Complemantary and Alternative Medicine – European Patients’ Forum Briefing Paper

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1 Introduction

1.1 BACKGROUND

Complementary and alternative medicine (CAM) is increasingly used by patients across the European Union. The WHO estimates that 100 million Europeans are using traditional and alternative medicines, one fifth of them regularly.¹ The EU CAMbrella project estimated that between 10 and 50 percent of the EU population is using CAM. It also there are more than 150,000 registered medical doctors (MDs) with additional CAM certification and more than 180,000 registered and certified non-medical CAM practitioners.² Despite their growing popularity, CAM is controversial amongst healthcare professionals, the scientific community, and policy makers. Opponents insist there is no scientifically valid evidence that they are effective, and that complementary therapies are based on pseudo-scientific models. Supporters and practitioners of CAM argue that there is compelling anecdotal evidence from patients that many treatments work, and stress that it can coexist with standard medicine and complement it.

It is also increasingly debated at EU level. Interest in this topic was mostly raised through the FP7 projects EU CAMbrella that looked at regulation of CAM within the European Union and at attitudes of citizens towards CAM in Europe.³ The project aimed at establishing a roadmap for future CAM research in the EU. Several conferences focusing on CAM have taken place among which the EPHA conference on “Complementary and Alternative Medicine - Innovation and Added Value for European Healthcare”. Organisations are also established at EU level to advocate for these types of therapies, including for example the Association of Natural Medicine in Europe (ANME) the European Coalition on Homeopathic and Anthroposophic Medicinal Products (ECHAMP), the European Forum for Complementary and Alternative Medicine (EFCAM) and other groups representing various CAM practitioners or suppliers. In 2010 an Interest Group of MEPs on Complementary and Alternative Medicine was launched within the European Parliament.

The European Patients’ Forum believe that it is important to communicate the patients’ perspective on this theme at EU level to ensure that patients with chronic and or long term conditions, who are users of CAM therapies, have their voice taken into account in the debate that is arising. The aim of this paper is to give a clear overview of the issue to patient organisations. Its objective is to support internal discussions, in order to adopt an EPF position in the future. The last section of this paper is a discussion section raising some essential questions for EPF members’ to reflect on regarding CAM therapies.

1.2 WHAT IS COMPLEMENTARY AND ALTERNATIVE MEDICINE?

A simple definition of complementary and alternative medicines is that they are “medical products and practices that are not part of standard care. Standard care is what medical doctors, doctors of osteopathy, and allied health professionals, such as nurses and physical therapists, practice.”⁴

³ For more information and deliverables, please see the projects’ website: [http://www.cambrella.eu/home.php](http://www.cambrella.eu/home.php)
However as complementary and alternative medicines are defined as what is not considered as part of standard care, it is an evolving and broad category that may change over time. A treatment previously considered CAM can increasingly become part of standard medical culture. It also happens that a treatment may be considered standard for one condition and CAM for another disease. Evidence of efficacy or absence of evidence base are not criterion that define this category of treatment either, as some CAM treatment may be approved and have undergone randomized clinical trials, and a few standard medicines don’t necessarily have significant evidence of benefit according to the Cochrane collaboration. Treatments provided by CAM practitioners (e.g. homeopathic doctors, herbalists) are generally considered as CAM.

A functional definition was put in place by the Cochrane review to determine whether a therapy is considered as CAM or “conventional” medicine:

“Complementary and alternative medicines (CAM) is 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 system of a particular society or culture […] CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domain and that of the dominant system are not always sharp or fixed.”

Below, you can find a non-exhaustive list that gives example of the most common types of complementary and alternative medicines.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Examples of CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mind-Body medicine</td>
<td>Hypnosis, meditation, relaxation and visualisation, Tai Chi…</td>
</tr>
<tr>
<td>Natural product based therapies</td>
<td>Aromatherapy, nutritional therapy (including diets, and nutritional supplements), herbal remedies…</td>
</tr>
<tr>
<td>Manipulative and body based practices</td>
<td>Shiatsu, chiropractic, osteopathy, reflexology…</td>
</tr>
<tr>
<td>Energy medicine</td>
<td>Acupuncture, Reiki…</td>
</tr>
<tr>
<td>Whole medical systems</td>
<td>Ayurveda, Chinese Traditional Medicine, Naturopathy, Homeopathy…</td>
</tr>
</tbody>
</table>

Because it is defined in contradiction to standard care, CAM practitioners and suppliers refer to non CAM, mainstream medicine as “conventional” “allopathic” or “dominant”. These terms are controverted amongst CAM opponents however.

**CAM industry:** ECHAMP the European Association for Homeopathy and Antroposophic Medicine reunites 50 companies. In 2010, the European market for homeopathic and anthroposophic
medicinal products was valued at €1.035 billion. These products account for 0.7% of the European pharmaceutical market. According to ECHAMP they employ about 8000 people in the EU.9

In addition to this, CAM products can be imported (e.g. ayurveda, chinese traditional medicine) or prepared directly by a practitioner for the individual patients. Globally this industry is estimated to be $60 billion a year (approximately 44 billion euros)10.

2 CAM regulations and policies

Regulation of complementary and alternative medicines means both regulation of the products (with a common framework at EU level for herbal medicinal products and homeopathy) and regulation of the practitioners to ensure patient safety and quality of care which is national.

2.1 IN MEMBER STATES

There are divergences across the EU on the use of complementary and alternative medicines. In particular some forms of CAM are more used in some Member States than other, or/and more accepted by medical practitioners and healthcare services. This leads to divergence across Member States that were highlighted in the CAMbrella research project.

A few country examples that demonstrates the diversity of approach towards CAM therapies:

In the United Kingdom, most established disciplines include osteopathy, chiropractic, homeopathy, acupuncture and herbal medicine. There is no statutory regulation for most CAM professions, except for chiropractors and osteopaths, which where regulated to ensure patients’ safety.11 The NHS provides information on CAM to the public, and to practitioners. NICE, the health and technology assessment agency, has issued several clinical guidelines for the use of certain therapies in specific conditions. The UK is the only European country with public sector CAM hospitals.

In France, the most popular forms of complementary/alternative medicine are homeopathy, acupuncture, herbal medicines, water cures, chiropractic, and according to a survey CAM could be used by up to 49 percent of the population. CAM is in large part provided by mainstream healthcare professionals due to the Code of Public Health that declares it is illegal for other people than physician to perform medical procedures, yet there are in practice CAM practitioners with no qualification in medicine.

In Hungary CAM legislation is integrated in the public health system and all CAM providers must be a part of the official health system. The legislation covers an important number of CAM practices, CAM physicians and practitioners must have a licence to practise and non-medical practitioners have to be official registered members of the public health system.12

9 http://www.echamp.eu/about-echamp/who-are-we.html
11 http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-alternative-medicine-CAM-regulation.aspx
More information on CAM regulation in Member States can be found in the WHO report from 2005 or in the CAMbrella project report.

Across the EU 28, several countries have general CAM laws either separate or within their healthcare medicine legislation (Belgium, Germany, Portugal, Denmark, Hungary, Slovenia, Malta, Bulgaria, Romania), other have legislations in some specific CAM areas ((Cyprus, Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia), Ireland and Croatiaa no specific CAM regulation.

2.2 AT EU LEVEL: HOMEOPATHY AND HERBAL MEDICINE PRODUCTS

Herbal products

An herbal medicinal product is any medicinal product, exclusively containing as active ingredients one or more herbal substances or one or more herbal preparations, or the combination of both. Before 2004 herbal products were regulated unevenly across the EU, with some countries usually regulating them as food products, other as medicines, and another group with a specific legislation for traditional medicines. Several safety issues involving an herbal product sold across Member States have demonstrated the need for harmonisation of rules at EU level. Even a long tradition does not exclude the possibility that there may be concerns with regard to the product's safety.

The EU regulation of herbal medicinal products also applies to anthroposophic, traditional chinese and ayurvedic medicinal products, not in form of injection and not containing other ingredients than herbals.

For these products there are 3 different routes to obtain a marketing authorisation according to Directive 2001/83/EC on medicine for human use and its modifying Directive 2004/24/EC also known as the Traditional Herbal Medicinal Products Directive:

- **Traditional use:** A product can be classified under traditional medicinal use provisions accepted on the basis of sufficient safety data and plausible efficacy: the product is granted a traditional use registration by a Member State. The assessment is mostly on the basis of safety and efficacy bibliographic data. Manufacturers have to provide data showing 30 years of safe use including 15 within the EU.

- **Well-established use:** This is demonstrated with the provision of scientific literature showing that the active substances of the medicinal products have been in well-established medicinal use within the Union for at least ten years, with recognised efficacy and an acceptable level of safety for a product to be granted a marketing authorisation.

- **Marketing authorisation:** A product can be authorised after evaluation of a marketing authorisation application consisting of only safety and efficacy data from the company's own...
development (‘stand-alone’) or a combination of own studies and bibliographic data (‘mixed application’). As a result the product is granted a marketing authorisation.\textsuperscript{18}

These 3 procedures are simplified compared to the marketing authorisation for medicinal products, as no clinical trial is a required.

The EU legislation also established the Committee on Herbal Medicinal Products (HMPC) in the European Medicines’ Agency. It is composed of specialists from each EU Member States (1 permanent and 1 alternate) of herbal medicines, as well as a few co-opted experts in other relevant area (e.g. paediatric, toxicology). Its role is to provide EU Member States and European institutions its scientific opinion on questions relating to herbal medicinal products. Other core tasks include the establishment of a draft ‘Community list of herbal substances, preparations and combinations thereof for use in traditional herbal medicinal products’, as well as the establishment of Community herbal monographs\textsuperscript{19}. No patients or consumers are involved within this committee.

The Directive doesn’t cover medicinal products formulated “in accordance with the specifications of an authorized health-care professional and for use by an individual patient under his direct personal responsibility” which means that authorized healthcare professionals can supply individual patients with herbal and homeopathic medicinal products.

While the EU legislation was criticized by some campaigners as “putting a ban” on herbal medicines, it was adopted for public health purpose.\textsuperscript{20} However it may affect access to some products that cannot meet the Directive requirement and as result patients may choose to purchase the product from unregulated sources such as internet.\textsuperscript{21} It is fully implemented since 2011.

**Homeopathy**

Homeopathy is a system of complementary medicine in which ailments are treated by minute doses of natural substances that in larger amounts would produce symptoms of the ailment. At EU level, homeopathic products are regulated by the Directive 2001/83/EC

There are two routes to obtain authorisation for a homeopathic product:

- **A simplified registration procedure** for products that are administered orally or externally, which have no specific therapeutic indication on the label, and that are sufficiently diluted. Safety and quality of the product has to be demonstrated, but there is no efficacy proof demanded, and the product cannot make a medical claim. They can benefit from mutual recognition

- **The national registration procedure**: the requirements for quality and safety of the product are as outlined in the directive, but Member States can retain their own rules for preclinical tests or clinical trials.


\textsuperscript{19} “A monograph contains the view of the HMPC on all information necessary for the use of a medicinal product containing the herbal substance or preparations described in the monograph: what the herbal product is used for; who the herbal product is intended for; safety information such as information regarding undesirable effects and interactions with other medicines.” [http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/document_listing/document_listing_00212.jsp&mid=WC0b01ac058003380a]


While the Directive gives a common framework harmonizing certain aspects across the EU to ensure a minimum level of safety, regulation of homeopathy is still mostly done at national level.

2.3 OTHER ROUTES: HEALTH CLAIMS UNDER FOOD REGULATION, AND MEDICAL PURPOSES UNDER MEDICAL DEVICES DIRECTIVE

Botanical products (that are not medicinal) are regulated under the food legislation. It has to comply with the general requirements set out in the Regulation(EC) No 178/2002 laying down general principles and requirements of food law and creating the European Food Safety Authority (EFSA). It also has to comply with the Regulation(EC) 1926/2004 on Nutrition and Health claims. The EFSA has published guidance to assess the safety of botanicals. So far it has not examined health claims by botanical products.

In 2012, a capsule based on cranberry also managed to have a medical purpose recognised through obtaining certification as a medical device.22

2.4 IN THE UNITED STATES OF AMERICA

Homeopathic remedies are regulated as drugs under the Federal Food, Drug and Cosmetic Act (FDCA). However, FDA does not evaluate the remedies for safety or effectiveness. It allows homeopathic remedies that meet certain conditions to be marketed without preapproval. Homeopathic remedies must contain active ingredients that are listed in the Homeopathic Pharmacopeia of the United States (HPUS). In addition, the FDA requires that the label on the product, include at least one major indication (i.e., medical problem to be treated), a list of ingredients, the number of times the active ingredient was diluted, and directions for use. If a homeopathic remedy claims to treat a serious disease (e.g., cancer), can only be sold on prescription. Only products for minor health problems can be sold without a prescription.23

Herbal products may be regulated as drug or as dietary products according to their intended purpose and claims.24 The Dietary Supplement Health and Education Act (DSHEA) regulates products intended to supplement the diet that contain vitamins, minerals, herbs, or other botanicals, amino acids. Under this act, there are requirements to show the product is reasonably safe, but no efficacy requirements, and less stringent post marketing control than for medicines, including over-the-counter medicines.

Since 1998, the U.S also has a National Centre for Complementary and Alternative Medicine (NCCAM). The mission of NCCAM is to define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and health care. Under the current strategic plan running until 2015, it has 5 objectives:

- Advance research on mind and body interventions, practices, and disciplines.
- Advance research on CAM natural products.

22 Medical Brands Announces the First use of Medical Claims in the OTC for Treating and Preventing Urinary Tract Infections”, Reuters, 1st May 2012 http://www.reuters.com/article/2012/05/01/idUS205313+01-May-2012+BW20120501
23 http://nccam.nih.gov/health/homeopathy
24 http://www.fda.gov/ohrms/dockets/98f/06d-0480-gld0001.pdf
• Increase understanding of "real world" patterns and outcomes of CAM use and its integration into health care and health promotion.
• Improve the capacity of the field to carry out rigorous research.
• Develop and disseminate objective, evidence-based information on CAM intervention.25

The NCCAM grants funds for research on CAM and also conduct its own research.

2.5 WORLD HEALTH ORGANISATION STRATEGY

The World Health Organisation has long been active on the question of traditional and complementary medicines. In 2013, it adopted a new multiannual strategy (2014-2023) for traditional medicines. The objectives of this new strategy are as follow:

1. Build the knowledge base that will allow Traditional & Complementary Medicines to be managed actively through appropriate national policies that understand and recognize the role and potential of these medicines.

2. Strengthen the quality assurance, safety, proper use and effectiveness of Traditional & Complementary Medicines by regulating products, practices and practitioners through education and training, skills development, services and therapies.

3. Promote universal health coverage by integrating Traditional & Complementary Medicines services into health service delivery and self-health care by capitalizing on their potential contribution to improve health services and health outcomes, and by ensuring users are able to make informed choices about self-health care.

The WHO makes recommendations on actions for the Organisation, the Member States, and stakeholders in order to achieve these objectives.26 In addition, it recognises the potential of this type of medicine in the management of chronic diseases and for prevention.27

3 Researching CAM

3.1 SAFETY & EFFICACY OF CAM

There is a crucial issue as regard the evidence base for the safety and efficacy of complementary and alternative therapies. While research is increasing and the Cochrane Library lists over 4000 randomised trials, there is still little research compared to conventional medicine.28

Many studies are reportedly flawed, due to the size of the trial with often insufficient statistical significance, variable or inconsistent results due to poor control, and inadequate study design (e.g. lack of comparator such as a placebo or another treatment). In addition for certain form of

25 http://nccam.nih.gov/about/ataglance
27 Ibid, p11; 16
medicines it is difficult to conduct a randomized clinical trials, (e.g. to find an adequate placebo for acupuncture or chiropractic acts).  

There are multiple factors that contribute to this gap. Funding for complementary medicine research is scarce, though some programmes are increasingly open to fund such research, practitioners in this field lack access to academic infrastructure, and may have less focus on research skills during their training. Difficulties to find trial participants with the same condition may also be more important in this field as practitioners have no disease specialty.

Supporters and practitioners of CAM sometimes also argue that randomized clinical trials are not suited to test their discipline, given their individualized approach, and they also raise that endpoints measured in clinical studies for conventional medicine do not match for CAM. Instead they prefer to base their study on observation of effectiveness. Some studies show effects of CAM treatments – e.g. acupuncture increases the level of endorphin. But effect is different from measuring the effectiveness of a treatment. And even observed effectiveness is different from clinical effectiveness as the placebo effect and natural course of the disease can also lead to misleading conclusions.

The WHO underlines in its strategy that “While there is much to be learned from controlled clinical trials, other evaluation methods are also valuable.” These include for example outcome and effectiveness studies, as well as comparative effectiveness research, qualitative methods, or well-designed observational studies. It also published guidelines on methodologies for research and evaluation of traditional medicines.

However, some studies have shown it is possible to demonstrate efficacy of a CAM treatment through clinical trials. Peer reviewed studies can be found on PLOS medicine, as well as the Cochrane collaboration. NCCAM-funded research is also available on Pubmed. For example some reviews and studies have demonstrated the benefits of acupuncture in the treatment of certain type of pains. Some other form of CAM treatments have little supporting evidence, despite rigorous research, this is the case for example for homeopathy. A committee of the House of common in the UK in 2009-2010 recommended stopping research in this field, and raised a crucial issue in taking political decisions as regards funding CAM research: it is unethical to enter patients in trials over a question that has been already settled.

30 ibid
31 E. Ernst “Complementary medicine: common misconceptions” Journal of the Royal Society of Medicine
32 http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf, p 39
34 http://www.thecochranelibrary.com/view/0/browse.html?cat=ccochcomplementaryandalternativemedicine
http://www.plosone.org/taxonomy/browse/complementary_and_alternative_medicine;jsessionid=1B8DF46475220A512718CE0017E5EBCA
35 http://nccam.nih.gov/research/results
36 http://summaries.cochrane.org/CD004870/acupuncture-for-neck-pain
37 http://nccam.nih.gov/health/homeopathy
3.2 THE PLACEBO EFFECT

The press and healthcare professionals often highlight the relationship between the effectiveness of certain CAM therapies and the placebo effect. According to the British Medical Journal “The placebo effect refers to positive clinical outcomes caused by a treatment that is not attributable to its known physical properties or mechanism of action. The placebo effect is often explained as the result of positive expectation, belief, or hope in patients derived from the clinical encounter.” This effect has been discovered in the 1950s and have since become a common feature in clinical trials, were groups of patients testing a new medicine are compared to a group of patients receiving a placebo, rather than no treatment.

The placebo effect is a complex mechanism, and is a subject of research of its own. Providing a placebo means deceiving the patients therefore it also poses ethical issues.

As regards CAM for which there is little evidence, it is possible that the placebo effect comes into play. Some researchers argue that some features of CAM contribute to maximize the placebo effect of these therapies. This includes the whole person approach, and the different patient/practitioner relationship. However, even if patients feel better thanks to the placebo effect, they may be missing out on better treatments for their condition, or they may later use CAM for a condition that would be better treated with conventional medicine.

When using a placebo, some patients experience what is called the nocebo effect, which means they report adverse reactions. This effect has been used by some researchers to explain the “aggravation” mechanism in homeopathy, whereby patients experience new symptoms before getting better. They argue that this phenomenon is in fact due to the nocebo effect.

3.3 RISKS ASSOCIATED WITH CAM

There is a common misconception about CAM treatment that they are natural and therefore safer than other types of treatment. However there have been multiple cases of adverse reactions or event due to CAM that contradict this common belief. This ranges from serious reactions and death after chiropractic manipulations, to renal failure due to a wrong preparation of a Chinese traditional medicine, and the Kava, a plant traditionally used to soothe anxiety and provoke sleep has been reported to provoke renal failure, infections due to acupuncture needles.

In addition to this, CAM also poses risk in that it may lead patients to stop treatment with conventional therapies, or to delay seeking such treatment. There was recent case in Canada of a child treated by CAM remedies that died due to a treatable infection and several cases where death

41 http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/placebo-effect.aspx
42 Ben Goldacre “Homeopathy and the nocebo effect” the Guardian, Saturday 28 November 2009
43 Simon Singh “Beware the spinal trap” the Guardian, Saturday 19 April 2008
http://www.theguardian.com/commentisfree/2008/apr/19/controversiesinscience-health
was caused by failure to seek conventional medicine by the BBC in Australia.\textsuperscript{44} Steve Jobs, former Apple CEO, delayed the recommended procedure for his pancreatic cancer and thereafter reportedly expressed regret over this decision.\textsuperscript{45} However, evidence shows that most patients usually go to their general practitioners before using CAM.

CAM therapies are increasingly deemed complementary with conventional medicine yet there are evidence for certain product that taken in combination it can alter the effectiveness of the treatment e.g. some therapies have been shown to have interactions with anaesthetic products. In addition, for many CAM products, interactions with standard treatments are little studied.

CAM products are also a common target for counterfeiter of medicines.\textsuperscript{46}

3.4 \textbf{BENEFITS OF CAM}

Users of complementary medicines report high level of satisfactions with their treatment, about 80 percent.\textsuperscript{47} Amongst key factors the quality of the patient professional interaction is often cited, with more time available, continuity of care from the same professional, non-institutional setting as important features of CAM, particularly for patients with chronic conditions and for patients with non-defined illnesses. Individualised treatment, taking into account the whole person, addressing of psycho-social aspects of the disease, also contribute to the positive perception of this type of medicine. Alternative medicine also put the emphasis on low tech intervention, and on prevention and well-being.\textsuperscript{48} It has also been pointed out that patients see that kind of healthcare as more “empowering” and less authoritarian.\textsuperscript{49}

4 \textbf{Healthcare professionals and CAM}

CAM can be provided by standard healthcare professionals, or by practitioners of CAM.

Practitioners that only provide CAM may operate outside of medical licencing law, they are mostly private practitioners, with training in private schools or different university compared to conventional healthcare professionals. There are some voluntary bodies that self-regulate certain professions, but joining them is not mandatory for practitioners of a given professions. In Finland osteopaths chiropractors and naprapaths have to be registered. In many EU Member States, CAM is also largely provided by conventional healthcare providers. This is for example the case in France, and in Germany, Austria. In certain countries the practice of

\textsuperscript{44} http://www.nhs.uk/news/2010/12December/Pages/alternative-medicine-danger-for-children.aspx
\textsuperscript{45} John Swaine “Steve Jobs ‘regretted trying to beat cancer with alternative medicine for so long’”, the Telegraph, 21 October 2011
\textsuperscript{46} http://www.who.int/mediacentre/factsheets/2003/fs275/en/
\textsuperscript{47} Catherine Zollman, Andrew Vickers “Complementary medicine and the patient” British Medical Journal, volume 319, 4 december 1999
\textsuperscript{48} ibid
Complementary and Alternative Medicine is legally reserved to “conventional” doctors with medical training, though in practice CAM practitioners are not prosecuted unless they harm the patients.

For these countries there are courses and diplomas in several CAM disciplines for physicians, and teaching and practice of CAM is allowed for conventional healthcare providers.

Several examples illustrate the diversity of situations as to a CAM profession in the EU. For acupuncture, in half the countries studied by the CAMbrella project, only doctors may provide acupuncture treatment. But in many other countries there is an acupuncture regulation and it is then provided by either CAM or regulated healthcare professionals. Sometimes regulation is left to the professional associations. The CAMbrella project has mapped the situation for the main forms of CAM therapies.

5 Patients and CAM

5.1 WHY PATIENTS USE CAM

Several studies have looked at reasons for which patients decide to use complementary and alternative medicine. The main reason is dissatisfaction, disappointment with medical professionals (e.g. the doctor didn’t understand, or didn’t take time or didn’t seem interested in the problem), or with medicinal products (e.g. adverse reactions or fear of potential side effects, preference for natural method). It is also often on the advice of friends or relatives. One important issue raised in several studies is that patients rarely disclose their use of complementary therapies to their doctors.

There is an important gap in knowledge as regards the conditions for which patients most commonly use CAM, however U.S. studies suggests that patients with chronic conditions are a factor in the use of CAM. The NCCAM suggest that people sick CAM treatment for musculoskeletal conditions the most. Other diseases include gastrointestinal conditions, respiratory diseases, and psychological conditions.

5.2 ACCESS TO CAM

Several studies acknowledge that CAM is often private care, at the patients’ own expense. For this reason CAM users in industrialised countries tend to be among citizens who have completed higher education and are better-off financially.

Out of pocket payments of CAM treatment by patients seem to be the norm in many countries according to the CAMbrella project: This includes for example Bulgaria, Croatia, Cyprus, Czech Republic, Slovenia. In Belgium and Ireland CAM is not covered by the health insurance but several private insurance funds include CAM practices in their voluntary health insurance.

However in the European Union, it is also frequent to see some forms of CAMs, or some part of the CAM therapies reimbursed. In Denmark treatment by conventional medical practitioners are reimbursed.

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50 ibid
52 Susan Eardley et al, “CAM use in Europe, the patients’ perspective. Part I: A systematic literature review of CAM prevalence in the EU”, p26 https://fedora.phaidra.univie.ac.at/fedora/get/o:292161/bdef:Content/get
reimbursed as well as parts of the cost for acupuncture and chiropractic. In Finland CAM is also reimbursed if provided by a physician, or for acupuncture, chiropractic and naprapathy if provided in collaboration with a physician, the health insurance also covers some of the cost for homeopathy. In the UK some forms of CAM are also covered by the NHS. In France, specific medical activities and products are covered, including chiropractic, medical phytotherapy consultations, and complementary/alternative technical sessions with an approved kinesiotherapist. In addition some CAM is partially covered. In Germany the statutory health insurance system covers acupuncture and homeopathy within certain conditions. In Hungary CAM is partially covered: massage and acupuncture treatments delivered either in public hospitals or public outpatients’ surgeries (public).  

5.3 ACCESS TO HIGH QUALITY INFORMATION ABOUT CAM THERAPIES

Access to reliable, high quality information for the public about Complementary and Alternative Medicine is a key challenge. Patients can come across many claims from CAM therapies across the internet. The UK NHS and the U.S NCCAM both respectively provide lay language information and advice on CAM for the public. The Cochrane collaboration also produces lay language summary of their review on CAM treatments which are available to patients and the public.

Leaflets and advertisement of homeopathic and herbal medicinal products are regulated under the same rules as for medicines in the EU, but for other products (botanical, dietary supplements) and CAM practices this depends of Member States legislation.

When looking at citizens’ attitude toward CAM information, the EU CAMbrella study noted that the public still rely mostly on their healthcare professionals for information about CAM in these countries where CAM is most commonly provided by “conventional” doctors and healthcare services. In other countries patients’ social network, family and relatives are one of the main source of information on CAM. They also rely on media coverage (both print, and TV and internet).

Another challenge is coverage of CAM by the media. While no study has been conducted in Europe, a study in Australia has indicated that it was generally low, with claims of the success of CAM in treating a condition insufficiently scrutinized (though with variation of quality depending of diseases). In addition most stories leave out cost and potential harm of CAM treatment.

In the EU no formal independent body or structure exists to provide information on CAM.

and the NCCAM website: http://nccam.nih.gov/health/whatscam
57 A public utility foundation the European Information Centre for Complementary & Alternative Medicine exist, but it is not a formal structure.
6 Questions for discussions EPF membership

1. What complementary and alternative medicine do patients in your disease area use (if any)?
2. Are there CAM treatments that are reimbursed in your disease area/ country?
3. Do you or your members provide information on such therapies on your website or other? If so what are your preferred sources?
4. Are CAM practitioners sufficiently regulated?
5. Should research on efficacy of complementary and alternative medicines be supported? Is it a low or important priority compared to supporting research in conventional medicine?
6. Does your organisation have a position on CAM therapies?
7. Should information and advertisement of CAM be regulated to ensure it is of high quality and evidence-based?
8. What type of information do patients need about CAM?
9. Should health claims made by CAM products and practices be regulated? If so at which level (national- EU)?

EPF members are welcome to send comments and documents from their own work related to the above questions to laurene.souchet@eu-patient.eu. As this is a reflection process, there is no formal deadline but feedback received will build into EPF preliminary research on this topic.

7 Glossary

Allopathic medicine: A term used by homeopathic practitioners to design “conventional” medicine.

Anthroposophic Medicine: A form of alternative medicine based on diluted remedies, and the philosophy of Rudolph Steiner “anthroposophy”.

Ayurveda: A form of medicine coming from India. Its concepts about health and disease promote the use of herbal compounds, special diets, and other unique health practices. 58

Traditional Medicine (WHO) : It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. 59

Complementary Medicine (WHO): The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of that country’s own tradition or

59 http://www.who.int/medicines/areas/traditional/definitions/en/
Conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.\(^6^0\)

Homeopathy: Homeopathy is a ‘treatment’ based on the use of highly diluted substances, which practitioners claim can cause the body to heal itself.\(^6^1\)

Integrative Medicine: Another term for complementary medicine, which stresses the possibility to integrate CAM with standard practice.

Naprapathy: A type of manipulative medicine, based on the premise that many diseases are caused by displacement of connective tissues.

Please note this Glossary will be updated with new terms.

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The **European Patients’ Forum (EPF)** was founded in 2003 to ensure that the patients’ community drives policies and programmes that affect patients’ lives to bring changes empowering them to be equal citizens in the EU.

EPF currently represents 61 members, which are national coalitions of patients organisations and disease-specific patient organisations working at European level, and. EPF reflects the voice of an estimated 150 million patients affected by various chronic diseases throughout Europe.

EPF’s vision for the future is that all patients with chronic and/or lifelong conditions in the EU have access to high quality, patient-centred equitable health and social care.

The EPF strategic goals focus on areas such as health literacy, healthcare design and delivery, patient involvement, patient empowerment, sustainable patients’ organisations and non-discrimination.

[www.eu-patient.eu](http://www.eu-patient.eu)

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Disclaimer: The content of this briefing reflects only the author’s views and the Executive Agency is not responsible for any use that may be made of the information contained therein.

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\(^6^0\) [http://www.who.int/medicines/areas/traditional/definitions/en/](http://www.who.int/medicines/areas/traditional/definitions/en/)

\(^6^1\) [http://www.nhs.uk/conditions/homeopathy/Pages/Introduction.aspx](http://www.nhs.uk/conditions/homeopathy/Pages/Introduction.aspx)