A European approach to non-conventional medicines

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Report

Social, Health and Family Affairs Committee

Rapporteur: Ms Lara Ragnarsdóttir, Iceland, European Democratic Group

Summary

Conventional medicines form the basis of European social protection systems. Alternative, complementary and non-conventional forms of medicine _ such as acupuncture, homeopathy, osteopathy or chiropractic _ are growing in importance in Europe and throughout the world. They respond to a demand, and patients themselves are increasingly calling for the use of different forms of treatment.

The extent to which these non-conventional medicines are recognised and the legal status they enjoy vary greatly from one country to the next. However, a common European approach to non-conventional medicine based on the principle of patients' freedom of choice in health care should now prevail.

Establishing a legal framework for non-conventional medicine is a difficult undertaking. Member states are called on to promote official recognition of alternative medicine in medical faculties and its use in hospitals. Allopathic doctors should be trained in alternative and complementary medicine through suitable university-level courses.

Moreover member states should recognise that alternative medicine could be practised by any properly trained practitioner of non-conventional medicine, under the condition that similar standards should applied to both medical doctors and other practitioners, in particular ethical principals.

I.Draft resolution

1.The Assembly reaffirms the importance it attaches to conventional medicines whose effectiveness has been proved scientifically and which form the basis of European social protection systems. It notes that alternative, complementary and non-conventional forms of medicine are growing in importance in Europe and throughout the world. The extent to which they are recognised and the legal status they enjoy vary greatly from one country to the next.

2.The best established forms include acupuncture, homeopathy, osteopathy and chiropractic. However, these are not alone among less conventional methods, some of which have been in existence for a very long time and all of which respond to a demand. Patients themselves are increasingly calling for the use of different forms of treatment. This is a fact that cannot be ignored. The Assembly recognises the pre-eminence of conventional medicines; however, the various forms of medicine should not compete with one another: it is possible for them to exist side by side and complement one another.

3.In the health field, it is important to preserve the diversity of national legislation and practice that is one of Europe's assets: people's attachment to their own systems and traditions must not be called into question. Nevertheless, the Assembly believes that a common European approach to non-conventional medicine based on the principle of patients' freedom of choice in health care should not be ruled out.

4.It welcomes the resolution adopted by the European Parliament on 29 May 1997 on the status of non-conventional medicine, which calls on the European Union to begin a process of recognising non-conventional forms of medicine after the necessary studies have been conducted and also to develop research programmes on the safety and effectiveness of these medicines.

5.The Assembly agrees that, in the current grey area of non-conventional medicine, it is necessary to separate the wheat from the chaff. The demands of public health and the right of individuals to health protection must come first. The limitations of non-conventional medicines must not be ignored nor underestimated. Support should not be given to dubious or intolerant practices that would deny people and, in particular, children the medical care their state of health demands. Establishing a legal framework for non-conventional medicine is a difficult undertaking but it is preferable to being too liberal.

6.The Assembly believes that the best guarantee for patients lies in a properly trained profession, which is aware of its limitations, has a system of ethics and self-regulation and is also subject to outside control. It would be unrealistic to wish to prevent the emergence of new professions in the health sector. The regulations that currently exist in

certain European countries on the practice of one or other form of non-conventional medicine open the way for progress. The Assembly calls on the member states to model their approach on their neighbours' experiments and, whenever possible, to co-ordinate their position with regard to these medicines.

7.The Assembly believes that in the future alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by any well-trained practitioner 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), should ethical principals 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.

8.Lastly, as knowledge of alternative forms of medicine is still limited, the Assembly calls on the member states to support and speed up the comparative studies and research programmes currently under way in the European Union and to disseminate the findings widely.

II.Explanatory memorandum by Mrs Ragnarsdottir

1.This report was prompted by an observation made by Mr Atkinson in his motion for a resolution on 28 January 1994 (Doc. 7012), concerning the great diversity in national legislation. He argues the need for a convention guaranteeing access for all to recognised non-conventional medicine and the importance of harmonising the national legislation applicable to its practitioners as far as possible, so as to ensure that a high standard of care is available to all citizens of the member states.

2.To date, the Council of Europe has done little work in this field. It did, however, carry out a study in 1984, entitled "Legislation and Administrative Regulations on the Use by Licensed Health Service Personnel of Non-conventional Methods of Diagnosis and Treatment". The Public Health Committee's 1989 recommendation on common European standards for the industrial manufacture of homeopathic medicines should also be noted.

3.For its part, the European Parliament adopted a resolution on the status of non-conventional medicine on 29 May 1997. Not all of the proposals put forward by the Rapporteur, Mr Lannoye, were accepted, in particular the request made to the Commission giving priority to several non-conventional medical disciplines which already enjoy some form of recognition and organisation at European level, to submit the draft directive required to guarantee freedom of establishment and provision of services for non-conventional medical practitioners, and freedom of access to the therapeutic products necessary for them to exercise their professions, and consequently to review existing legislation on the medical profession and the therapeutic products necessary for the practice of these disciplines. The resolution that was finally adopted asks the Commission to launch a process of recognising non-conventional forms of medicine after carrying out studies on each discipline and a comparative study of the various national legal models to which their practitioners are subject. It also invites the Council to develop research programmes on their effectiveness.

4.In recent years, Europe and, to an even greater extent, the United States have seen a veritable boom in "new", "alternative", "complementary" and "non-conventional" forms

of medicine. Estimates of the proportion of French people who regularly visit an osteopath, a chiropractor, a homeopath or an acupuncturist for complementary or preventive treatment range from 38% to over 50%. According to the European Parliament, between 20% and 50% of people in the member states use alternative medicine. Top sports people, whose choice of active substances is limited, have used it for several years, and people who have become disillusioned with the ineffectiveness of conventional treatment are also taking it up.

5.The various terms used to refer to it embrace, without distinction, such different diagnostic and treatment methods as acupuncture, osteopathy, chiropractic, homeopathy, herbal medicine, naturopathy and yoga. Some people dispute whether they should be described as forms of medicine, preferring, perhaps rightly, the term "therapy" (see the appended list, which is incomplete and inofficial of the different terms used).

6.This terminological problem is a troublesome one, because to some extent it may be to blame for the blanket rejection and negation, by proponents of allopathy, of the possible benefits and effectiveness of all or some of these techniques.

7.In May 1998, the Social, Health and Family Affairs Committee heard Mr Vithoulkas, a homeopath who has been awarded the Alternative Nobel Prize(1), and who identifies three separate categories: firstly, alternative medicine, which includes homeopathy and acupuncture; secondly, complementary medicine, which includes osteopathy, chiropractic, herbal medicine, naturopathy and so on; and a third, paramedical, category comprising techniques such as music therapy and meditation which bear no relation to medicine proper.

8.Is this a suitable classification? Is it likely to meet with the approval of those concerned?

9.In the text of the resolution referred to above, the European Parliament invited the Commission to make a clear distinction between "complementary" non-conventional disciplines and so-called "alternative" medicine in formulating the future European legislation, which has yet to be enacted!

10.The thread linking all these forms of medicine is that they are not common practice in the medical profession and are generally absent from normal medical school curricula. Practitioners who are not qualified doctors may be prosecuted for the illegal practice of medicine. Doctors, on the other hand, are freer to practise as they choose, and can therefore use "non-conventional" techniques. However, the above remarks are subject to an increasing number of exceptions.

11.Non-conventional medicine is gradually gaining greater acceptance, especially in the United States. In 1992, the US Government set up an Office of Alternative Medicine, whose task is to carry out research into alternative medicine and verify the findings before publishing and disseminating them. In 1997, the OAM had a budget of US$ 12 billion. A privately-funded university was set up in 1978 to offer degrees in alternative medicine, and the largest US medical schools now run courses in complementary medicine. Lastly, the National Institutes of Health have officially recognised the benefits of acupuncture for certain diseases.

12.Alternative therapies are also expanding in Europe, however, where the situation with

regard to them is extremely diverse. The most widespread techniques are acupuncture and homeopathy. Homeopathy is practised by both doctors (as well as dentists and veterinarians) and non-doctors, who can practise almost freely in the United Kingdom and Ireland; in Germany it is practised by qualified *Heilpraktiker*. The School of Homeopathy in the United Kingdom is an official postgraduate training centre for doctors, and the technique is covered by the National Health Service. In Austria and Germany, an official qualification in homeopathy is awarded to doctors upon completion of a postgraduate training course.

13.Germany recognises anthroposophical medicine, which is taught to doctors as part of private postgraduate medical training. In that country, as well as in the Netherlands and Sweden, anthroposophical hospitals are part of the public health service.

14.Osteopathy is recognised in the United Kingdom, Switzerland and some Scandinavian countries. In Spain, Italy and Portugal, practitioners can work without fear of prosecution for practising medicine illegally.

15.Naturopaths are either tolerated or free to practise in countries such as Norway and Sweden; in other countries, for example, Italy, Greece and Portugal, they are prosecuted.

16.Not far from Europe, Tunisia is the only country to offer training in herbal medicine. The South African press has reported that legislation is under consideration which would give traditional witch doctors the same rights as conventional doctors.

17.Because these forms of medicine set out to meet patients' needs, their success is growing _ probably owing in part to greater public awareness of the side-effects of allopathic drugs. The success of alternative medicine also reveals the failings of conventional western medicine and the inadequacy of space-age technological progress as a universal panacea.

18.Although traditional, conventional medicine achieves miracles every day, it is important to keep an open mind about therapies that have been tried and tested over thousands of years. Patients themselves are increasingly voicing their right to alternative treatment.

19.Experience, in particular in the United-States, also shows that a combination of conventional and alternative medicine is a positive one which greatly benefits the patient. It generally allows the best use to be made of conventional therapy and treatment. From the doctor's point of view, it also offers some understanding of complex situations and unfamiliar illnesses. Indeed, more and more hospitals are following the Chinese example by using both types of medicine simultaneously: western medicine for emergencies, and Chinese medicine to treat the "source". Seventy-five per cent of patients in the United States are said to follow courses of treatment combining conventional and complementary therapies. These approaches are valid and accessible to all branches of the medical profession, whether doctors, nurses or pharmacists, making it possible to combine natural medicine and drugs.

20.There is also a considerable financial benefit, in that complementary therapy is in itself an alternative to prescribing drugs and thus either uses no drugs or uses them less than conventional medicine. In the current crisis affecting social welfare provision, where financing problems are prompting governments to rationalise health spending, the

advantage of alternative medicine can't be denied. On the other hand, the issue of refunds for natural therapy is a problem. In the United States, for example, public pressure on the private insurance companies has been so great that the cost of natural remedies can now be refunded.

21.Homeopathic remedies circulate widely in Europe, although there are only two official homeopathic drug registers, in France and Germany respectively. The decision was therefore taken to bring standardisation forward. Under the Convention on the Elaboration of a European pharmacopoeia (a 1964 Council of Europe partial agreement), a European pharmacopoeia is currently being prepared to list industrially-produced homeopathic remedies. The Commission of the European Communities, a party to the partial agreement, is behind this initiative. In particular, standardisation will cover terminology, manufacturing techniques, quality standards and rules on labelling. The European Commission is responsible for extending the scope of EU pharmaceutical directives to include homeopathy.

22.The European Union is also debating herbal medicine.

23.Alternative medicine has now become a full-scale industry. It is at this point that abuses and excesses become a danger, as there are always those whom a lust for power or money causes to use alternative medicine for improper ends. There is thus a definite risk that it may be exploited by charlatans, sects and others for the sake of a quick profit.

24.Health is a dominant theme for sects, which use it to attract new converts, and are drawn to complementary medicine as a means of distancing their followers from medical practice in the outside world. When sects preach that conventional medicine is ineffective and that all treatment should be stopped, even for serious diseases such as cancer or Aids, the danger for individuals is considerable. Media reported cases of members with cancer who have died after stopping all forms of treatment. Moreover, some sects use doctors and physiotherapists to recruit new members.

Conclusions

25.Because of the great diversity in national health legislation and practices, combined with people's preference for their own system and traditions, any attempt at standardisation is difficult. There is nonetheless a case for a common European approach in this area, based on the principle that patients should have free choice as regards access to care and be provided with certain guarantees.

26.In the current jungle of non-conventional medicine, everybody agrees on the need to separate the wheat from the chaff. The Rapporteur proposes that the concepts of complementary and alternative medicine should be adopted, and that consideration should be given to the use and promotion of such therapies, either on their own or in conjunction with conventional medicine.

27.Priority could be given to recognising those techniques that are currently most widespread and most organised, such as acupuncture and homeopathy.

28.It would be unrealistic to reject automatically the emergence of new para-medical professions. This is demonstrated by the current regulations in some European countries in favour of practitioners of various types of non-conventional medicine.

29.The best guarantee for patients lies in a well-trained profession that is aware of its

limitations, with an organisational structure including a code of ethics and self-regulatory mechanisms, and authorised by law.

30.Encouragement must be given to the official recognition of alternative medicine in medical schools and its use in hospitals. Allopathic doctors should be trained in alternative and complementary medicine through suitable university-level courses. However, alternative medicine could be practised as well by any well-trained practitioner of non-conventional medicine. Similar standards should applied to both medical doctors and other practitioners, including ethical principals.

31.Finally, in view of the fact that our understanding of alternative medicine is still limited, the European Union research programmes currently in progress must be supported and given new impetus, and their findings disseminated widely.

APPENDIX

Unofficial and incomplete list of certain terms concerning non-conventional medicine

Homeopathy

Homeopathy, which originated in Europe, is seeing a considerable boom throughout the world; without doubt, it is the most frequently used and well-known therapy. The principle behind homeopathy is "like healing like": patients are given infinitesimal doses of medicines which, in healthy people, would produce similar symptoms to those being treated. A holistic examination of the patient is carried out in order to find a suitable remedy, which is then personalised. There is no one way of treating patients with the same symptoms or suffering the same illness.

Traditional Chinese medicine and acupuncture

Traditional Chinese medicine is 2 000 years old. It is a comprehensive, state-run medical system. One element is acupuncture, which is supposed to open the energy channels in order to release pain, thus avoiding the need for drugs. A number of French hospitals have practised it officially since the 1970s to 1980s.

Hands-on techniques: osteopathy and chiropractic

Osteopathy was developed in the nineteenth century by a doctor in the United States. It is based on the idea that all bodily parts are interdependent: if one is weak, the others too may be affected and become ill. Osteopathy uses a number of manipulative techniques, along with palpation, massage and traction. It is only used after a detailed clinical diagnosis. Its field of use is extremely specific and basically concerns the spinal column and one of the twentieth century's most common afflictions _ backache.

Chiropractic uses massage to stimulate the body's nervous system. As well as being a hands-on technique, it is a philosophy with a holistic view of the body as a conduit of forces. In order to overcome illness, it seeks to understand and subdue rather than fight against it.

Reiki

Reiki, which is similar to the two preceding techniques (but, unlike them, very old and of Japanese origin), works by channelling energy. A new medicine known as "Core Energetics" has emerged in the United States. This is based on understanding and channelling the body's energy currents. It is used to combat pain, especially when the patient is undergoing surgery.

Naturopathy

This is based on the simple idea that health is above all a matter of lifestyle. It involves the use of natural health techniques such as diet, hydrology, exercise, phytology, chirology, reflexotherapy and psychology.

Yoga and meditation

The use of traditional yoga postures for medical purposes is growing considerably. The benefits of yoga are undeniable as regards, for example, increasing coronary heart flow and suppleness.

Anthroposophical medicine

Anthroposophical medicine, which appeared around 1920, does not reject conventional medicine. Disease is seen as the expression of an imbalance between the biological, psychological and spiritual levels of the human being. Its development has been most marked in Germany, the Netherlands and Austria, but it is also practised in France, Italy, England, Finland and Sweden.

Reporting committee: Social, Health and Family Affairs Committee

Budgetary implications: none

Reference to committee: Doc. 7012 and Reference No. 1924 of 28 February 1994

Draft resolution adopted by the committee on 11 May 1999 with 3 abstentions

Members of the committee: *Mr Cox (Chairman)*, Mr Weyts, *Mrs Ragnarsdottir*, *Mr Gross (Vice-Chairs)*, Mrs Albrink, MM. *Alis Font*, *Arnau*, *Mrs Belohorska*, Mrs Biga-Friganovic, Mrs Björnemalm, *Mrs Böhmer*, MM. Christodoulides, Chyzh, *Dees*, Dhaille, *Duivesteijn*, Evin, *Flynn, Mrs Gatterer*, *MM. Gibula, Gregory*, Gusenbauer, Haack, *Hancock*, *Hegyi*, *Mrs Høegh*, Mrs Hornikova, Mrs Jirousova, Mr Kalos, Mrs Kulbaka, Mrs Laternser, *Mr Liiv*, *Mrs Lotz*, Mrs Luhtanen, Mr Lupu *(Alternate: Mr Popescu)*, Mrs Markovska, MM. Marmazov, Martelli *(Alternate: Mr Evangelisti)*, *Mattéi*, Mozgan, Mularoni, Mrs Näslund, Mr Niza, Mrs Paegle, Mr *Poças Santos*, Mrs Poptodorova, *Mrs Pozza Tasca*, *Mrs Pulgar*, *MM. Raskinis*, Regenwetter, Rizzi *(Alternate: Mr Polenta)*, *Sharapov*, Silay, Sincai *(Alternate: Mr Paslaru)*, Skoularikis, Mrs Stefani, MM. Surján *(Alternate: Mr Kelemen)*, Tahir, Valkeniers, *Vella*, Mrs Vermot-Mangold, MM. Volodin, Voronin, *Wójcik*, Yürür

NB:The names of those members present at the meeting are printed in italics.

Secretaries to the committee: Mr Perin, Mrs Meunier and Mrs Clamer

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Note: 1 awarded by the European Parliament