EPHA CAM WORKSHOP PRESENTATION ABSTRACTS

1. General introduction on Complementary and Alternative Medicine
Michaela Glöckner MD, paediatrician, IVAA

Complementary and Alternative Medicine/CAM, "a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period." is increasingly used across Europe alongside conventional medicine. Differences between Alternative, Complementary and Integrative Medicine are given and the major types of CAM are presented. The advantages of CAM for European healthcare are the 'salutogenic' concept, i.e. the emphasis on promoting health rather than defeating disease, which includes a holistic model of the human being, supporting patients' self-responsibility and autonomy in health, which can lead to cost savings in public health and economics. All the major CAM therapies approach illness first by trying to support and induce the self-healing process of the individual. If recovery can occur from this alone, the likelihood of adverse effects and the need for high-impact, high-cost intervention is reduced. Human qualities and spiritual understanding in modern medicine, clinical effectiveness of CAM, the virtual absence of adverse effects of CAM therapies and high patient satisfaction demonstrate that CAM therapies are an enrichment of modern medicine. The growing demand among EU citizens for CAM over the last few decades underlines the importance to integrate CAM into European healthcare.

Over the last few decades an increasing amount of research has been published on the effectiveness of CAM therapies, notably homeopathy, acupuncture, herbal medicine and anthroposophic medicine, in peer-reviewed scientific journals. Research ranges from basic science studies related to identifying potential mechanisms of action, to randomized controlled clinical trials in humans and animals, to cost-effectiveness studies and health services research. There is an increasing body of clinical evidence for the effectiveness of some of the well-known CAM therapies. Several long-term outcome studies have showed that e.g. homeopathy, acupuncture and anthroposophic medicine can be at least as effective as conventional care, with fewer side effects and higher patient satisfaction. Other research studies have shown overall that three quarters of the chronically ill patients achieved what they described as 'moderately better' or 'much better'. A number of randomised clinical trials have shown homeopathy and acupuncture superior to placebo; others have shown them to have at least equal effectiveness to conventional treatments.

There exist a number of treatments for specific ailments where the implementation of CAM therapies may offer significant cost savings to public health bodies, and to the economy more widely, and others in which additional benefits to patients may be obtained cost effectively. In contrast with conventional prescription drugs, homeopathic and anthroposophic medicines are generic, non-patented and non-patentable medicinal substances, produced at low costs. Moreover, they do not imply any costs associated with iatrogenic illness. Several research studies have demonstrated that patients who were treated with homeopathy, acupuncture or anthroposophic medicine used fewer medications, had better health, fewer days off sick, and fewer visits to medical specialists than patients of conventional physicians.

Medicine that promotes health rather than defeating disease can help to save costs, which is especially important to the CEE member states, where preventive medicine has just started to develop. When reforming the health sector the CEE countries may be tempted to follow Western European countries in the use of hi-tech medical equipment and expensive pharmaceuticals, whilst in Western Europe the awareness is growing that self-responsibility and life-style changes are a far more solid basis for the citizen's health. Freedom of choice of therapy and pluralism in medicine are inextricably bound to self-responsibility.

Integrated Medicine is a recent movement which combines the best of two worlds, i.e., which integrates conventional medicine with CAM. It is the practice of medicine that reaffirms the importance of the relationship between the practitioner and patient, focuses on the whole person, is informed by evidence,

and makes use of all appropriate therapeutic approaches –conventional as well as complementary and alternative medicine–, healthcare professionals and disciplines to achieve health and healing.

2. Importance and utilization of CAM from a patient's perspective
Monika Iseli-Felder, EFHPA

There are several reasons why patients choose CAM. Amongst others it is dissatisfaction with the orthodox medicine, little or no side effects and especially for chronic problems. The typical CAM patient is female, young, married, highly educated, independent, open – minded.

Different Approach: *Holistic:* person centred, relying on observation, self-knowledge, human awareness. *Collaborative*: doctor-patient-relationship more personal, less distant, more sharing of information, greater opportunities to participate in decision-making.

Patients have the right to choose between CAM and conventional Medicine (CM) and to obtain high quality medicine, CAM or CM, offered by highly qualified providers (doctors and/or practitioners).

Patient associations (PO's) are essential. They are cure related, not disease related and focus on explaining the approach, informing people, also about limitations of self-medication, and raising awareness in general and about people's own responsibility.

National health authorities are required to treat CAM and conventional medicine equally, especially in research, education, insurance matters and pharmaceutical legislation.

Conclusion: CAM is to be known to a broader audience and needs to be established as an approved education for medical doctors. Also, high educational standards for practitioners are a must. The availability of CAM medicines is important. The patients' voice is to be heard.

3. The current legal situation of CAM products in the EU-15 and the CEE countries
Nand De Herdt, ECHAMP Secretary-General

The EU pharmaceutical legislation has been set up after the 'Contergan Scandal' in the early sixties. It has been written especially for industrial medicinal products being new chemical substances.
However, for medicinal products that have been used for a long time in the specific traditional therapeutic approaches of complementary medicine, such as homeopathy, herbal medicine, anthroposophic medicine, traditional Chinese and Tibetan medicine and Ayurvedic medicine, there is a need for a different approach for establishing appropriate legislation. So far this has been done partly for homeopathic and ~~for~~ herbal medicinal products, but the effective implementation of that legislation (i.e. Chapter n° 2 of Directive 2001/83) into daily regulatory practice in the 27 member states has proved rather difficult.
As for all medicinal products the legal and regulatory provisions for the quality, safety and effectiveness of these medicinal products must be guaranteed in an appropriate way and must be completed with a specific pharmacovigilance system. In addition, the availability of the medicinal products that are needed for treating patients in line with these complementary therapies should be guaranteed.
For this reason the legislation and the regulatory framework including the expert assessment committees has still to be set up in the European Union in order to fulfil the specific needs as described. This can only be successful if the peculiarities of the medicinal products and the corresponding therapeutic approaches have been taken into account.
In 1992 specific EU legislation for homeopathic medicinal products was created. Fifteen years later we see that only some member states, having older established legislation for these products, have the knowledge and the capacity to implement this in a full national regulatory registration and authorisation system. Most of the member states still have to start doing this. In particular for the CEE countries this is quite difficult because of the lack of resources to set up such a heavy registration system, which is, in fact, not in proportion to the nature and the low-risk profile of the products. Moreover the timeframe given by the EU Commission to apply the system to all the products on the market has been extremely short.

In 2004 a specific EU legislation for herbal medicinal products has been put in place. More and more it becomes clear that it will be very difficult for most of the products to meet the level of the community requirements so that a large number of products may disappear from the market if the file on complementary medicinal products is not revised and completed within the coming years. The specificity of the products and of the various therapeutic approaches have to be taken into account which means that professionals active in complementary medicine should be involved in that process.

4. CAM in medical practice; the current legal situation of CAM practice by physicians in the EU-15 and the CEE countries – Ton Nicolai, MD, ECH President

Approximately 30-50% of the European population use CAM as self-support and 10-20% of the European population has seen a CAM physician/practitioner within the previous year. In EU-15 countries large numbers of GPs –in some countries even the large majority– refer for CAM treatments and have a significant interest in training and information on CAM. There are no figures for the CEE countries available. Approximately 130,000 medical doctors in the EU have taken training courses in a particular CAM therapy such as acupuncture, homeopathy, anthroposophic medicine or natural medicine, with figures for each therapy that are comparable to those of mainstream medical specialties. In several European countries CAM physicians work in mainstream hospitals. There are professorial CAM chairs in some EU-15 countries. CAM familiarisation courses in the undergraduate curriculum are available at 40% of the medical faculties in the EU-15, 20% of medical faculties in the CEE countries. In spite of the impressive growth of CAM the current legal situation of CAM across Europe is patchy. The European Parliament, the Council of Europe and the WHO adopted resolutions that call on the Member States to start a national policy on CAM. However, a recent WHO global survey shows that only a few countries have a national policy, laws or regulations on CAM, some countries only regulate specific CAM therapies, and other countries have no national policy, laws or regulations on CAM at all or even have no plans to establish these.

5. The current legal situation of CAM practice by other practitioners in the EU-15 and the CEE countries – Stephen Gordon RSHom, ECCH Secretary-General

The regulation of CAM practitioners who do not have a previous conventional medical education varies considerably from country to country. From being completely banned in some countries such as Austria and France through the heilpraktiker system in Germany which regulates a specific category of health practitioners who practise CAM to the situation in the United Kingdom where common law has allowed a free market evolution of CAM practice across all therapies for both medical doctors and for practitioners without a medical education. Where the development of CAM professions has been unhindered by restrictive legislation the growth in use and practice has recently led to a number of governments introducing legislation to positively regulate CAM practice by practitioners in the public interest. (UK, Portugal, Netherlands, Belgium, Catalonia, Norway, Denmark, Sweden). e.g. n the UK now osteopathy and chiropractic are statutorily regulated, acupuncture and herbal medicine are working towards statutory regulation and homeopathy is establishing one large single regulatory body. Most other therapies are engaged in establishing a common federal self-regulatory structure and process.
National associations of practitioners have come together to form European wide professional platforms to represent their interests at European level and to offer support and guidance to emerging associations of practitioners in CEE countries where many therapies are a an early stage of professional development.

6. Specific CAM issues in the CEE countries – Igors Kudrjavcevs MD

In 1999 the Council of Europe published a resolution on non-conventional medicine (CAM), in which it stated, that *"alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by well-trained practitioners of non-conventional medicine (a patient could consult one or the other, either upon referral by his or her family doctor or of his or her free will), ethical principals should prevail. Appropriate courses should be offered in universities to train allopathic doctors in alternative and complementary forms of treatment. The Assembly therefore calls on member states to promote official recognition of these forms of medicine in medical faculties and to encourage hospitals to use them."*

In order to enquire after the current status of CAM in the CEE countries – 8 years after the Council of Europe's resolution –, a questionnaire was sent to the Health Ministries and NGOs of doctors, CAM practitioners etc. Information was received from Estonia, Hungary, Latvia, Lithuania, Romania, and Slovenia. The situation of CAM in CEE countries varies considerably from one country to another. In Hungary CAM is well regulated. In Hungary, Latvia, Lithuania and Romania CAM therapies are widely used, can be practised by MDs and non-MDs, and, at least partly, can be studied at the universities. There are rather good relations between CAM and Health Ministries in these countries.
In Estonia and Slovenia CAM is not accepted by the state, the mainstream doctors' attitude is negative in general. But discussions are going on for many years, and positive developments can be seen.
Much more research is needed to obtain more complete information using specific sociological methods, with *fieldwork* in every member state.

The relations between Health Ministries and CAM are not very harmonious in several member states. But, as we know the relations between CAM organisations are not very positive either. There is hardly any intention to collaborate and work together to achieve success. A good model to follow is Italy where in 2003 a large group of CAM organizations agreed on a common policy and published the Consensus Document. It's important to organize *Consensus* conferences between CAM institutions in every member state.