



# **The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe**

**January 2010**

The [CAMDOC Alliance](#), the alliance of the four major European medical CAM umbrella organisations ECH, ECPM, ICMART and IVAA published this document in January 2010 as a preliminary description of the current regulatory status of CAM in the EU member states. It is based on data provided by their national member organisations.

Physicians specialised in one or more CAM modalities integrate these therapies into patient care within the context of general medical practice, conventional specialist practice or may practice CAM full-time. CAM treatment is provided within a care plan that includes conventional medical diagnosis, prognosis and treatments.

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## Summary

The most commonly used CAM therapies in Europe that are practised by medical doctors are acupuncture, homeopathy, phytotherapy, anthroposophic medicine, naturopathy, Traditional Chinese Medicine, osteopathy and chiropractic.

Due to a great variety of medical cultures and traditions in different parts of Europe, CAM looks back on a well-established tradition in some countries or is hardly recognized and available in others.

The regulatory status of CAM is complicated by the different models applied in the EU Member States to provide medical services in their respective countries. CAM is primarily provided by physicians in Middle and Southern Europe, whilst the practice of CAM outside of regulated health care is illegal and violations are considered an offence. By contrast, in Northern Europe the practice of CAM by non-medically qualified practitioners is allowed which has led to a situation where treatment providers outside of the established health service constitute the core CAM providers.

The extent to which countries have established a statutory regulation of CAM and how such regulation is performed varies widely. Some countries have government-administered regulations or laws about the practice of CAM in general, some regulate specific CAM therapies, while still others have no CAM regulation at all.

In 18 of 29 EU and EEA countries specific CAM therapies are statutorily regulated although wide variations exist throughout Europe regarding the types of CAM that are regulated. In some countries specific CAM therapies are defined as medical specialties.

In a few countries diplomas for doctors who have taken a full course of a particular CAM modality are issued and recognised by the national medical associations/chambers/councils. However, there is no mutual recognition of diplomas among the various Member States, which impedes the free movement of CAM doctors.

Approximately 180,000 medical doctors in the European Union have taken training and education in one or more CAM modalities.

Familiarisation courses about CAM therapies are provided in the medical undergraduate curriculum as a part of a course on Complementary and Alternative Medicine in several countries. These courses are optional in most countries, obligatory in some.

Postgraduate training courses in specific CAM therapies are provided to doctors at several universities in the majority of EU Member States, in other countries at private teaching centres only.

Professorial chairs of CAM exist in at least 9 EU Member States, in some Member States also chairs in a specific CAM therapy.

## **Introduction**

Complementary and alternative medicine (CAM) is becoming increasingly popular in Europe with up to 65% of the population reporting that they have used this form of medicine. Approximately 30-50% of the European population use CAM as self-support and 10-20% of the European population has seen a CAM physician/practitioner within the previous year.

The most commonly used CAM therapies in Europe that are practised by medical doctors are acupuncture, homeopathy, phytotherapy, anthroposophic medicine, naturopathy, Traditional Chinese Medicine, osteopathy and chiropractic. The popularity of the individual therapies, however, differs widely between countries. This diversity is both a challenge for examining the state of CAM in Europe and an opportunity since its inherent plurality gives Europe a unique richness and leading position in the world in terms of the variety of approaches, high quality, integrated, holistic and patient oriented healthcare.

The regulatory status of CAM in Europe reflects the diversity of acceptance, use and availability of these treatment approaches in the EU Member States. Due to a great variety of medical cultures and traditions in different parts of Europe, CAM looks back on a well-established tradition in some countries or is hardly recognized and available in others.

## **Models of statutory regulation**

There are three main models used to regulate the practice of medicine, namely direct government-administered regulation, government-sanctioned self-regulation and independent self-regulation<sup>1</sup>. These models differ in the depth of direct government involvement and are often used in tandem with other acts, which may regulate certain aspects of the health service and medical practice.

### *1. Direct government-administered regulation*

In most European countries the government authorises, registers and supervises the health professionals. The authorities can withdraw the authorisation of health professionals if the law is violated. This implies that the government, through the appropriate authorities, decides to what extent the use of CAM by regulated health professionals can be designated as “responsible professional conduct”.

### *2. Government-sanctioned self-regulation*

In some countries the law delegates the tasks of authorisation, registration and supervision of health professionals to the national medical associations. This implies that the national medical associations decide to what extent the use of CAM by authorised health professionals can be designated as “responsible professional conduct”.

### *3. Independent self-regulation*

Some federations of CAM providers are developing what they call “self-regulation”. “Self-regulation” is a process in which associations of individual therapies develop their own statistics, educational programmes, code of ethics, research programmes and standards of competence. In some countries, self-regulation is required for an association to be approved by the government. A “registered” CAM provider must have a membership in a government-approved providers’ federation.

## **Different models of providing medical services in Europe**

According to the Declaration on Professional Autonomy and Clinical Independence of the World Medical Association (2008) individual physicians ‘have the freedom to exercise their professional judgment in the care and treatment of their patients without undue influence by

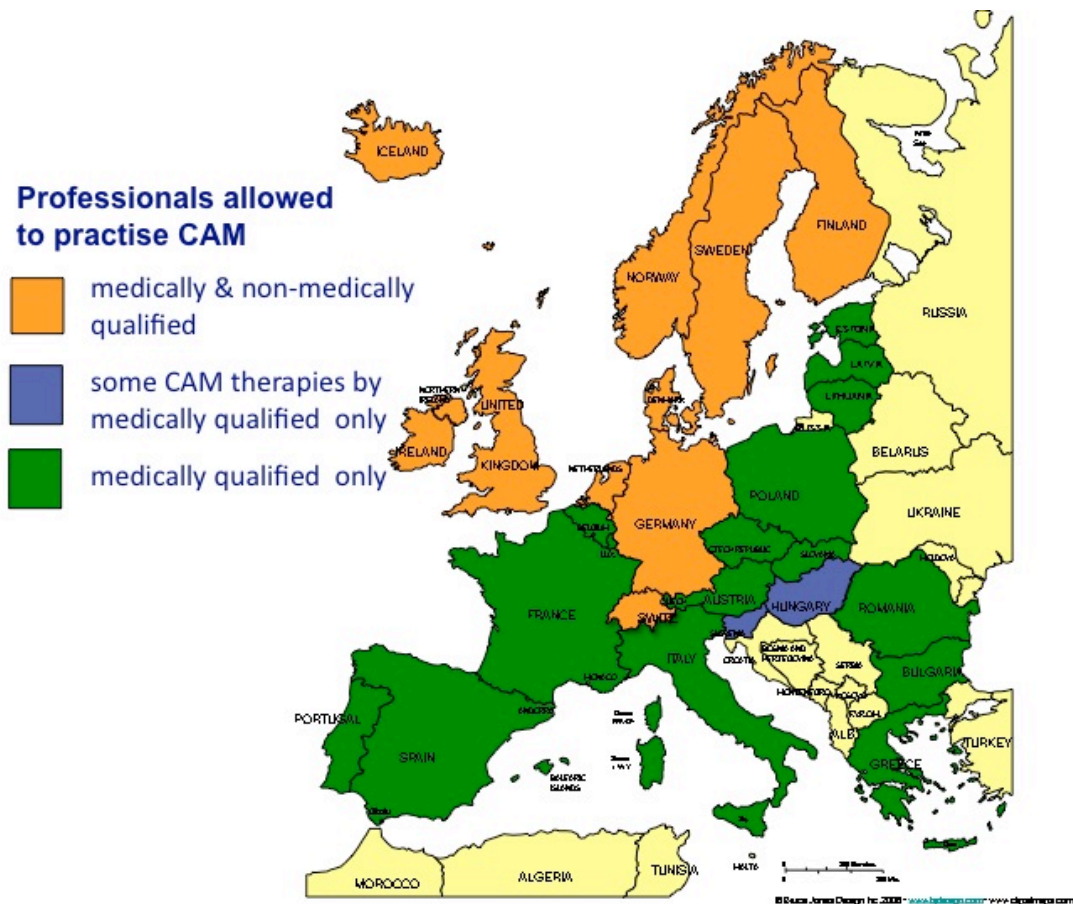
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<sup>1</sup> Ersdal G (2005). How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland. Concerted Action for Complementary and Alternative Medicine (CAM) Assessment in the Cancer Field, Tromsø, Norway.

outside parties or individuals'. However, CAM therapies usually do not have the same regulatory status as conventional medicine. They exist largely outside the institutions where conventional health care is taught and provided and in some countries the medical associations have even enforced strict regulations that thwart the practice of CAM by medical doctors, eg in Sweden and Slovenia.

CAM is primarily provided by physicians in Middle and Southern Europe, the practice of CAM outside of regulated health care is illegal and violations are considered an offence. In Northern Europe anybody may provide CAM whilst only specific medical acts (e.g. treating people for infectious diseases, performing surgery, administering anaesthetics, prescribing drugs that require a prescription, giving injections, using X-ray) are restricted to medical doctors with a university degree, although the range of these medical acts may differ from country to country. This implies that the practice of CAM by non-medically qualified practitioners is allowed which has led to a situation where treatment providers outside of the established health service constitute the core CAM providers.

In Hungary and Slovenia the law allows some CAM modalities to be practiced by non-medically qualified practitioners; some only by medical doctors. In Slovenia homeopathy, acupuncture and chiropractic/osteopathy are only permitted to medical doctors, in Hungary homeopathy, anthroposophic medicine, traditional Chinese medicine and acupuncture, chiropractic/osteopathy, ayurvedic medicine and traditional Tibetan medicine.

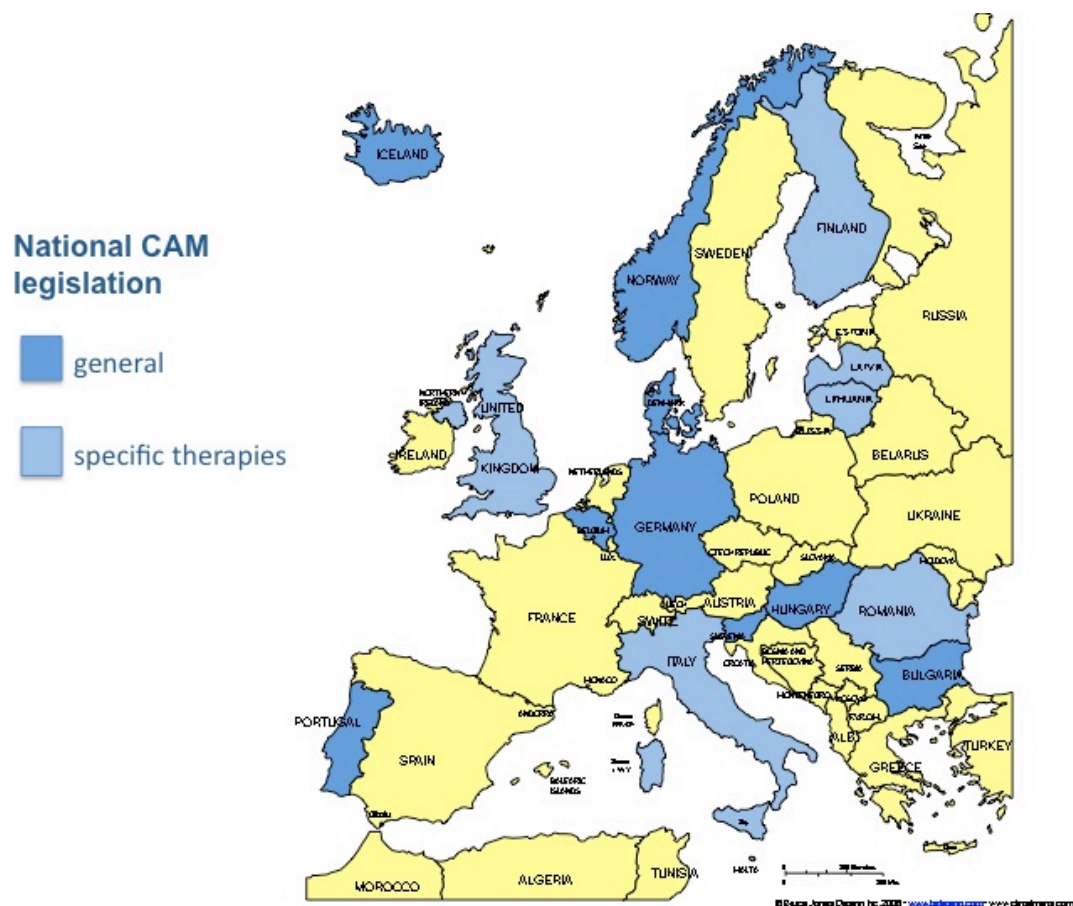


#### Where is CAM statutorily regulated?

In several European countries regulations are in place to facilitate the integration of CAM services with national health care systems, to provide equity of access to these services for

patients and to coordinate training criteria. So far, however, the regulatory status of CAM is complicated by the different models applied in the EU Member States. Some countries have government-administered regulations or laws about the practice of CAM in general, some regulate specific CAM therapies, while still others have no CAM regulation at all.

Government-administered regulation	Number	Country
CAM legislation	10	Belgium (1999), Bulgaria (2005), Denmark (2004), Germany (1939 and 1998), Hungary (1997), Iceland (2005), Norway (2004), Portugal (2003), Romania (1981), Slovenia (2007)
CAM legislation in preparation	4	Ireland, Luxembourg, Poland, Sweden
Legislation of some CAM therapies	9	Cyprus, Finland, Italy, Lithuania, Latvia, Liechtenstein, Malta, Romania, United Kingdom
No CAM legislation	7	Austria, Estonia, France, Greece, The Netherlands, Spain, Slovakia
CAM in national constitution	1	Switzerland



In 18 of 29 EU and EEA countries specific CAM therapies are statutorily regulated although wide variations exist throughout Europe regarding the types of CAM that are regulated. The next table shows details of the regulation of specific CAM therapies. The original table from “Concerted Action for Complementary and Alternative Medicine (CAM) Assessment in the Cancer Field” has been adapted and supplemented.

Countries	Statutory regulation of CAM by Government (G), by Government for MDs only (GMD), or by medical association/council/chamber (MA)					
	Acupuncture	Anthroposophic medicine	Homeopathy	Naturopathic medicine	Chiropractic	Osteopathy
Austria	GMD	MA	MA		GMD	
Belgium	1999 G		1999 G		1999 G	1999 G
Bulgaria	2005 GMD		2005 GMD			2005 G
Cyprus						
Czech Republic	GMD					
Denmark	G				1992 G	
Estonia						
Finland					1994 G	1993 G
France	MA	MA	MA			2002 G
Germany	G + MA	G + MA	G + MA	G + MA	G + MA	MA
Greece	GMD					
Hungary	1997 GMD	1997 GMD	1997 GMD		1997 GMD	1997 GMD
Iceland					1990 G	2005 G
Ireland						
Italy	MA	MA	MA		yes	yes
Latvia	GMD	MA	1998 GMD			
Liechtenstein					1985	
Lithuania			G			
Luxembourg					2003 G	
Malta	2003 G				2003 G	2003 G
Netherlands					1988 G	
Norway					1988	
Poland						
Portugal	2003 GMD		2003 GMD	2003 G	2003 G	2003 G
Romania	1981 G	MA	1981 G			
Slovakia						
Slovenia	1979 GMD		2007 GMD		2007 GMD	2007 GMD
Spain	GMD		MA			
Sweden					1989 G	
Switzerland*	MA	MA	MA		Yes	Yes
United Kingdom	in prep G		1950 GMD		1994 G	1993 G

\* In Switzerland chiropractic has been regulated by the cantons for many years. The government is planning a national regulation of Chiropractic in the near future. Osteopaths are regulated in 8 cantons.

### CAM at universities

Professorial chairs of CAM and/or Integrative Medicine exist in France (Nantes), Germany (Berlin, Duisburg/Essen, Rostock, Munich), Hungary (Pécs), Italy (Firenze and Bologna), Norway (Tromsø), Sweden (Stockholm), Switzerland (Bern) and the United Kingdom (Exeter, Sheffield, Southampton, Thames Valley).

According to a survey published in 2006<sup>2</sup>, CAM education is available in 42% of medical faculties in the EU-15 countries and in 20% of faculties in the 'new' EU countries. CAM education is conducted by a separate department in 10% of medical faculties in the EU-15 countries and in 7% of faculties in the 'new' EU countries. Separate familiarisation courses in CAM are available in 42% of the EU-15 and in 20% of the 'new' EU member state medical universities. Separate CAM courses are compulsory in 13% of medical faculties in the EU-15 member states. There are no compulsory CAM courses in any of the medical faculties in the 'new' EU countries.

<sup>2</sup> Orsolya Varga O, Márton S, Molnár P (2006). Status of Complementary and Alternative Medicine in European Medical Schools. *Forschende Komplementärmedizin*, 13:41–45

## **Statutory regulation of specific CAM therapies practised by medical doctors**

### **1. Acupuncture**

#### **Definition and practice**

Acupuncture is the best-known and widest spread part of Chinese Medicine in the western world. It aims to influence body functions and stimulate and restore the body's own regulatory system by using specific points on the surface of the body. Besides the using of needles, the application of pressure (acupressure) and heat (moxibustion) are traditionally also used. Diagnosis and treatment are conducted in accordance with the individual pattern of disturbance and are based on traditional concepts, centuries of experience and on modern scientific basic research, clinical studies as well as on western ways of thinking. Acupuncture is practiced in various medical specialties in prevention, therapy and rehabilitation of functional, psychosomatic and organic diseases, and in pain management. Acupuncture can be combined with other therapeutic applications of Chinese Medicine such as herbs, dietetics, Tuina (massage and manual therapy) and Qigong (exercises, breathing, concentration). Acupuncture is often integrated in many therapeutic settings of mainstream medicine.

Approximately 80,000 physicians in Europe practise acupuncture.

#### **National laws regulating acupuncture as a distinct therapeutic system**

Acupuncture as a distinct therapeutic system is recognised by law in 12 EU Member States, ie Austria, Belgium, Bulgaria, Czech Republic, Denmark, Germany, Greece, Hungary, Latvia, Portugal, Slovenia and Spain.

In Bulgaria, Czech Republic, Greece, Hungary, Latvia, Slovenia and Spain, this method is explicitly allowed to medical doctors only. In Belgium and Portugal the law does not explicitly exclude non-medical practitioners, but has not yet been implemented. In Denmark it is allowed for everyone, both individuals with and without a medical authorization, to perform acupuncture for therapeutic purposes.

#### **Regulation of the profession of medical acupuncturists by the medical association/council/chamber**

In some countries where the government delegates the tasks of authorisation, registration and supervision of medical doctors to the national medical associations, statutory regulation has been introduced by the national medical associations.

The medical association/council/chamber has recognised acupuncture as an additional medical qualification in the following countries: Austria, Bulgaria, Czech Republic, France, Germany, Greece, Hungary, Italy, Portugal, Slovenia, Spain, and Switzerland. In Latvia as a medical specialty.



In Austria, Bulgaria, Germany, Italy, Portugal, Spain and Switzerland the diplomas of

Approximately 80,000 medical doctors in the European Union have taken training and education in acupuncture.

Familiarisation courses about acupuncture are provided in the medical undergraduate

Postgraduate training courses in acupuncture for doctors are provided at universities in the Czech Republic, France, Hungary, Latvia, Portugal and Spain, in other countries at private teaching centres. Acupuncture is an official part of the Continuous Education Programme for doctors in Germany, Greece, Hungary and Latvia.

(Nantes), Germany (Berlin), Switzerland (Bern) and the United Kingdom (Exeter, Sheffield, Thames Valley, Southampton).

### **Acupuncture in hospitals**

As acupuncture continues to grow in Europe, hospitals and Western health institutions increasingly incorporate medical acupuncturists as staff members of the institutions or as contractual providers. In Germany there are several hospitals providing Traditional Chinese Medicine, including acupuncture.

### **Continuing Medical Education (CME)**

Continuing Medical Education in general (conventional) medicine is obligatory for all medical doctors in Belgium, France, Italy, Latvia, Lithuania, Slovakia (controlled by the government) and in Austria, Bulgaria, Czech Republic, Germany, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia, Switzerland and the United Kingdom (controlled by the national medical associations/chambers/councils)

In Italy and the Netherlands the national medical acupuncturists' associations require a defined amount of CME from their members.

Continuing Medical Education in acupuncture is obligatory for all medical acupuncturists in Hungary (controlled by the government), Germany (for those who participate in the national health insurance system), Austria and Bulgaria (controlled by the national medical associations/chambers/councils), and in the United Kingdom (controlled by the national medical acupuncturists' associations).

### **Insurance coverage**

In Austria, Denmark, France, Germany (partly), Italy (some regions), Slovakia, Spain (one region) and Sweden the fees for acupuncture treatment are covered by the national health insurance system, in Austria, Bulgaria, France, Germany, Greece, Italy, Latvia, Netherlands, Portugal, Spain, Switzerland and the United Kingdom (also) by additional private insurance companies. There is only partial coverage in Hungary, Italy, and the Netherlands.

The costs of prescribed traditional Chinese herbal medicines are covered by the national health insurance in Austria, France and Spain, by additional private insurance companies in Austria, Bulgaria, France, Hungary, Italy, Latvia, Portugal, and Spain.

## **2. Anthroposophic medicine**

### **Definition and practice**

Anthroposophic medicine is a holistic and salutogenetic approach to medicine focusing on strengthening the patient's organism and individuality. The self-determination, autonomy and dignity of patients are central themes. Therapies are intended to enhance a patient's capacities to heal and include anthroposophic medicines as well as various art therapies like painting and sculpture therapy, music, singing and speech therapy, physiotherapy and massage, psychotherapy, curative education and social therapy - and eurythmy therapy, where special body movements are used for therapeutic purposes.

Currently there are about 4,800 trained anthroposophic doctors, who are members of national associations of anthroposophic doctors. Based on the number of prescriptions it has been estimated, that anthroposophic medicinal products are prescribed by more than 30,000 physicians in 21 of the 27 EU member states, as well as in Norway and Switzerland.

### **Recognition of anthroposophic medicine**

Recognition of anthroposophic medicine is subject to extreme variations between EU Member states. The level of recognition extends from statutory integration as specific

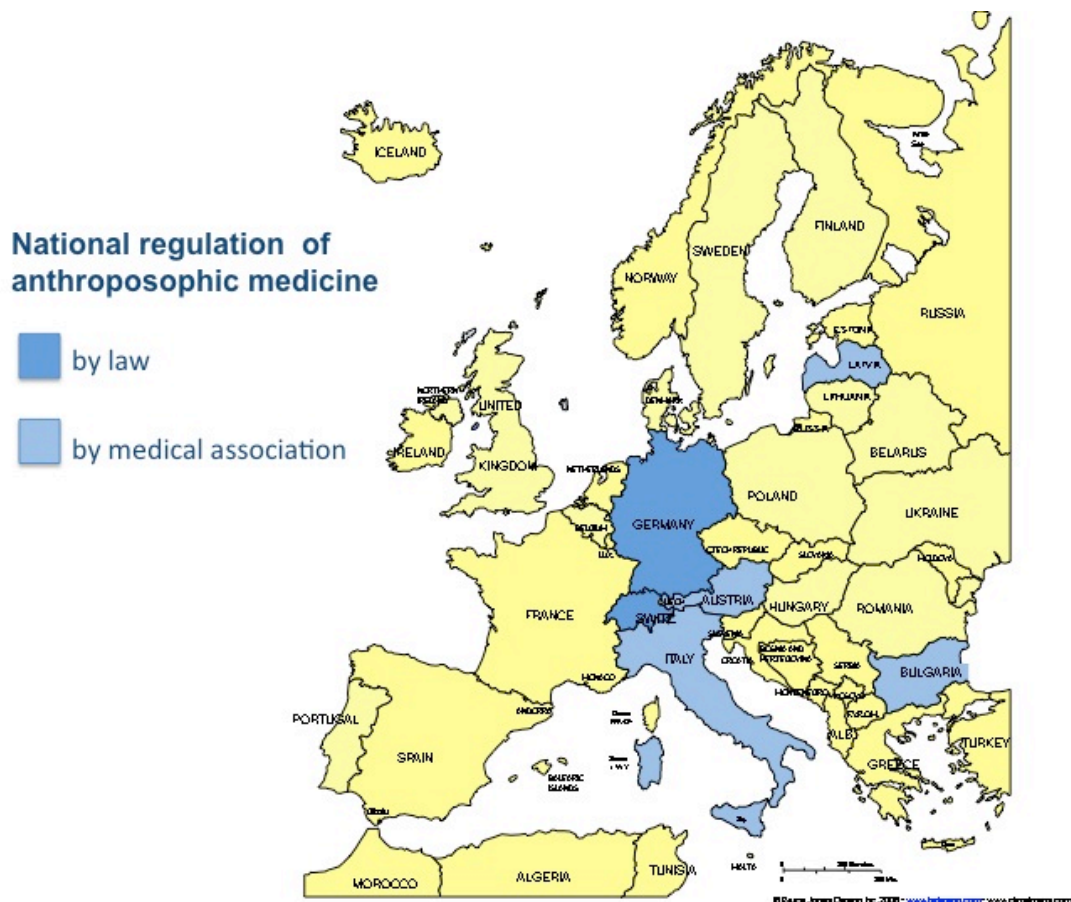
therapeutic system within national law (Germany and Switzerland) to special exemption where anthroposophic medicine is only allowed to be practised within the context of a particular clinic (Vidarkliniken, Sweden). With the exception of Germany, where anthroposophic medicine is defined as “special therapeutic system” [Besondere Therapierichtung] in the Code of Social Law (Sozialgesetzbuch 5), and Switzerland, where anthroposophic medicine is defined as part of CAM under constitutional law, legal recognition is restricted to pharmaceutical regulations in some of the member states (see below).

### **National laws regulating anthroposophic medicine as a distinct therapeutic system**

Only in Germany anthroposophic medicine is recognised as a distinct therapeutic system under statutory regulations. In Denmark, Finland, Sweden and the UK, anthroposophic medicinal products (AMP) are mentioned to varying degrees in national pharmaceutical laws in particular in connection with simplified registration procedures for homeopathic medicinal products. In Sweden the anthroposophic clinic (Vidarkliniken) has a permit from the Minister of Social Affairs, but doctors are only allowed to practise anthroposophic medicine if they do so at, or in connection with the Vidarkliniken.

### **Regulation of the profession of anthroposophic doctors by the medical association/council/chamber**

As mentioned above, in some countries where the government delegates the tasks of authorisation, registration and supervision of practitioners to national medical associations, statutory regulation of anthroposophic doctors requires an ‘additional qualification’ issued by the medical association/council/chamber (Austria, Bulgaria, Germany, Latvia and Switzerland). In Italy anthroposophic medicine is recognised through statutory regulation by the local medical associations/chambers/councils in Bologna, Terni and Palermo.



### **Diplomas for anthroposophic doctors**

Diplomas for anthroposophic doctors are issued after satisfactory fulfilment of the required criteria for training and qualification in anthroposophic medicine. In all member states with training institutions the curricula are established under the auspices and supervision of the national association of anthroposophic doctors. In most EU member states, diplomas for anthroposophic doctors are issued by the national associations of anthroposophic doctors.

In Austria and Switzerland such diplomas are issued and recognised by the national medical associations/chambers/councils. In Bulgaria, Germany, Italy, Latvia and Spain the diplomas are issued by the national association of anthroposophic doctors and recognised by the national medical associations/chambers/councils. In Belgium, Finland, France, Hungary, Netherlands, Poland, Romania, Sweden and the UK diplomas in anthroposophic medicine are not recognised.

In member states without national training facilities, doctors can apply for international certification which is issued by the Medical Section at the Goetheanum in Dornach. The criteria for this international certification have been worked out and agreed by the International Federation of Anthroposophic Medical Associations. Doctors can also apply for the international diploma in member states where national training facilities exist. However, this is possible only by authorisation of the national association of anthroposophic doctors.

### **Anthroposophic medicine at universities**

University professorial chairs for anthroposophic medicine are established at universities in Germany (Witten-Herdecke and Alfter), and within the context of CAM in Italy (Firenze and Bologna) and in Switzerland (Bern).

Introductory courses in anthroposophic medicine are offered as an optional part of the medical undergraduate curriculum in Austria, Germany, the Netherlands, Spain, Sweden and Switzerland. The courses are usually integrated into courses on CAM in general.

Postgraduate medical training courses in anthroposophic medicine are provided at private teaching centres in Austria, Denmark, Finland, France, Germany, Hungary, Italy, Netherlands, Poland, Romania, Spain, Switzerland and the UK, usually under the auspices of the national associations of anthroposophic doctors.

### **Anthroposophic medicine in hospitals**

Anthroposophic medicine is provided in several hospitals across Europe, mainly in Germany, Italy, the Netherlands, Sweden, also in the UK and Switzerland.

### **Therapists in anthroposophic medicine**

Anthroposophic therapies such as eurythmy therapy (a special movement therapy), artistic therapy (painting, modelling, singing, music), therapeutic speech, anthroposophic physiotherapy and rhythmical massage, and anthroposophic nursing etc. are an essential part of anthroposophic medicine. Every therapist is well trained according to curricula specific to the respective therapy. A special feature of anthroposophic medicine is that these therapists provide their skills/services in accordance with a medical prescription from a doctor, as part of the integrated anthroposophic approach to medicine.

### **Continuing Medical Education (CME)**

Continuing Medical Education in general (conventional) medicine is obligatory for all medical doctors in Belgium, France, Italy, Latvia, Lithuania, Slovakia (controlled by the government) and in Austria, Bulgaria, Czech Republic, Germany, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia, Switzerland and the United Kingdom (controlled by the national medical associations/chambers/councils).

In addition, the national associations of anthroposophic doctors in Germany, Hungary, Netherlands, Romania and Switzerland require their members to complete significant numbers of hours of CME in anthroposophic medicine.

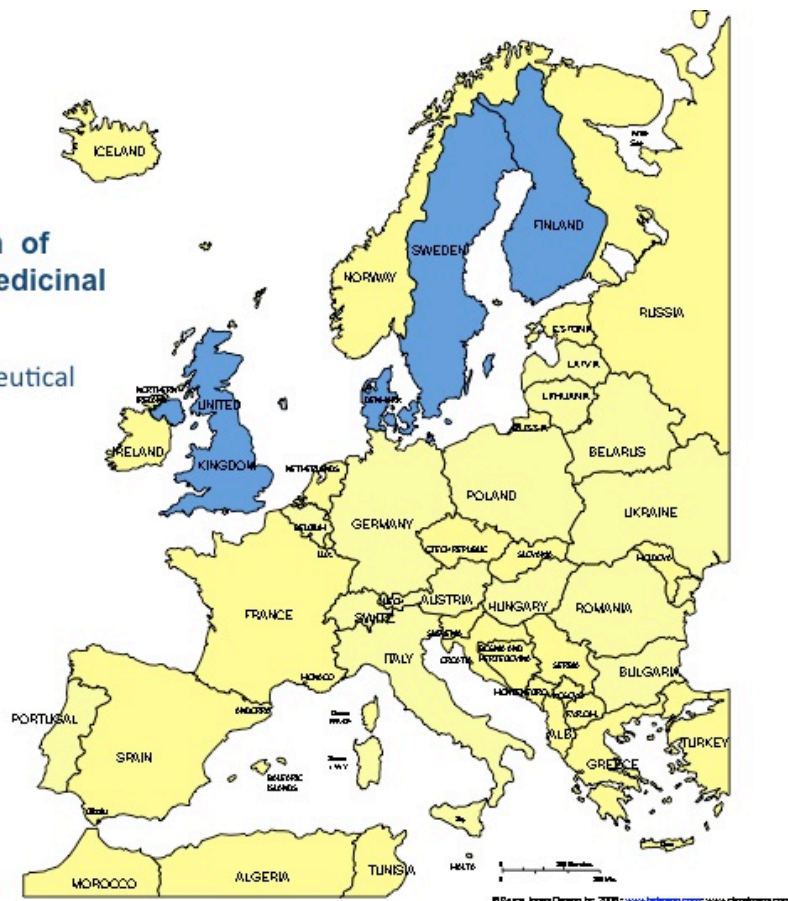
Anthroposophic medicine is an official part of the Continuing Education Programme (CEP) for doctors in Germany, Romania and Sweden.

### **Anthroposophic medicinal products (AMP)**

Anthroposophic medicinal products are on the market in certain EU member states under registration procedures that predate EU framework legislation for medicinal products for human use. The EU Community Code relating to medicinal products for human use does not recognise AMP, whereas it does, for example, recognise homeopathic MP via special simplified registration procedures. This has far-reaching consequences for marketing authorisation and registration of AMP within the European Community. Only one third of AMPs – those manufactured in accordance with homeopathic pharmacopoeias - and another third of AMPs – those which meet the criteria for traditional medicinal herbal products (restricted however to oral or external use without indication) - can be registered under simplified registration procedures. Under procedures of the Community code relating to medicinal products for human use, over 40 percent of AMP - encompassing the majority of AMP prescribed by doctors, with indications, and administered other than orally or externally - require market authorisation similar to that for conventional pharmaceutical products. These procedures, however, do not take account of the special features and manufacturing methods of AMP, and are therefore not appropriate.

#### **National regulation of anthroposophic medicinal products (AMP)**

■ AMP in pharmaceutical law



### **Healthcare insurance**

In Finland, France, Germany, Netherlands and Sweden fees for consultation with an anthroposophic physician are reimbursed by the national healthcare insurance system. In



Austria, Belgium, France, Italy, Netherlands and Switzerland they are covered only by additional private insurance companies, with only partial coverage.

Costs for anthroposophic medicines are covered by the national healthcare insurance system in France, Germany and Sweden and the UK, and by additional private insurance companies in Austria, Belgium, Denmark, France, Germany, Italy, Netherlands and Switzerland.

There is only partial coverage, or up to a certain maximum, in Belgium, Denmark, France and Netherlands.

### **3. Homeopathy**

#### **Definition and practice**

Homeopathy is a whole medical system that originated in Germany. The fundamental idea of homeopathy is the Similarity Principle, which implies that substances capable of causing disorder in healthy subjects are used as medicines to treat similar patterns of disorder experienced by ill people. Homeopathic medicines are aimed to direct and stimulate the body's self-regulatory mechanisms. Homeopathy is highly individualized while taking into account the symptoms and signs of the disease, the patient's physical build, personality, temperament and genetic predispositions. Apart from homeopathic medication, advice on change of lifestyle, diet and substance-abuse behaviours, acquisition of stress-reduction techniques and exercise are part of the package of care provided by homeopathic doctors.

Approximately 45,000 medical doctors in Europe have taken training and education in homeopathy. Many more doctors in Europe prescribe homeopathic medicines without any homeopathic training: approximately 25-40 % of the GPs from time to time, 6-8 % of them on a more regular basis.

#### **National laws regulating homeopathy as a distinct therapeutic system**

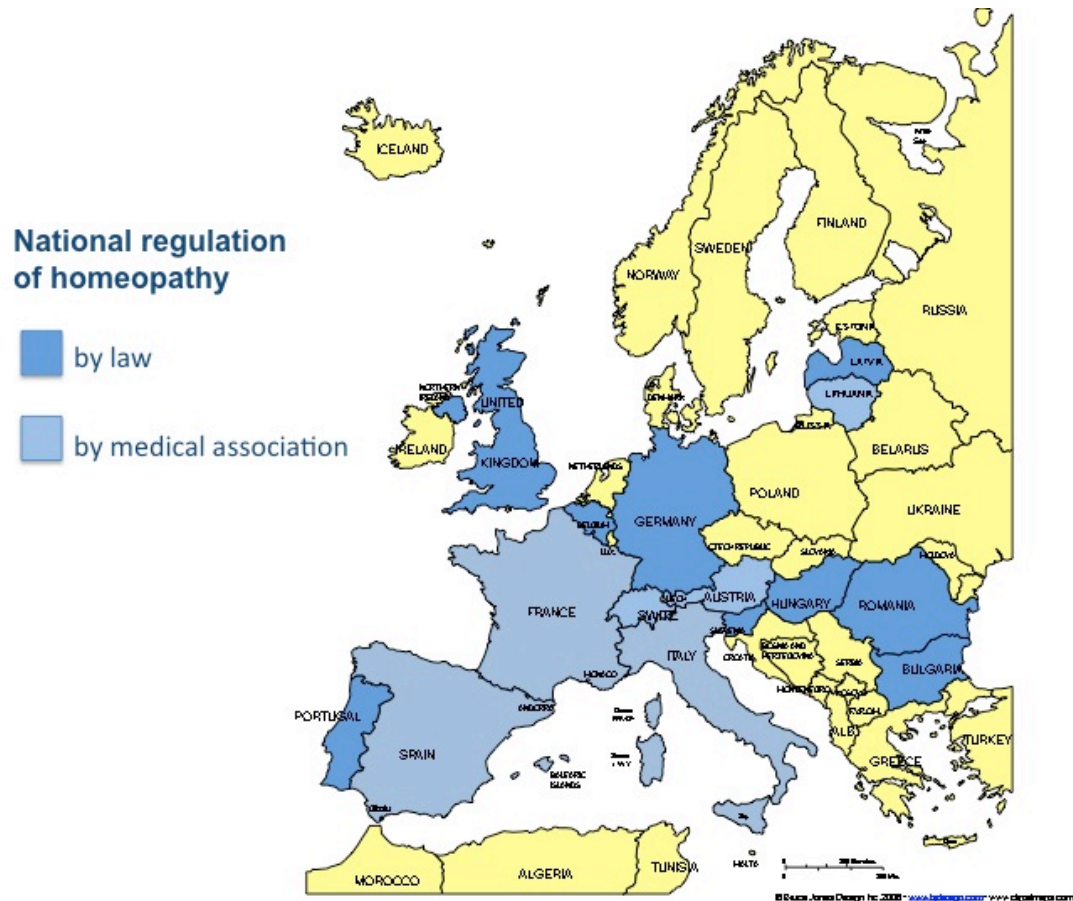
Homeopathy as a distinct therapeutic system is recognised by law in Belgium (1999), Bulgaria (2005), Germany (1998), Hungary (1997), Latvia (1997), Portugal (2003), Romania (1981), Slovenia (2007) and the United Kingdom (1950).

In Bulgaria, Hungary, Latvia, Romania and Slovenia, countries with a monopolistic system, for medical doctors only. In Belgium and Portugal the law does not explicitly exclude non-medically qualified practitioners, but has not yet been implemented. In Slovenia, although the law permits medical doctors to practise homeopathy, the medical association withdraws doctors' licenses if they actually practise homeopathy.

In some countries where the government delegates the tasks of authorisation, registration and supervision of health professionals to the national medical associations, statutory regulation has been introduced by the national medical associations, e.g. in Austria and Switzerland. In Lithuania it was the national institute of medico-legal affairs that regulated homeopathy. The national medical association in Italy has recognised homeopathy as a distinct medical method and called on the government to provide the necessary legislation.

#### **Regulation of the profession of homeopathic doctors by the medical association/council/chamber**

In Latvia the medical association / council / chamber has recognised homeopathy as a medical specialty. In the following countries as an additional medical qualification: Austria, France, Germany, Hungary, Italy, Latvia, Lithuania (almost subspecialty), Romania, Spain, Switzerland (subspecialty for GPs, paediatricians and internists).



## Diplomas of homeopathic doctors

In Austria, Germany, Lithuania, and Switzerland the diplomas of homeopathic doctors are issued by the national medical association/chamber/council, in other countries usually by the national homeopathic doctors' association. Diplomas issued by the national homeopathic doctors' association are officially approved by the government in Latvia and Romania and are recognized by the national medical council/chamber in Romania.

## Homeopathy at universities

Familiarisation courses about homeopathy are provided in the medical undergraduate curriculum as a part of a course on Complementary and Alternative Medicine in France (some universities), Germany (one university), Hungary (one university), Italy (some universities), the Netherlands (most universities), Romania (some universities), Spain and the United Kingdom; as a separate subject in Belgium (one university), Bulgaria, Germany and Romania. These familiarisation courses are optional for medical students in Belgium (one university), Germany (one university), Hungary (one university), Italy, the Netherlands, Romania, Spain Switzerland (some universities) and the United Kingdom, obligatory in Latvia and Romania.

Postgraduate training courses in homeopathy for doctors are provided at universities in Bulgaria, France, Germany (five universities), Greece (some universities), Italy (one university), Lithuania, Poland (eight universities), Romania (eight universities) and Spain (three universities), in other countries at private teaching centres only.

Homeopathy is an official part of the Continuous Education Programme for doctors in Hungary and Romania.

A lectureship specifically for homeopathy exists only in the Netherlands (Amsterdam), a professorial chair of CAM including homeopathy in Hungary (Pécs) and Switzerland (Bern).

### **Homeopathy in hospitals**

Several hospitals in Europe, in their out-patient departments, currently provide homeopathic treatment by physicians, i.e. in Austria (seven), France (two), Germany (five), Spain (two), Italy (some). There are four dedicated public sector homeopathic hospitals in the United Kingdom.

### **Continuing Medical Education (CME)**

Continuing Medical Education in general (conventional) medicine is obligatory for all medical doctors in Belgium, France, Italy, Latvia, Lithuania, Slovakia (controlled by the government) and in Austria, Bulgaria, Czech Republic, Germany, Hungary, Lithuania, Poland, Romania, Slovakia, Slovenia, Switzerland and the United Kingdom (controlled by the national medical associations/chambers/councils)

In Latvia, Netherlands, Romania, Slovakia, Switzerland the national homeopathic doctors' associations require a defined amount of CME from their members.

Continuing Medical Education in homeopathy is obligatory for all homeopathic doctors in Lithuania and Romania (controlled by the government), in Hungary and Romania (controlled by the national medical associations/chambers/councils), and in Belgium, Bulgaria, Latvia, Netherlands, Romania, Slovakia, Switzerland (controlled by the national homeopathic doctors' associations).

### **Homeopathic medicines**

The European Union has recognized homeopathic medicines as medicinal products. All EU Member States are obliged to register homeopathic medicines pursuant to Directive 2001/82/EC (veterinary use) and 2001/83/EC (human use) - amended by Directive 2004/28/EC and Directive 2004/27/EC respectively - on the Community Code relating to medicinal products.

However, the legal framework for homeopathic medicinal products is not adequately tailored to the particular characteristics of these products and has led to a significant reduction in the number of homeopathic medicinal products on the market. The current regulatory framework functions successfully in only a minority of EU Member States. In 10 EU Member States no homeopathic medicinal product has been granted an Art. 14 Simplified Registration status. In Belgium, Italy and Spain no products have yet been registered or authorised, even though thousands of products have been officially notified for registration or authorisation in each of these countries. In Portugal, out of 40,000 notified products, around 800 have been registered. In the Netherlands, out of 11,000 notified products, less than 4,000 have been authorised or registered. The remaining products are no longer available for prescribers and users. In the UK, of over 2,700 products granted a license in 1973, less than 50 have been authorized; out of more than 20,000 single remedies on the market, only 200 have been granted a simplified registration so far.

This means that doctors, practitioners, patients and consumers are being deprived of access to the medication of their choice in many Member States.





#### Insurance coverage

In Belgium and Romania the fees for homeopathic treatment are covered by the national health insurance system, in Belgium, Bulgaria, Germany, Hungary, Netherlands, Switzerland by additional private insurance companies. There is only partial coverage in Belgium, Latvia, and Romania.

The costs of homeopathic medicines are covered by the national health insurance system in Belgium, Switzerland and the United Kingdom; by additional private insurance companies in Belgium, Germany, Hungary, Italy, and the Netherlands. There is only partial coverage in Belgium and Portugal (as magistral formula).

#### 4. Naturopathic medicine

##### Definition and prevalence

The practice of naturopathic medicine or naturopathy is based on the philosophy that can be summarized as helping the organism heal itself in the least invasive, most fundamentally curative manner possible. This approach is not tied to any particular therapy or modality, but rather is oriented to a rational blend of vitalistic and mechanistic principles working with the whole person, and educating the patient in the ways of health. Naturopathy may include several elements: balneotherapy, hydrotherapy; relaxation exercises, movement therapy, reflexotherapy, spinal manipulation and massage; nutritional advice, vitamin and mineral therapy; herbal medicine/phytotherapy; psychological counselling, stress management and lifestyle regulation therapy. Doctors specialised in naturopathy may also use other CAM modalities including neural therapy, acupuncture and homeopathy.

About 15,000 doctors in Germany have been trained in naturopathic medicine. Naturopathic medicine is used in many rehabilitation clinics and at eight acute care hospitals in so-called

‘naturopathy departments’ and even in regular hospitals in Germany. Doctors with a background in naturopathy and about 70 percent of the German GPs prefer to prescribe herbal medicines/phytopharmaceuticals.

A few hundred doctors in other EU Member States have taken training and education in naturopathic medicine.

#### **National laws regulating naturopathic medicine as a distinct therapeutic system**

In 1998 the Code of Social Law recognised naturopathic medicine as a distinct therapeutic system.

#### **Regulation of the profession of naturopathic doctors by the medical association/council/chamber**

There is a specific naturopathic curriculum for medical doctors in Germany recognised by the Medical Chamber leading to an official additional medical qualification.

#### **Diplomas of naturopathic doctors**

Various associations provide postgraduate training courses in the diverse therapeutic elements of naturopathic medicine and have developed quality standards.

#### **Naturopathic medicine at universities**

There are two professorial chairs of naturopathic medicine in Germany (Rostock, Duisburg/Essen).

#### **Naturopathic medicine in hospitals**

Naturopathic medicine is provided in several hospitals in Germany.

#### **Herbal medicines**

Scientifically supported drug monographs have been compiled by the Interdisciplinary Expert Commission of the Federal Health Department in Berlin (Commission E). On the basis of the 330 drug monographs published by Commission E, the European Scientific Cooperative for Phytotherapy (ESCOP) now proposes European monographs, making acceptance of phytotherapy by European legislation much more probable.

### **5. Chiropractic**

#### **Definition and practice**

Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health.

Chiropractic care is used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches.

Chiropractic physicians or chiropractors practise a hands-on approach to health care that includes patient examination, diagnosis and treatment. Chiropractors have broad diagnostic skills and are also trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counselling.

#### **Regulatory status**

Chiropractic is practised under specific legislation in some countries, ie Belgium, Denmark, Finland, Sweden and the United Kingdom. In other countries chiropractic is regulated under common law; and in still other countries, such as Italy, there are *de facto* local regulations, administrative rules, or court-stated guidelines.

### **6. Osteopathy**

#### **Definition and practice**

Osteopathy promotes the body’s own natural healing processes. It is a system of diagnosis

and treatment aimed to provide relief from problems caused by malfunction of the body's inter-related muscular, skeletal and nervous systems. Treatment involves gentle hands-on techniques, which may include manipulation, for a range of painful and sometimes disabling conditions.

An osteopathic physician diagnoses and treats patients based both on his or her medical education/specialisation as well as osteopathic education/specialisation. Following the completion of medical school, osteopathic physicians have completed a post-graduate training program in manual medicine/osteopathic medicine comprising at least 700 hours. GPs, sports specialists, rheumatologists and orthopaedic surgeons integrate this therapy into their usual patient care. [Information about the European Register of Osteopathic Physicians: <http://www.erop.org>]

## **7. Ayurvedic medicine**

### **Definition and practice**

Ayurveda (the 'science of life') is a system of traditional medicine native to the Indian subcontinent using methods for achieving physical, mental and spiritual health and well-being. Ayurveda emphasises prevention and a holistic approach to therapy and is practised as a form of CAM within the western world, where several of its methods, such as the use of herbs, massage, and yoga are applied on their own as a form of CAM treatment.

There are a few hundreds of medical doctors in Europe practising ayurvedic medicine.

## **8. Tibetan medicine**

### **Definition and practice**

Tibetan medicine, *Sowa Rigpa* (the 'science of healing'), is a system of traditional medicine native to Tibet (and adapted in parts of India, Nepal, Bhutan, Mongolia, Himalayan regions, Siberia, etc.) that employs a complex approach to diagnosis and utilizes lifestyle and dietary modification, medicines composed of natural materials (e.g. herbs and minerals) and physical therapies (e.g. Tibetan moxibustion, Hor-me therapy etc.) to treat illness.

There are a few hundreds of medical doctors in Europe practising Tibetan medicine.