International CAM: Swiss Constitutional Inclusion, British Report, Push in Italy, an African Actuary

Contributed by John Weeks

International CAM: Swiss Constitutional Inclusion, British Report, Push in Italy & African Actuary's Group

Summary: Welcome to this Integrator travelogue, linking you to international policy developments in traditional medicine and complementary and alternative medicine practices ... A citizen's referendum in Switzerland forces inclusion of CAM practices in healthcare planning ... In England, a report from the King's Fund concludes that we need both new methodologies and new attitudes, thank you, to optimally research complementary medicine and health ... A report on non-conventional medicine (the preferred term) in Italy calls for an end to 20 years of procrastination, and shares what's already covered in Tuscany and parts north ... Actuary Heather McLeod, a CAM leader in the International Association of Actuaries, is setting up a similar group in a new African health economics organization ...

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In recent months, the Integrator has received articles from various sources offering insight into developments in complementary, alternative and integrative medicine, or "non-conventional medicine" (NCM) as is used in Italy. These range from a call for government action to "stop 20 years of procrastination and pass a full-scale national law" (Italy) to a significant breakthrough toward inclusion (Switzerland), identifying methodological needs (England) and getting CAM-interested actuaries together (Africa). Enjoy the travels!

1. Notes on CAM and the European Union: Petitions in Brussels push for better integration

A report on Italy by Paolo Roberti di Sarsina, MD and Iseppato Ilaria, discussed below, includes a brief review of action to push the European Union (EU) to incorporate complementary and alternative medicine into policies and actions. The authors note petitions and action from the late 1990s through 2005 which led to an October 2007 European Union health program that, in the EU report's words, "should reflect the importance of a holistic approach to public health and, where appropriate and supported by scientific and clinical evidence of effectiveness, consider complementary and alternative medicines within its scope." A year later, complementary medicine advocates were back in the EU capitol of Brussels delivering a 9-point "manifesto" which ends with: "For the benefit of all Europeans, we strongly recommend that the European Union promote the integration of valid CAM and effective Medicinal Traditions in its health policy!" In a separate article published in E-CAM in June 2009, Roberti offers data on use of a category called HAMP (Homeopathic and Anthroposophical Medicinal Products), used by 49% of the French, 46% of Germans and 35% of British.

2. Swiss pass referendum to place CAM inclusion in the constitution

Earlier this year, the Swiss people voted via national referendum in favor of a constitutional article to include complementary medicine in national health policies. Of those voting, 67 percent of voters supported the new constitutional article. By the act, according to advocates, Switzerland became "the first country in Europe to set out in the constitution, authority for the state (cantons) and constituent states to take complementary medicine into consideration in the public health service." The language is as follows:
Federal constitution Art. 118a BV:

"The Federal government and cantons shall ensure that, within the scope of their jurisdiction, complementary medicine is taken into consideration."

The popular referendum is said to have the following impact:

- "Admission of doctors of complementary medicine in the fields of anthroposophical medicine, homeopathy, neural therapy, phytotherapy and Traditional Chinese Medicine (TCM) into obligatory health insurance;

- "Creation of national diplomas for non-medical therapists;

- "Integration of complementary medicine into teaching and research, and

- "safeguarding of proven remedies."

According at an account here, the referendum followed popular antagonism with what was felt to be governmental suppression of CAM in a 2005 governmental report. (See this Integrator account of the 2005 action, based on an editorial by Harald Walach, PhD, More on Chiros, Back Surgeons and the Murder of the AHCPR, Plus a Parallel Swiss Story, July 5, 2006.) The campaign was reportedly organized by Jörg Fritschi, MD, a Chinese medicine interested president of the Union of CAM-organizations in Switzerland. The Swiss Minister of Health, Pascal Couchepin, a CAM antagonist who was linked to suppressing the 2005 study, has called for evidence of CAM to support the integration strategies, by October 2009. Fritschi is on the record stating that it will more likely be 2010 that the evidence case is made.

Comment: Living as I do in a state in which I am able to have many services of licensed complementary healthcare practitioners covered via a state legislated requirement that was forced on them by our then Insurance Commissioner Deborah Senn (thank-you, Deborah), I particularly celebrate the organizing these citizens apparently engaged to push this referendum by reluctant lawmakers. It will be interesting to see what is in, and what out, once the evidence battle is engaged. (Thank you Clem Bezold, for the heads-up on the story - last June!)

3. To the Italian Government: End procrastination and develop a "full-scale national law" on non-conventional medicines

Non-Conventional Medicine in Italy: The present situation is an 8-page report, available through Elsevier, on the state of what is called non-conventional medicines (NCMs) in Italy. The document was written by Paolo Roberti di Sarsina, MD, whose base is the Italian High Council of Health, Ministry of Health and his colleague Iseppato Ilaria, with the Department of Sociology at the University of Bologna. They argue that the situation in Italy is not good. The issue isn't with use, which is up to 13% of the population in a 2005 government study, with the most use of homeopathy, acupuncture, herbal remedies, anthroposophic medicine and chiropractic. The issue the authors raise, rather, is that the
national government has been "procrastinating for 20 years"
on creating a national legal structure for NCM practice and in funding
research on NCMS. The team documents regional differences in inclusion. For instance, the Emilia-Romagna district
formed "an official Regional Observatory for NCM" in 2004, to support some pilot projects. Of greatest interest were
acupuncture, botanicals and homeopathy. Integration is more advanced in Tuscany, where "acupuncture is guaranteed
as an approved regional health care standards(LEA), patients are to pay a basic contribution for homeopathy,
phytotherapy, acupuncture and traditional Chinese medicine services." Such services, they go on to report, "are already
available in 63 regional welfare centres at specially low controlled prices." In general, NCMS are more available in plans
in the north than the south of Italy. A national law such as Roberti-Ilaria urge was introduced
in 2009, but they note that for the legislation this year "there is still much work
to be done and, maybe, time is not ripe yet."

Comment: Looking abroad helps us reflect on what is here at home. Some parallels are interesting: coverage and
inclusion of "NCMs" is a regional phenomenon in the US as well, also with something of a north-south split. And while we
have, in the U.S., an organized, national commitment to funding research, we do not have significant national legislation,
other than for chiropractic medicine, that requires inclusion. Professional organizations representing licensed
acupuncturists, naturopathic doctors and certified professional midwives are knocking at these doors this year. Yet when
all is said after the current health reform push in Congress, we could conclude that "there is still much work
to be done and, maybe, time is not ripe yet." (Thank you Paolo for sending the files to the Integrator.)


A special committee of the King's Fund, chaired by Dame Carol Black, published a report in August 2009 entitled Assessing Complementary Practice: Building Consensus on Appropriate Research Methods. The report comes smack down on the side of needing some new approaches to research: "It is our belief that the specific difficulties we grappled
with (relative to complementary practices) reflect a more generic challenge: the challenge to use a scientific approach to
understand and test those things that we, as members of the public, do to manage our health." The conclusions take on
those conservative voices in the research community that hold that current methodologies are up to the task. Here,
again, Black's report:

"We need to match our resources and develop our methods to fit the task of testing and understanding the ways in which
we sustain as well as damage our health. Part of that task is to understand more fully the therapies and complementary
practices that are so commonly used. This may require new methods. It will certainly require much collaborative effort."

The report also asserts that part of the challenge regards prejudice and bias. They recommend "identifying not only the
resources necessary to move forward but also the need to foster an appropriate attitude to this important task &ndash;
one that is inquiring, open-minded and patient-centred." The two-day gathering was practically-disposed: "Research
(looking at mechanism) should not eclipse the need to also use robust methods to explore the clinical and cost
effectiveness of specific complementary practices." Black, who chaired the two-day meeting which led to this 32 page
report, was also a member of the planning committee for the Institute of Medicine's Summit on Integrative Medicine.

Comment: The framing of this work is perfect, focusing on "testing and understanding the ways in which we sustain as
well as damage our health." In short, they recognize that the core dialogue is about health creation. And they
acknowledge the dimensions of this work, that it is new ground, and will require a striking open-mindedness. I am
shocked often by how most NIH-funded CAM researchers defend present methodologies, or, at best, their need to shape
their work to reductive methodologies if they want their projects scored well by reviewers whose attitudes would likely
need a serious adjustment to meet the directions this group from the Kings Fund is laying out. Credit Black and her
assembled team for looking the bull in the eye and, well, in a very civil way, screaming "Bull!" Can we get this kind of
thinking to guide the next NCCAM strategic plan? (Thanks to Professor Heather McCloud, see below, for linking me to
the the King's Fund report.)

A traditional medicine/complementary and alternative medicine group is being organized inside the African Health Economics and Policy Association by actuary and academic Heather McLeod. McLeod holds academic positions in family medicine at the University of Cape Town and statistics and actuarial science at the University of Stellenbosch. She explained in a note to prospective colleagues that she currently "chair(s) a similar team for the International Actuarial Association." McLeod notes that the goal of the actuarial group is "to work on the integration of TM/CAM in health systems around the world." The new group in AfHEA has a similar aim. McLeod consults throughout Africa on complementary health issues, supported by her website, Integrated Healing. The site has resources on TM/CAM issues with a particular focus on developments in South Africa, her base.

Comment: A general comment, on the work of all of these individuals: Given the challenges of culture change and of resource scarcity all of us in the integrative practice arena face from time to time, the pleasure is particularly special in seeing how there are souls similarly committed to promoting the uptake of natural health approaches across the globe. I hope you've enjoyed your tour. (And by the way, Heather, thanks for staying in touch!)

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