

POSITION PAPER



Integrating homeopathy and other CAM modalities into European healthcare

Why integration and what is integration in the first place?

There is a worldwide rapid increase of interest in, demand for, and use of complementary, alternative or unconventional medicine (CAM), by the general population. Patients are becoming more and more worried about issues such as the side effects and toxicity of many conventional drugs –in fact a major cause of death and hospitalization–, the growing resistance to antibiotics, and the inability of conventional medicine to cure chronic diseases. Also, a considerable number of patients find CAM modalities to be more congruent with their own values, beliefs, and philosophical orientations toward health and life. Many mainstream general practitioners share their patients' concerns about conventional medicine, and are either referring to or practising some of the more prominent and well-known forms of CAM. Many doctors believe that these therapies are useful or effective.

Neither patients nor doctors want to give up conventional medicine. Clearly, conventional medicine is superior to CAM when interventions and technological solutions are indicated, i.e. for the treatment of serious trauma and life-threatening diseases. When it comes to chronic and non-life-threatening diseases, however, conventional medicine appears to be too harsh to use and has limited, in most cases only palliative possibilities.

Conventional medicine is intrinsically *interventionist*, that is, the medical practitioner prefers to actively intervene in the patient's illness in an attempt to *fix* the problem. Conventional drugs 'oppose', 'neutralise', 'block' or 'act contrary to' the malfunction, in other words they interrupt some identified ongoing pathophysiological process. CAM, however, is essentially *supportive and non-invasive*. That is, CAM strives to support the natural restorative processes of the organism and to bring about a condition of optimum health. CAM seems to be more effective than conventional medicine when it comes to promoting health, especially in sub-clinical and chronic disease.

Integrated medicine –integrating means combining more or less equal elements into an integral whole– attempts to combine the best of both approaches. It is not just about adding a bit of acupuncture to the aspirin, not simply '*combination medicine*', where 'elements' of CAM –after accumulation over time of good enough evidence– are selectively incorporated into comprehensive treatment plans alongside conventional methods of diagnosis and treatment, 'cherry picking' as it is termed. This way would result in assimilation, not in real integration.

Integrated medicine is a comprehensive, primary care system that emphasizes wellness and healing of the whole person as major goals, above and beyond suppression of a specific somatic disease. It involves patients and doctors working to maintain health by paying attention to lifestyle factors such as diet, exercise, quality of rest and sleep, and the nature of relationships. The philosophy of integrated medicine is compatible with the WHO definition of health that equates health with wellbeing: 'Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'.

Integrated medicine implies that a competent practitioner will have an understanding of several different medical models including conventional medicine and one or more CAM modalities. Sometimes a more interventionist approach is preferred or necessary, other times a more supportive approach is more

appropriate. Respect for the patient's right not to be harmed by treatment should automatically ensure that the practitioner gives first preference to the safest and least toxic treatment options.

Doctors need to evaluate best practice to see if it works and then either decide to work as an individual with a capacity to move between different medical models, or as a team with individuals who can work together to provide different medical models for our patients. There is no reason why every hospital should not, at this moment, have a ward dedicated to TCM, another to homeopathy, another to ayurveda manned by traditional practitioners. These are pragmatic forms of collaboration, which represents 'integration' on a more equal professional footing. People should then be allowed to choose their medicine from the specialities, and if requested or necessary, a combination of them. CAM disciplines must be practised according to their own paradigms in integrated medicine. No single method of treatment can make a legitimate claim towards revealing absolute truth or can more claim 'scientific validity' than another one. The European Parliament correctly stated (1997) that "it is increasingly widely held that different methods of treatment and different approaches to health and illness are not mutually exclusive, but can on the contrary be used to complement one another".

The role of the government, universities and professional bodies

It is obvious that in a democratic society it is not for the government to pronounce upon the value and significance of any service that is provided to the citizens. The only responsibility of the government is to preserve an equal relationship between service provider and recipient, including the establishment of quality requirements between the parties concerned.

By the same token, the government is not to pronounce upon the value and significance of any specific approach as to health, illness and curing/healing in conventional or non-conventional medicine. On the contrary, the government is supposed to deal with health care providers and users/patients irrespective of their ideas as to these items. This means that the government is to treat therapeutic methods, both conventional and non-conventional, in an equal way. Only then the conditions will have been created in which non-conventional medicine can evolve to a fully-fledged position in health care.

In addition, to ensure the safety and state of health of their citizens, the government has the responsibility to establish minimum requirements as to the quality of the provided health care and, if these requirements are not yet met, to create the conditions for their development. If health care providers still do not comply with these minimum requirements, they should no longer be allowed to provide any care.

Whereas the government has the responsibility for the above-mentioned conditions, responsibility for training standards should rest with the appropriate professional body. High-quality practice implies a common agreement on the state-of-the-art method and the required educational standards, the establishment of professional profiles, requirements as to quality and competence, as well as rules for quality assurance.

To be effective, self-regulation requires transparent and accountable structures that are independent of any single professional association and are designed to protect the public rather than promote the interests of the profession concerned. Effective, transparent and accountable self-regulatory structures for complementary healthcare practitioners need a certification system which incorporates

- a. appropriate standards of training for membership, established via a consultative process with the profession and endorsed by the relevant educational authorities
- b. an established, transparent procedure for assessing professional qualifications and examinations
- c. effective incentives to ensure practitioners seek and maintain certification
- d. annual requirements for continuing professional development as a condition of continued certification.

Both the European Parliament and the Council of Europe have identified the importance of training medical

graduates, so that their knowledge and understanding of complementary medicines enables them to have informed discussions with their patients. Also more and more medical associations emphasise the need for medical practitioners to obtain a basic understanding of complementary medicines through undergraduate, vocational and continuing education.

Medical students are to be familiarised with the potential uses of CAM, the procedures involved, their potential benefits, and their main strengths and weaknesses within the existing undergraduate curricula. Over the past few years there has been a major increase in courses familiarizing students with CAM. A recent review by the University of Genoa revealed that 40% of the responding medical faculties at European universities provide teaching courses involving CAM, although there is a wide variation between medical schools in students' level of exposure to these therapies.

Research in CAM has been seriously hampered by a lack of research infrastructure and funding, lack of research expertise among homeopathic practitioners, lack of appropriate research models and strategies as well as the scepticism of the scientific community. Whilst CAM may improve health, reduce disease, and reduce health costs, industry alone cannot be expected to support the research to answer these questions. This is partly because of the lack of financial incentives for industry, and partly because, like mainstream medical research, there is a social responsibility for government to fund such research. There is a huge disparity between public funding for conventional drug research and that for CAM research. In the United Kingdom 0.08 % of the total research budget is being spent on complementary and alternative medicine and it may be assumed that this percentage is not much higher in other countries.

Approaches in the USA where 'seed' funding and dedicated funding were available (the budget of the National Center for Complementary and Alternative Medicine was \$ 110 million dollars in 2003) provided some impetus to establish and continue an effective CAM research program. Funding should be sought on a per capita basis, comparable with the extent of complementary medicine research funding in the USA. Funding by the industry is limited by the fact that homeopathic medicines are generic and cannot be patented; thus there are no large profits to be made from investments in research as for many new conventional drugs.

Research in integrated medicine should not just investigate the efficacy of a complementary set of instruments in the medical bag. It is necessary to understand more clearly how the disharmony caused by life situations can make people ill through, for example, long term destabilisation of the autonomic nervous system and hypothalamo-pituitary-adrenal axis, and how CAM might work through neuroendocrine and neuroimmune mechanisms to facilitate self healing.

Present status of homeopathy

Homeopathy is one of the most commonly used forms of CAM. Out of a total number of about 1 million medical doctors in the European Union there are about 12,000 (1.2 %) doctors with specific training in homeopathy, which is comparable to the number of doctors specialised in one of the smaller specialities such as otorhinolaryngology or neurology. Many more doctors prescribe homeopathic medicines without any specific training: approximately 25-40 % of the general practitioners from time to time, 6-8 % on a more regular basis. Also, among veterinarians and dentists, use of homeopathy is gradually rising.

On a European level a certain level of recognition of homeopathy has started. There are EU Directives on homeopathic medical products and a Council Regulation on the mandatory use of homeopathic and phytotherapeutic medicines in organic husbandry. In addition, research in homeopathy has been included into the official European Commission's research programme, resolutions on non-conventional medicine have been adopted by the European Parliament (1997) and the Council of Europe (1999), and homeopathic medicinal products have started to be included into the European Pharmacopoeia.

The legal status of homeopathy within EU Member States is rather inconsistent. In some EU Member States homeopathy has some form of official recognition by the government (Romania, Russia, Hungary, Belgium, Portugal and the United Kingdom), in other countries by the Medical Councils (Austria, France, Germany, Italy and Switzerland).

All over Europe homeopathy is mostly taught in private schools. In France, Spain and Poland homeopathic education and training is also provided at several universities.

Homeopathy, what it is and what it isn't

Homeopathy is a clinical method based on the principle of similarity, i.e. the empirical principle that substances capable of causing disorder, symptomatic, functional or pathological, physical or psychological, in healthy subjects can be used as medicines to remedy similar patterns of disorder experienced by people (and animals) when they are ill. Skilled homeopathic prescribing requires that the similarity of the characteristics of the chosen medicine should be as close as possible to the characteristics of the illness in the patient – the ‘simillimum’. The more detailed are the characteristics, the more accurate the prescription can be. The homeopathic method encompasses a set of coherent theoretical principles and a set of generally tried and verified principles of prescribing and of assessing its effect.

The concept of individualization is the central pillar of homeopathy. The word ‘individual’ is emphasized because any particular disease or illness, although it may have a particular form of pathology, actually manifests itself differently in individual patients. The influence of conventional (allopathic) medicine, which involves prescribing standard medicines to a given pathological condition, has led to the current situation where a continuum exists between homeopathy in its most individualised form and prescribing homeopathic medicines based on a conventional diagnosis per se.

Along this continuum, formula homeopathy (sometimes also called ‘clinical homeopathy’) can be identified, which involves the prescription of homeopathic medicines based on standard clinical situations or a conventional diagnosis with some individual characteristics. There is much misunderstanding about the different ways homeopathic doctors can practise homeopathy. Some people erroneously believe that so-called ‘clinical homeopathy’ is another type of homeopathy altogether. In fact, the differences between various homeopathic approaches can be explained by the extent to which individual characteristics of the patient are taken into account. Acute conditions may require a lesser extent of individualization than chronic conditions. The ECH is deeply concerned that in some countries homeopathic doctors have taken antagonistic positions in this matter.

Practitioners without any training in the homeopathic method are able to bypass the necessity to individualise each patient by prescribing multi-ingredient preparations – fixed combinations of homeopathic medicinal products or complexes of medicines. These are composed of medicines whose materia medica indicates that they should be of some benefit for a specific clinical problem. From the perspective of experienced homeopathic doctors these medicines are less precisely targeted than individualized homeopathy.

From a regulatory perspective homeopathic medicinal products are defined in terms of how they are manufactured –in accordance with methods detailed in a recognised national homeopathic pharmacopoeia or the European pharmacopoeia, and involving serial dilution and vigorous agitation– rather than how they are used therapeutically. There are domains where the use of homeopathic medicinal products is not based on the homeopathic principle of similarity but on other principles such as:

- anthroposophical philosophy (medical approach based on a spiritual science founded by R. Steiner)
- theory of homotoxicology (medical approach based on the basic chemical association of all diseases, and the possibility of the detoxification of the pathological factors)

- prescription based on electrical measurements techniques (e.g. electro-acupuncture according to Voll).

Role of the European Committee for Homeopathy

The ECH is aimed at promoting and defending homeopathy as a specific clinical method used by statutorily recognised health professionals, i.e. medical doctors, veterinarians, dentists, pharmacists, and midwives, each within their own bounds of competence. The ECH considers the principle of similarity on which the homeopathic method is based to be the leading principle in homeopathic practice and seeks to promote homeopathy as a clinical method by designing specific training courses.

The role homeopathy can play in contemporary health care

The ECH endorses a development leading to the full, safe and effective integration of homeopathy into the European healthcare system. Homeopathy's wide therapeutic range, including many conditions that are poorly controlled by conventional treatment, has the potential to enhance the therapeutic repertoire of any medical doctor, veterinarian and dentist.

The whole person approach of homeopathy, prescribing based on a holistic assessment rather than on pathological indications, the additional consultation skills required and the reflective practice it encourages, are potential assets for contemporary healthcare. This way healthcare professionals may relearn history taking, learn to listen more to their patients and be less dismissive. Homeopathy opens up a greater depth of perspective in our perceptions of illness and healing and may help healthcare professionals to see patients more as a whole, to see people more as individuals.

The ECH takes the position that in medicine the individual patient is to be considered as an integrated whole, including the physical, mental, emotional, spiritual, social, environmental and any other aspects of the total person. Especially in patients with chronic diseases an individualized approach is indispensable, not only from a homeopathic perspective, but also, in fact first and foremost, from a medical point of view. Homeopathy provides a method of treatment that, potentially, includes all the above-mentioned aspects. It is homeopathy's intended treatment of the whole individual and the individual's way of dealing with physical, emotional and mental influences/stress in his/her life, which is exactly the reason why more and more patients seek homeopathic care.

The experience of homeopathic doctors is that usually many diseases, ranging from asthma to arthritis, pneumonia, migraine, liver diseases, depression etc. can be successfully treated with homeopathic medicines. That implies that homeopathy can be a real alternative to conventional medicine. In fact, it can often be used as a first option in certain problems, keeping more costly and potentially toxic treatment as a second option. In addition, it can offer therapeutic options where conventional treatments have failed or where conventional treatments do not exist for the problem, where they are contraindicated or not tolerated.

The ECH takes the view that any homeopathic training can be helpful to strengthen the position of homeopathy and, for healthcare professionals and patients alike, to attain a more profound understanding of health and disease. Healthcare professionals may use complex homeopathic medicines, or, after some homeopathic training, use more precisely targeted homeopathic medicinal products. They may become even more deeply interested in homeopathy and take a full training course in the homeopathic method leading to the diploma of a homeopathic medical doctor/vet/dentist/pharmacist.

The need for qualified homeopathic practitioners

Consumers are best served by ensuring that all practitioners are able to practise the skills of their particular therapy in a safe and competent matter. To this end, ensuring high standards of training is of critical importance. Usually, it is assumed that the best way to achieve this is through a system of registration so that all therapists who use a particular title have received appropriate education and training, and have demonstrated an ability to apply their therapeutic skills in practice. The European Parliament has shown that it agrees with this by stating that "the regulation and co-ordination of training criteria imposed on the practitioners providing homeopathy would constitute an essential guarantee for citizens" and that "whereas it is essential, in the interests of both patients and practitioners, that qualifications be harmonised at a high level" (European Parliament resolution A4-0075/97).

Accurate homeopathic prescribing depends on the correct match between the specific characteristics of the medicine and the individual characteristics of the illness in the patient. All aspects of the case and patient are important. The symptoms and signs, and all emotional and physical reactions to the illness, the patient's pre-morbid personality, temperament, genetic markers and any strong family history of particular diseases may play an important part in medicine selection. Therefore, case-taking and subsequent analysis usually take more time than a conventional consultation and require a high level of skill and perception on the part of the healthcare professional in order to achieve consistently successful results. Competence depends on the quality of this specific knowledge and skill.

The qualification requirements of a homeopathic doctor - knowledge, understanding, skills and attitudes - has been laid down in the ECH Medical Homeopathic Education standard, the first version of which was established in 1994. It provides a consensus framework of training requirements for the safe and effective practice of medical homeopathy and outlines the syllabus for examinations leading to a qualification in homeopathic medicine conferred by the organisations represented in the ECH.

When the ECH established these training standards, an inventory of all training standards for homeopathic doctors in Western Europe was first made. There was a striking similarity among the standards in Austria, Belgium, Germany, the Netherlands, Switzerland and the United Kingdom. Therefore, and also because the German and Austrian training standard was recognised by the medical associations in these countries, the ECH adopted this as the European standard. The training standard requires a minimum of 200 hours of theoretical teaching and 150 hours of practical teaching (supervised student-patient contact hours by attending as a spectator in the clinic of a tutor or by taking and analysing cases in the presence of and/or supervised by a tutor), although some schools provide training courses of longer duration. Besides this, an estimated 600 hours are necessary for home study.

Later on the ECH standard was recognised in Switzerland by the Swiss Medical Association FMH where a subspecialty was created for doctors holding a title of a current speciality such as General Medicine, Internal Medicine or Paediatrics. In Belgium the new law (1999) on the practice of alternative medicine foresees the registration of homeopathic doctors, all of them trained in conformity with the ECH standard.

The ECH training standards are in fact well anchored and recognised in most European countries. All associations and schools of homeopathic doctors in Austria, Belgium, Bulgaria, Czech Republic, Estonia, France, Germany, Greece, Hungary, Latvia, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Switzerland, the United Kingdom, almost all associations/schools in Spain, many associations/schools in France and some associations/schools in Italy have accepted the ECH training standards.

Of course, the ECH would highly appreciate it if finally **all** European associations/schools of homeopathic medical doctors would endorse one standard, the Medical Homeopathic Education standard. But the ECH,

being an organization that seeks to facilitate consensus in homeopathic matters in Europe, is not in a position to impose any requirements on any organization.

Apart from the current ECH training standard other standards may be developed, e.g.

- a basic or primary healthcare qualification, which gives an introduction to the subject and provides skills to work with a basic level of competence, after one year of part time teaching and home study; doctors can then choose to use homeopathic treatment either in everyday practice in a limited range of targeted clinical situations or to refer a patient to a homeopathic specialist (in the UK this kind of qualification already exists).
- a specialist training qualification (medical speciality) which equips doctors to use homeopathy as the mainstay of their medical practice; the level of this specialist training is to correspond to the level of a usual medical specialist with a three-year training.

In veterinary homeopathy, the requirements for the teaching programme, the examination and the continuing education of veterinarians has been laid down by the International Association for Veterinary Homeopathy, an organisation that closely co-operates with the ECH. The ECH is currently working on a training standard for dentists and pharmacists.

The ECH seeks for the recognition of diplomas or certificates from homeopathic schools that have implemented the ECH Medical Homeopathic Education standard. Additionally it seeks for the legalisation of the registers of qualified homeopathic professionals as well as the recognition and protection of the title of homeopathic doctors/vets/dentists/pharmacists. This will guarantee a minimum quality of the homeopathic professionals, which will be conducive to clarity for patients.

The ECH advocates postgraduate homeopathic training courses provided by the experienced professionals from the homeopathic medical community itself, which is already the case in most European countries. In some countries, however, where the homeopathic doctors have not yet unified in one national association and school, some homeopathic training courses are still provided by the pharmaceutical industry. In fact, they have been quite useful to familiarise large groups of doctors and other healthcare professionals with homeopathy. The ECH takes the position that in the future homeopathic training courses should be provided by the homeopathic medical community itself without any ties with the industry, which is also in line with the position of the French medical association (Ordre des Médecins) taken in their 1997 report on the practice of homeopathy. That would also be in conformity with broadly accepted practice in conventional medicine where the industry may promote their products but are not supposed to train doctors in a specific field of medicine.

Quality assurance

The quality of homeopathic professionals is to be ensured by standards about form and length of training, registration of professionals who comply with a certain training standard as well as compulsory continuing education for homeopathic professionals in order to keep their skill up to the developing level of homeopathy in the world. Basic standards for quality assurance were adopted by all ECH affiliated homeopathic doctors' associations in Europe and published in 1994.

Registration procedures must be applied to ensure that all members of the profession have a standard quality of professional practice. Therefore, a statutory register of members should be established, open to public inspection, reserved only for competent homeopathic doctors. Only those doctors should be considered as competent who comply with the basic training standards and who follow the compulsory continuing education. In this way patients could be protected from unqualified practitioners or those who have been removed from the register for reasons of professional misconduct or gross incompetence.

Of course, registration cannot be granted for an indeterminate period of time. Homeopathy is a developing science. A homeopathic doctor who has not practised for some time and/or has not followed continuous education loses his/her expertise and therefore loses the right to be registered as a qualified homeopathic doctor. The validity of registration should expire after a predetermined period of time. Regranting of registration ('revalidation') should only take place when the applying doctor can prove that s/he has kept up his/her knowledge and skills to a sufficient level. Only through the system of revalidation can the continuous education process of the homeopathic doctors be monitored.

Use of homeopathic medicinal products by the general public

There is a need among the general public to self-treat simple common acute conditions. It contributes to the development of more awareness and responsibility for one's own health. It is through such products that consumers may become familiar with homeopathy in the first instance. The increasing use of homeopathic medicinal products by the general public also adds to the need to ensure the consumer uses them safely and effectively. Proper use of homeopathy by consumers involves the avoidance of long-term use of homeopathic medical products without professional advice, the importance of always contacting a healthcare professional if symptoms do not disappear, if symptoms get worse or adverse reactions are suspected, and understanding that the homeopathic treatment of chronic illness as well as more serious acute illness requires the assistance of an experienced doctor with specific training in homeopathy.

Steps leading to further integration of homeopathy

The ECH takes the position that homeopathy is to be considered as a specific branch of medicine and therefore needs to be introduced into the existing university curricula of medicine, veterinary medicine, dentistry and pharmacy. This implies that it is to (a) have University chairs, (b) be introduced into the undergraduate medical, veterinary, dental or pharmacy curriculum, (c) be introduced into the specific training for General Medical Practice, and (d) be recognised as a formal qualification in specialised medicine.

The advantage of this model is that the current well-regulated system of training in conventional medicine with various levels of training and corresponding levels of competence remains unchanged. And that, at the same time, homeopathy gets the place it deserves, which is a full-fledged specialty within medicine.

The ECH seeks to co-operate with governments, medical associations and any other decision makers in the process of helping high-quality homeopathy to become integrated into European healthcare.

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