

Homeopathy – its Place and Potential in Integrated Healthcare in Europe

First Edition June 2002



Homeopathy – its Place and Potential in Integrated Healthcare in Europe

Homeopathy – its place and potential in Integrated Healthcare in Europe

Introduction

The aim of this document is to describe how homeopathy can be integrated into European healthcare. It should be read in conjunction with the following two ECCH documents: *European Guidelines for Homeopathic Education (2nd edition)* (1) and *European Profile of the Homeopath* (2).

ECCH works to ensure that patients across Europe have access to homeopathic treatment of a uniformly high standard.

Rationale for this profile

Europe's people are increasingly turning to homeopathy as a means of restoring and improving their health. Between one fifth and a quarter of all European Union citizens use homeopathic medicines (3). ECCH is committed to the public having access to the healthcare intervention of their choice in a fully integrated healthcare system in which each therapeutic option is placed independently but interdependently within healthcare, thereby obviating the need for the terms «complementary» or «alternative». This paper outlines how homeopathy could take its place in an integrated healthcare system in Europe.

The Council of Europe and the European Union

In 1999 the Council of Europe published a resolution on non-conventional medicine (4). In it the Council stated that:

- 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;
- a common European approach to non-conventional medicine based on the principle of patients' freedom of choice in healthcare should not be ruled out;
- 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;
- member states should model their approach on their neighbours' experiments and, whenever possible, co-ordinate their position with regard to these medicines;
- 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;

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

In 1997 the European Parliament published its resolution on non-conventional medicine (5). In it the Parliament stated that:

- the free movement of persons and freedom of establishment is undermined by the heterogeneous prevailing situation with regard to the status and recognition of all the non-conventional medical disciplines within the European Union;
- the freedom of choice of therapy with regard to non-conventional medical treatment which patients currently enjoy should under no circumstance be limited;
- the freedom to exercise their profession which certain health practitioners currently enjoy in their countries should under no circumstance be limited by modifying the status or the degree of recognition enjoyed by these disciplines at European level;
- regulation and co-ordination of training criteria imposed on the practitioners of non-conventional medical disciplines would constitute an essential guarantee for citizens;
- it is essential, in the interests of both patients and practitioners, that qualifications be harmonized at a high level and that in all cases it is compulsory for practitioners to obtain a state diploma meeting the specific requirements of each discipline;
- a study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines should be carried out by the EU Commission;
- the development of research programs in the field of non-conventional medicines covering the individual and holistic approach, the preventive role and the specific characteristics of non-conventional medical disciplines should be encouraged;
- if the results of the study allows a process of recognizing non-conventional medicine should be launched.

The right for high quality health care

A European Court of Justice ruling in July 2001 has enshrined the right of Europe's citizens to move freely in Europe to obtain access to high quality and timely health care. In its ruling the Court of Justice stated: It is also clear that patients' freedom to normal and necessary treatments in other Member States cannot be arbitrarily refused (6). EU Commissioner David Byrne said: The likely impact of the Internal Market's four freedoms, poses the most significant challenge to date to health policymaking in Europe (7).

Integrated healthcare

These statements by the Council of Europe and the European Parliament lay the foundation for an integrated system of healthcare in which the patient has true freedom of choice.

True integration requires cross-cultural understanding. The current concept of integration can mean using non-conventional techniques with no understanding of their philosophy and methodology e.g. using the homeopathic remedy Arnica for shock and bruising. While the extension of the use of such basic first aid measures is to be welcomed the full potential of homeopathy as a discrete medical system has been ignored.

Homeopathy is a discrete medical system and has the potential to effect a long-term curative response.

The fully qualified homeopath is competent to work in a variety of roles ranging from an independent consultant in private practice to an integrated member of a team of healthcare practitioners working in a clinical setting. (See appendix 1 for examples of homeopaths working as a team of health practitioners.)

Patients should be able to access homeopathy either through direct self-referral, or via referral from another healthcare practitioner, e.g. their GP or family doctor. This is in line with the recommendations made by the Council of Europe.

If a truly integrated model of healthcare is to be developed, homeopaths and other practitioners of non-conventional medicine should be included in wide ranging discussions to achieve a real understanding of the respective philosophies and clinical practices. This would necessitate a shift in the current political reality of the actual balance of power and influence which bodies representing the interests of conventional medicine and the drug industry can exercise, as compared to the bodies representing the interests of non-conventional therapies like homeopathy.

What needs to be done in order to integrate homeopathy into healthcare in Europe?

There are several factors which need to be taken into account in considering the incorporation of homeopathy into an integrated healthcare system.

Regulation of homeopathy

Regulation should be achieved according to the following criteria (8):

- A single national professional body, where appropriate, established according to common high standards of education, registration and practice agreed across Europe;
- Patient representation on all standard setting committees – particularly for complaints and professional conduct procedures;
- An accreditation process for institutions providing homeopathic education;

- Continuing professional development;
- Professional indemnity insurance for all practitioners;
- Code of ethics and practice;
- Complaints and disciplinary procedures.

ECCH has agreed and recommends these criteria for voluntary self-regulation as a required minimum, and is actively engaged with its 20 member associations to achieve harmonisation of standards within these agreed criteria for voluntary self-regulation.

Education

Each non-conventional practitioner should be educated to higher degree or equivalent standard in the therapy practised as a discrete discipline. This has been highlighted by the recent report by the United Kingdom House of Lords Science and Technology Select Committee: All those who deliver CAM treatments, whether conventional health professionals or CAM professionals, should have received training in that discipline independently accredited by the appropriate regulatory body (9).

Homeopathy is currently practised by three categories of practitioners:

- Practitioners who have received a full training in homeopathy as a discipline in itself;
- Medical doctors whose training in homeopathy varies from short introductory courses to a full training in homeopathy;
- Other practitioners who use homeopathic remedies alongside other therapeutic options.

ECCH has recently published the second edition of its Education Guidelines which outlines the basis for undergraduate education of homeopaths (1). This includes in depth knowledge and understanding of homeopathy and its fundamental principles together with appropriate conventional medical knowledge. ECCH agrees with the House of Lords recommendation that the homeopathic content of any postgraduate education of previously medically qualified practitioners should not be any less than is required for new practitioners.

Research

Future research on homeopathy should by priority focus on users and cost effectiveness (10). This means that the main areas of research should be on patients' quality of life, effectiveness, cost effectiveness and patients' safety.

Future research into homeopathy should primarily focus on:

- treatment of patients suffering from widespread and costly conditions, in order to produce results which are of socio-economic importance;
- safety for users and the external environment;
- livestock farming, for the benefit of animals and consumers of agricultural products.

To build competency in homeopathic research there is a need for:

- increased education of more homeopaths as researchers;
- international coordination of research on homeopathy;
- cooperation with researchers within other fields;
- European authorities to establish research programmes for homeopathy.

National and European authorities should fund:

- increased education of homeopaths as researchers;
- establishment of research centres;
- trials to determine the benefit of homeopathic treatment, its cost-effectiveness, and safety in human patients and livestock farming.

These should be the first priority areas for future research on homeopathy.

Preventative healthcare

Healthcare is not limited to treating illness when it develops, but should be considered as part of a wider picture which encompasses the underlying socio-economic factors which can contribute to ill-health.

ECCH is playing a vital role to ensure high standards of education and practice for the homeopathic profession in Europe. We recognise that homeopathy has the potential to improve and maintain health, and that it has an important contribution to make to European healthcare. We have the opportunity at the start of the 21st century to ensure that a fully integrated healthcare system serves the needs of patients throughout Europe.

Appendix 1

Integrated Healthcare in practice

The following are examples of integrated healthcare in practice, in which homeopaths practise as part of a team with other healthcare practitioners including medical doctors.

N.B. This is by no means a definitive list, but a cross sample of examples to demonstrate that an integrated approach to healthcare already exists in Europe. Homeopaths are registered with national professional bodies who are ECCH members.

Norway

Multi disciplinary clinics, including registered homeopaths and medical doctors:

- Arena Medisinske Senter, Oslo
- Balder-klinikken, Oslo
- Heggelig helhetsmedisin, Oslo
- Resonansklinikken, Tromsø

- Stavanger Homeopati Senter, Stavanger
A homeopathy clinic in which registered homeopaths co-operate with medical doctors at the Hillevågsdøktorn (medical centre). There is mutual referral and communication when necessary. A project on conventional and homeopathic treatment of patients suffering from asthma and allergies is in the planning stages.

Switzerland

- SWICA, a Swiss health insurance company runs several health centres for their clients. The centres have medical doctors, homeopaths and other practitioners practising as integrated healthcare teams.

- 'Stiftung für integrative Medizin' (Foundation for Integrating Medicine) in the Canton Appenzell Ausserrhoden is working towards integrated healthcare with focus on public events and dialogue between medical doctors, homeopaths and other therapists..

Multi disciplinary clinics, including homeopaths and medical doctor:

- Diomed - Klinik , Basel
- Höhenklinik, Braunwald
- Aesculap - Klinik Dr. Brander, Brunnen
- Paracelsus - Klinik, Lustmühle
- Cilina Santa Croce, Orselina

United Kingdom

These three examples were all shortlisted for the Foundation for Integrated Medicine 2001 award for Good Practice in Integrated Healthcare

- **Improving Access to Integrated Medicine in Newcastle on Tyne**
An innovative three year project to pilot the delivery of six CM therapies within a conventional NHS medical practice. A registered homeopath is part of the team of therapists.
- **Sheffield Menopause Clinic**
A registered homeopath works in partnership with an MFHom (medical homeopath) treating patients with a wide range of complaints in a community health menopause clinic.
- **Marlybone Health Centre**
A registered homeopath practises alongside other CM practitioners and GPs delivering a quality assured complementary therapy service in an urban setting.

Abbreviations

CAM: Complementary and alternative medicine

CM: Complementary medicine

ECCH: European Council for Classical Homeopathy

EU: European Union

GP: General practitioner

References

1. European Guidelines for Homeopathic Education, European Council for Classical Homeopathy, 2000.
2. European Profile of the Homeopath, European Council for Classical Homeopathy, 2001.
3. Resolution on the Commission report to the European Parliament and the Council on the application of Directives 92/73/EEC and 92/74/EEC on homeopathic medicinal products (COM(97)0362 - C4-0484/97).
4. Council of Europe, A European approach to non-conventional medicines, Resolution 1206 (1999).
5. Resolution on the status of non-conventional medicines A4-0075/97.
6. July court rulings (21 July p 128; 4 August p 248)
7. Speech by EU Commissioner David Byrne, European Health Forum Gastein Bad Gastein (Austria), 28 September 2001.
8. The Legal Situation with regard to the Practice of Homeopathy in Europe, European Council for Classical Homeopathy, 2000.
9. Complementary and alternative medicine, 6th report. London, House of Lords Select Committee on Science and Technology, 21 November 2000.
10. ECCH Research Policy Report, European Council for Classical Homeopathy, 2001.