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Representing Homeopaths in Europe

A response from ECCH to the
COMMUNICATION FROM THE COMMISSION
Consultation regarding Community action on health services
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Introduction to ECCH

The European Council for Classical Homeopathy is a council of 27 professional associations of homeopathic practitioners active in 23 European countries including 16 EU member states. Established in 1990 it has a secretariat based in the UK and is run by a small executive of part-time paid officers. ECCH is a member of the European Public Health Alliance (EPHA), the European Forum for Complementary and Alternative Medicine (EFCAM) and has NGO Participatory Status with the Council of Europe. This response can also be considered the formal response from the European Forum for Complementary and Alternative Medicine (EFCAM) of which ECCH is a member

CAM – the link between Prevention and Conventional Medicine

The EU Commission and Member States have grasped the nettle of prevention and the fact that lifestyle and environmental factors play a major role in determining how and when citizens become ill. Conventional medicine with its focus on disease has developed interventions that treat the end points of people becoming ill and has a myriad of screening techniques to catch disease in its early stages. What is missing and what connects the two aspects of prevention and treatment of diseases is the treatment of the patient as a whole as an integrated living system interacting with their life environment. Complementary medicine, and homeopathy in particular takes this approach and applies treatments in order to restore patients to health and balance *before* they come to the point of needing drugs, often for the rest of their lives, to manage their condition or surgery. The CAM approach works to stimulate and support the patient's own self-healing homeostatic mechanism and also helps to identify the causative factors in the patient's lifestyle to encourage them to alter their lifestyle. Additionally CAM approaches address a whole range of illnesses conventional medicine has no answer for filling – it fills 'effectiveness gaps' . *This is what CAM has to offer and this why so many patients seek out such treatments.*

Homeopathy and Complementary and Alternative Medicine in the EU

The use of homeopathy and other CAM modalities is widespread and growing throughout the EU with an estimated minimum of 100 million EU citizens using them. There is also a significant rise in the number of practitioners practising these approaches including many statutorily regulated conventional health professionals. This use is not sufficiently reflected in the policy making of member states or of the EU. The situation is an extremely heterogeneous one with the situation within each country being different to the next. Yet citizens move between different countries with increasing fluidity and when they move they expect to be able to access similar health services to those they use in their home state as well as to purchase products of similar nature, quality and price. Homeopathy and CAM products and services are reimbursed by some member states health care systems and not by others. Providers of CAM services can work in some member states and not in others. Medical doctors who wish to provide CAM services are subject to national laws that prevent them doing so in some countries. *This is an area of health service provision that requires some overarching guidance from the EU at the very least.*

Health Service Issues Concerning CAM in the EU

For Patients

1) Patients travelling between EU member states have no means of knowing whether they will be able to receive the CAM care they are used to at home or, if it exists, what standards of care the delivering practitioners will be trained and regulated to.
2) Patients are not guaranteed to find the same CAM medicinal products available to them and even when they are available they may be dissimilar in quality and price.
3) Patients who access CAM through their national health service providers in their home state are not guaranteed they can access it in a similar way in other member states.
4) Citizens in some member states have access to CAM services through their national health service while citizens in other member states do not.
5) Health insurance providers reimburse CAM services in some member states and not in others

For Practitioners

1) Differences in national laws mean that CAM practitioners can move from one member state to certain others to live and establish a CAM practice while there are other member states with laws that prohibit them from doing this.
2) Practitioners are subject to certain laws, standards and requirements in some member states while in others they are not.
3) The practitioners of some modalities are statutorily regulated in some member states while in other member states the same category of practitioners is forbidden to practise.
4) Education and training for the same disciplines vary greatly between member states

For Doctors and other Statutorily Regulated Health Care Practitioners

1) Doctors in some member states can freely practise various CAM modalities while in other member states they are forbidden to do so.
2) A doctor practising a CAM modality in one members state cannot necessarily move freely another member state and practise it.
3) A doctor providing a CAM modality within the national health service in one member state may not be able to do so in another member state.
4) There are no established EU wide training requirements for doctors practising CAM modalities. Lengths and standards of training vary tremendously

The Situation in the New Member States

The political and social situation in the NMS is one that is rapidly evolving. CAM therapies are a rapidly evolving area of health care in these member states yet there are no guidelines which set out how they should be established in terms education and regulation. Additionally there are many residual traits and tendencies that mean there is a certain conservative and reactionary situation when it comes to areas such as health care regulation. On of these is that the dominance of the old professions in the social fabric of these countries such that the doctors, for example, have a very strong position politically and one that they use to protect their interests. As a result a modality such as homeopathy that is not yet taken seriously by the majority of doctors is nonetheless protected as a professional area that only doctors can practise in some new member states. There is therefore a lack of freedom for new health care professions to emerge and establish themselves as they have done in a number of older EU member states and this also translates ultimately into a lack of access to citizens.

Equal access is denied to many because CAM is mostly practised in the private sector and not sufficiently provided through health systems, Inevitably vulnerable groups and low socio –economic groups miss out on the benefits of CAM approaches to their health problems.

Responses to the consultation document's questions.

The following questions from the consultation document have been answered with reference to the situation for homeopathy and complementary and alternative medicine (CAM) in Europe rather than in general.

PTO>>>>

Question 1: what is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?
The number of patients in general needing to access cross-border care is very low. Those needing care of a CAM nature is even smaller. Only some healthcare systems currently provide CAM care. However as CAM use grows and patients increasingly integrate it into their routine health care needs CAM provision will increasingly be an issue that needs addressing. As the ability of homeopathy and other CAM approaches to fill 'effectiveness gaps' in the current conventionally based healthcare provision is identified its provision across borders will increasingly become an issue.

Question 2: what specific legal clarification and what practical information is required by whom (eg; authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?
Given the lack of statutory recognition and regulation of CAM professions across Europe homeopathy and other CAM professions are working to establish agreed standards for the education and regulation of their practitioners through establishing professional platforms for each of their disciplines. In order to enable safe, high-quality and efficient delivery of CAM services by CAM professionals across Europe, the EU and member states should encourage and support the valuable work these platforms are doing and consider how they can support their work and the standards they establish.

Question 3: which issues (eg: clinical oversight, financial responsibility) should be the responsibility of the authorities of which country?
For patients visiting another member state temporarily and receiving treatment clinical oversight should be the responsibility of the professional association of the practitioner provider in the country visited. The financial responsibility should be of the patients home member state providing the treatment is recognised by the home member state.

Are these different for the different kinds of cross-border healthcare described in section 2.2 above?
a) Cross-border provision of services (delivery of service from the territory of one Member State into the territory of another); such as telemedicine services, remote diagnosis and prescription, laboratory services;
Answer: Responsibility lies with source member state company and/or professional association or provider
b) Use of services abroad (ie: a patient moving to a healthcare provider in another Member State for treatment); this is what is referred to as 'patient mobility'. As stated above, the European Health Insurance Card is intended to cover care that becomes necessary whilst in temporarily another Member State for other reasons;
Answer: i) standard care received in emergency should be reimbursed by the patient's member state
ii) standard care received for a chronic complaint should be reimbursed by patient's member state where it is recognized but where it is not available to the patient there
c)Permanent presence of a service provider (ie: establishment of a healthcare provider in another Member State), such as local clinics of larger providers; and,
Answer: Providers taking up permanent residency should join national professional associations for professional accountability, take up insurances in that country and services should be paid for by the new host member state where the service is recognised.
d) Temporary presence of persons (ie: mobility of health professionals, for example moving temporarily to the Member State of the patient to provide services).
Answer: Accountability should be with the provider's home professional association and insurance provider.

Question 4: who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?
As much CAM care is provided privately all member states should encourage and support the professional education and regulation of CAM practices, and, where appropriate recommend,

and support specific modalities to become statutorily regulated healthcare professions. At the moment it is the professions who are voluntarily setting their own standards. As far as redress is concerned there should be a universal requirement that irrespective of their regulatory status all CAM health care practitioners should belong to an established professional association and each practitioner should have professional indemnity and public liability insurance.

Question 5: what action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in 'receiving' countries)?
Not answered

Question 6: are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?
It is estimated that 100million plus EU citizens use CAM products and services. While nutritional, herbal and homeopathic products are regulated CAM services are not. The situation is extremely uncertain for patients and challenging for practitioners who wish to travel, live and work in another EU country. CAM practitioners legally able to practise in some EU countries are not able to do so in others and even where some practices are statutorily regulated in some countries cannot move to live and practise in others.

Question 7: are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States – such as healthcare providers and social security institutions – suggest in order to facilitate cross-border healthcare?
No answer but see above and below.

Question 8: in what ways should European action help support the health systems of the Member States and the different actors within them?
Support the establishment of European professional platforms for each CAM profession as a prerequisite for establishing similar standards of care across EU member states
Are there areas not identified above?
No answer but see above and below.

Question 9: what tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?
As stated above the heterogeneous situation for homeopathy and other CAM services in the EU makes it difficult to make clear recommendations. From a legislative point of view the implications for CAM professions of the Mutual Recognition of Professional Qualifications should be considered. Article 152's recognition of member states pre-eminence in the area of health care delivery would seem to make legislation to do with CAM services difficult. Non-legislative means would therefore seem the most appropriate way forward.

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