

Complementary and alternative Medicine in the European Union

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Definitions

- § Medicine:
 - Restricted to biomedicine
 - Broader sense: alternative medicine plus biomedicine
- § the term “alternative” usually includes techniques, that do not depend on “biomedicine”
- § “alternative Techniques” can be used “complementary”, meaning to be used together with biomedicine or other alternative techniques.

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Principles of CAM practices:

- § Holistic
- § Enhancing self-healing capacity
- § Natural
- § Safety of patients and users
- § Traditional and established use
- § Open to innovation
- § Prevention
- § Health support
- § Curative
- § Can be used in combinations or individually
- § Increasing the range of options for patient care and treatment
- § Promoting self-responsibility for health

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Used CAM techniques

- § In western countries most used techniques are:
 - acupuncture
 - chiropractic
 - herbal remedies and phytotherapy
 - homeopathy
 - naturopathy
 - osteopathy
- § commonly used are:
 - alternative massage
 - anthroposophic medicine
 - hypnotherapy
 - neural therapy
- § In addition: folk medicine (indigenous forms)

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Usage of CAM in the EU, Data from the 1990 - 2000, Maddalena

	Italy	Netherlands	Norway	Sweden	Switzerland	USA
"Used once"	24%	18%	80-90%	20%	45-80%	
"Last year"		6-7%	10%			46%
Most frequently used forms of alternative medicines	1.homeopathy 2.acupuncture 3.herbal remedies 4.pirana therapy 5.anthroposophic medicine 6.chiropractic	1.homeopathy 2.herbal medicines 3.manual therapies 4.paranormal healing 5.chiropractic 6.diet therapy 7.naturopathy 8.anthroposophical medicine	1.acupuncture 2.homeopathy 3.reflexology 4.naturopathy 5.chiropractic 6.kinesiology 7.healing 8.iridology	1.chiropractic 2.homeopathy 3.acupuncture 4.naturopathy 5.herbal medicine	1.homeopathy 2.alternative massages 3.phytotherapy 4.nutrition therapy 5.acupuncture 6.anthroposophic medicine 7.magnetotherapy	1.relaxation techniques 2.herbal medicine 3.massage 4.chiropractic 5.spiritual healing 6.megavitamins 7.self-help group 8.magery
Users' profile	more women than men aged 25 - 50 years	more women than men aged 35 - 50 years executives and higher intellectual professions	more women than men middle-aged equal in towns and country relatively more people with higher education increasing tendency to tell MDs about the use of AM users positive for licensing		no homogenous group more women than men aged 30 - 50 superior education upper middle class living in towns more in German and French part	more women than men aged 35 - 49 college education annual income above \$ 50000 less common among Afro-Americans more often in West states
Reasons to seek alternative medicines and satisfaction		nervous illnesses, musculoskeletal system failure of biomedicine small proportion use AM at first improvement of condition (96%), some improvement (22%), no improvement (22%)	little help from biomedicine not taken seriously, have met erogant MDs influence of media afraid of drugs' side effects AM as the last hope effectiveness of AM for chronic and serious diseases 66% were satisfied	no satisfaction with biomedicine improvement for 70% deterioration for 1%	treatments without drugs or chemistry no side effects of AM failure of biomedicine improvement of well-being preventive measure AM as a complement better relationship	back problems, allergies, rhegion- arthritis, headaches, neck problems, high blood pressure, sprains or strains, insomnia greater accessibility lower cost better communication more congruent with own values use of AM in conjunction with BM increase of use of AM as principal

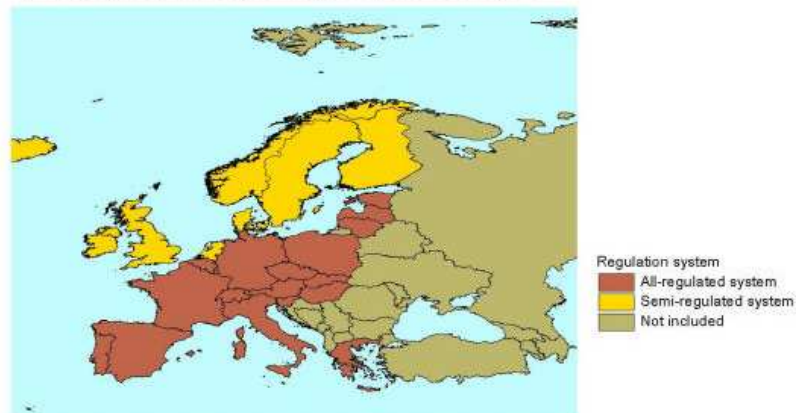
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Usage of CAM in the EU, Data from the 1990 - 2000, Maddalena

	Belgium	Denmark	Finland	France	Germany	Great Britain
"Used once"	40-70%	25%	40-60%	49%	20-30%	26-30%
"Last year"	24%	10%-37%	15-20%	16%	5-12%	8-10%
Most frequently used forms of alternative medicines	1.homeopathy 2.acupuncture 3.osteopathy 4.phytotherapy 5.chiropractic	1.chiropractic 2.acupuncture 3.hypnotherapy 4.reflexology massage 5.iridology	1.herbal remedies 2.massage 3.chiropractic naturopathy and bone setting 4.acupuncture 5.homeopathy 6.cupping	1.homeopathy 2.acupuncture 3.herbal medicines 4.water cures 5.chiropractic 6.thalassotherapy 7.osteopathy 8.iridology	1.homeopathy 2.acupuncture 3.propraine injection therapy 4.chiropractic 5.ozone and oxygen therapy 6.herbal medicines 7.humoral pathology 8.massage	1.herbal remedies 2.osteopathy 3.homeopathy 4.acupuncture 5.chiropractic 6.hypnotherapy
Users' profile	more women than men users of AM have more complaints than patients of specialist MDs	more women than men all age and social groups users have become younger use higher among hospitalised patients	more women than men middle-aged well educated elderly rural dwellers use folk medicine	more women than men aged 35-45 well educated and higher intellectual as well as intermediate professions	more women than men high educational level often first been treated in hospital	more women than men middle-aged middle class in favour of integration of AM in the NHS (osteol., chiro. and homeo.)
Reasons to seek alternative medicines and satisfaction	limbs, muscles, joints, stomach, abdomen and digestive system, but no acute symptoms (e.g. cancer) use as a complement better relationship users are satisfied	joint and muscular problems, rheumatism, headaches, migraines, allergies, asthma, cancer and sclerosis 77% satisfied, 17% no effect and 1% negative effects		chronic symptoms (84%), minor disease (49%), prevention (17%), serious illnesses (3%) minor and chronic (70 - 65% satisfied, 11 - 15% not satisfied), serious disease (9% satisfied, 38% not satisfied)	rehabilitation, chronic diseases, elderly, and rest-cure disillusionment of patients regarding MDs AM less expensive and less harmful failure of biomedicine to treat 52% of the population think that AM are effective	use as a complement 90% of users are ready to try them again

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Regulation systems in Europe



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Legal Situation of CAM Practitioners

	legal Recognition of CAM and partially integration in Health Services exist i.e. in : Germany, Great Britain, Denmark, Estonia, Hungary
	Legal Bans for practicing CAM exist i.e. in: Malta – No CAM for Medical Doctors Austria – No CAM for Non-Doctors Slovenia – limited CAM practice for Medical Doctors Luxembourg – No CAM for Medical Doctors or Non Doctors
	Legal Limits for CAM Practice exist i.e. in France – limited recognized CAM techniques, for MDs only Belgium – limited recognized CAM techniques, complicated Recognition of Non Doctors

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Classification of countries

regulation for CAM providers

Monopolistic Countries

§ I.e. Austria, France, Italy, Latvia, Luxemburg, Spain,

Tolerant Countries

§ I.e. Belgium, Denmark, Finland, Germany, Great Britain, Hungary, Liechtenstein, Netherlands, Malta, Norway, Sweden

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Benefits of CAM for EU citizens

- Individuals choose CAM because they are seeking a different philosophical view which perceives health in a holistic way and connects the **physical, mental, emotional and spiritual aspects of their lives** and benefits them at all those levels.
- Increasing the range of options for patient care and treatment
- There is much reported **evidence of a range of health benefits** from CAM treatment even though research in this area is very poorly funded. (Experienced based medicine has no recognition in research.)
- Citizens are **actively involved in improving their health**. They take more responsibility for their own health and reduce on the burden health services. This has the potential to reduce the need for costly, conventional interventions.

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Legal status of CAM in the EU

European Parliament Resolution (1997)

Called on the **Commission** to:

- carry out studies into the safety, efficacy & use
- launch a process of recognising CAM
- encourage the development of research programs
- create a directive on food supplements

A Directive on food supplements is the only concrete response from the Commission and Council so far.

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What is the EU position on CAM?

§ Practice and delivery

No official EU position on CAM particularly because healthcare services remain a national responsibility. (*Art 152 EU Treaty of Amsterdam*).

This means no recognition of professional qualifications or agreed criteria for competence, skills or education for CAM.

§ Products

Herbal and homeopathic medicines together with food supplements are now regulated by EU Directives .

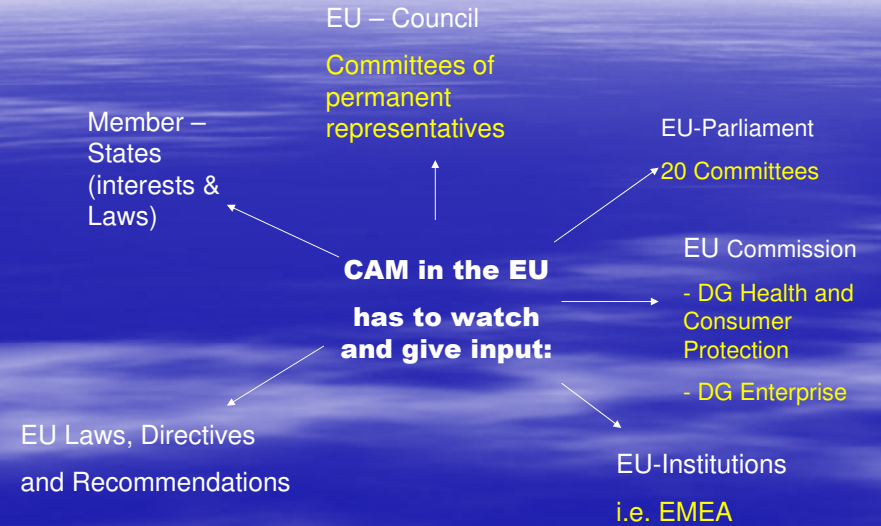
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CAM Advocacy I



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CAM Advocacy II :



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Opportunities to lobby for CAM:



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Economy:

§ CAM – Complementary and Alternative Medicine – is a fast growing sector of public and private health care. Millions of citizens in Europe opt for healing practices that are different from conventional medical methods. So is there an interest of regulation for the European Union?

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Hopes for CAM in the EU regulation system

- a) Cam Providers may be legalized in all countries of the EU
- b) CAM techniques to be legal in all member states, recognition of CAM practices, reimbursement
- c) Money for research in CAM from the EU
- d) Money for projects related to CAM impact on EU citizens' health

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Further Hopes

- § CAM products to be licensed through EU (this may mean a simpler registration – as seen now for herbal products)
- § Recognition of professional qualifications for CAM practitioners
- § CAM medicinal products to fulfil EU standards – access to the market

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Fears for CAM

- § Recognition through the EU normally means regulation:
 - do we want this by all means?
 - What happens to the possibility of „freedom of therapy“ i.e. Germany + other “tolerant” countries
 - Regulation through EU institutions may not take into account the special conditions of CAM (see research)
- § Monopolistic states do not want CAM, or ND providers of CAM (extinction)
- § Over regulation of means and products (i.e. see leeches in Germany)
- § Research in CAM has to meet RAC standards

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What do you expect?

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Thank you for your patience

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