 507,416,607 km². This mobility and high population facilitate the capacity of vast spread of diseases. An epidemic that could easily be controlled through local interventions has the risk to spread along as the borders show up.

Recent epidemics including bird flu and H1N1, spread of HIV and AIDS, re-emergence of Tuberculosis have all materialized in devastating effects of cross-border communicable diseases and were included in the priorities of the Union. In this context, opinions have been brought to agenda towards establishing an early respond or warning system against a potential communicable disease epidemic and keeping the system in function permanently. In this context, strengthening the capacity to respond to these threats through coordinated epidemiological surveillance has been a responsibility shared by the national health authorities and the European
Commission.

Undoubtedly, the outbreaks are not health issues resulting only from communicable diseases. Today, another important outbreak spreading through developed countries as well as developing countries is the outbreak of chronic non-communicable diseases. In terms of mortality and morbidity in the Member States of EU, diseases in this group are on top of the list of burden of disease. Cancer, Coronary Heart Diseases, Apoplexy, Diabetes, Mental Diseases are among the leading diseases of this group.

Therefore, chronic non-communicable diseases turn up to be another priority field in the health policies of EU. The preventive and risk minimizing strategies against chronic non-communicable diseases are being developed by EU. In this sense, the regulations in the EU legislation including the prevention of obesity, fighting against tobacco and substance addiction, enhancement of physical activity and prioritizing community-based mental health services become more important.

On the other hand, medical products including drugs and medical devices have become important goods with the developments in medical technology. The necessity to carry out research and development studies at high costs to improve the medical devices and medicinal products brought intellectual property rights onto the agenda. Therefore, another EU priority showed up in the health field is the protection of intellectual property rights of the producers of these goods manufactured by innovation studies. In the Chapters on Free Movement of Goods and Intellectual Property Law, a legislation has been developed which regulates the areas including “data protection, data exclusivity, supplementary protection certificate and patent” in favour of innovators.

Another EU health priority is to take the necessary measures against the potential development in the field of medicine and biotechnology that might hamper the human health and existence. For this purpose, the necessary regulations have been produced by the Council of Europe, not the EU.

The Biomedical Convention was adopted by the EU Member States one by one and also by the European Commission on behalf of the Union. This Convention included the areas such as “best clinical practices for research products, ethical rules to be obeyed during clinical drug researches and trials, manufacturing and importation of research products” among priority health fields.

Finally, social and economic inequalities faced by the Union during the enlargement process should be discussed. Health results of the countries which became members after 2004 are quite inadequate when compared with others. This caused the “inequalities in health” to be on the agenda as important issues. With regard to the same issue under this topic, prioritizing the health problems of minorities and vulnerable groups has also been discussed within the agenda.

When the national burden of disease in Turkey is analyzed, ischemic heart diseases, cerebrovascular diseases and chronic obstructive pulmonary diseases can be seen on top of the list. (7) In terms of surveillance and prevalence of chronic non-communicable diseases, it can be noted that Turkey has a similar disease
burden compared to the member states of the Union.

On the other side, perinatal reasons, respiratory tract infections, congenital anomalies and diseases presenting with diarrhoea which cause a high level of child mortality, emergence of the Malaria disease in 84 individuals in Turkey in 2011—though not encountered in the member states of EU—and the infant mortality rate (18 per thousand 2011) of Turkey—which is far behind the member states of EU—all indicate that Turkey still has primary problems which are out of the agenda of the Union and mostly encountered in developing countries.

Communicable diseases which are among the EU priorities, especially those which are potential pandemics such as bird flu, are among the priorities of Turkey as well. Therefore, the early respond and warning system proposed by the Union and our attempt to harmonize it is regarded as the priority of both parties.

A similar situation is also there for Chronic Non-Communicable Diseases. As noted above, this sort of diseases and risk factors in their etiologies are significant issues to handle for both sides.

Data protection and data exclusivity for medical devices and products are not among the priorities of Turkey and not even regarded as posing risk for drug expenditures and access to drugs. Turkey is quite inadequate in producing and developing original drugs and medical devices compared to members of the Union, and this determines the originator countries to use relevant rights to the detriment of Turkey. Ensuring an alignment with the current legislation in this field which is regarded as a priority by the Union may limit local generic drug production, promote drug expenditures and create a barrier in access to drugs. Therefore, this field, at least at the present, is an issue on which the priorities of the two sides do not correspond.

Issues involved in the Biomedical Convention are also among the mutual priorities of both sides. The Convention in question has been included in the Turkish National Law due to Turkey’s membership to the Council of Europe.

Regulations in the fields of medicine and biology of the Biomedical Convention have quite a vast perspective. Due to this document which puts interests and benefits of individuals over those of science and society, the autonomy of individuals is ensured. Besides, it binds the interventions in human genome to specific conditions by creating norms which ensure that the researches in the field of genetics cause no harm to individuals and humankind. Biomedical Convention sets rules to be obeyed in the scientific researches on biology and medicine as well as the rules for organ and tissue transplantation, and norms for practicing on human body pieces.

In the light of this information, we can state that Biomedical Convention is a significant document for Turkey as well as for the Union in that it forms a general frame for the medical law.

Best clinical practices for research products, rules to be obeyed during clinical drug researches, ethical rules, manufacturing and importation of research products have been regulated due to the inclusion of the Union Acquis into the Turkish National Law which was prepared based on the Biomedical Convention. In addition,
the EU legislation regarding organ, tissue and cell transplantation which was formed in accordance with this Convention, is among the legislations we have aligned within the scope of the Chapter on the Protection of Consumers and Health.

“Inequalities in health” is also an issue on Turkey’s agenda. EU legislation regarding this issue is “Advisory” which is called “Soft Acquis” and does not exist within the National Program or other commitment lists. However, the Union includes this issue in the Progress Reports especially in terms of minorities and vulnerabilities, and underlines that necessary improvements should be carried out. Studies towards this issue have been conducted independently from EU alignment process within the Health Reform Program.

In consideration of this information, we can note that the health priorities of Turkey are mostly parallel with the scope of alignment studies made during EU process. In this sense, a negative evaluation on the use of limited health resources is not adequate.

On the other hand, due to technological developments, inventions, individuals, opinions, information, crises, products, habits and diseases move all around the world freely and swiftly. So, it is not that possible for a health problem or priority to stay “local”. Local health priorities quickly become “complex”. In this context, it would be logical to expect that there will be more similarities shared between the health priorities of EU and Turkey.

As a candidate country, Turkey is obliged to transfer all primary and secondary legislations of the Union into its national law and build the institutional capacity to implement the legislations transmitted. As the approach of the Union to the field of health becomes more and more comprehensive and inclusive, new priority fields which are not currently on the agenda, but that could occur in time, come into question. On the other hand, due to the updates on the harmonized directives, revision will often be needed for the legislations published following the harmonization. These necessities turn the EU harmonization into a dynamic process to continue till the date of membership granting. In this way, national regulations in the field of health will go on in parallel with EU regulations. This parallelism will accelerate the positive development of national health outcomes while facilitating the transmission of the health issues on the international agenda onto the Turkish agenda.

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