

European Commission Green Paper on the European Workforce for Health

http://ec.europa.eu/health/ph_systems/workforce_en.htm

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Comments from the European Chiropractors' Union 31.03.2009

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INTRODUCTION

The potentially ground-breaking aspect of the Green Paper is the section devoted to increasing entrepreneurship in the health workforce.

6. THE ROLE OF HEALTH PROFESSIONAL ENTREPRENEURS IN THE WORKFORCE

“Such entrepreneurs can contribute to the strengthening of European growth and acting as a driving force for innovation, local development, training and employment, as well as helping to improve access to healthcare.”

Entrepreneurs need:

1. A level playing field in order to innovate and contribute to health care, the economy and benefit European citizens
2. The principle of fiscal neutrality needs to be respected in health care;
3. Legislation and regulation needs a degree of European oversight if not harmonisation to avoid “regulation shopping”

The Commission did investigate competition in some professions but side-stepped the issue of competition in health care professions:

Commission of the European Communities. Brussels, 9 February 2004 COM(2004) 83 final Communication From The Commission, Report on Competition in Professional Services.

Endnote 1:

“The OECD is carrying out ongoing work on competition in professional services, including some of the professions not covered here.”

http://eur-lex.europa.eu/LexUriServ/site/en/com/2004/com2004_0083en01.pdf

The OECD did subsequently publish a report, (OECD Competition Committee Roundtable. “Enhancing Beneficial Competition in the Health Professions”. 16 December 2005.

<http://www.oecd.org/dataoecd/7/55/35910986.pdf>) which documents the obstacles to competition in health care, both intra-professional and inter-professional.

The European Commission needs to take a leading role to curb the monopolistic tendencies of orthodox incumbent health care professions in order to allow new, innovative professions to emerge and thrive. In many countries legislation and regulation inordinately favour the incumbent. Fiscal aspects also disadvantage some professionals compared to others when providing the same service, even as European jurisprudence strives to enforce the principle of “fiscal neutrality” (5)

Although the Green Paper concerning health workers contains some reference to alternative or complementary medicine, there is no mention of the provisions in force regarding professionals who treat their patients using alternative/complementary medicine, nor of its distribution in EU Countries.

Moreover, the analysis of costs weighing on the health care systems does not take into consideration the extremely high number of European citizens who turn to alternative or complementary medicine.

The reference made to the White Paper “Together for our health”, whose aim is “to foster good health in an ageing Europe by promoting good health throughout the lifespan, by protecting citizens from health threats and by supporting dynamic health systems and new technologies”, the emphasis on problems deriving from the population’s progressive ageing, on the costs of the health care system and on the practitioners’ right to freedom of movement must necessarily lead the European Committee to a careful consideration on chiropractic, which is defined by the World Health Organization as one of the best known and most used manual therapies by the World Health Organization.

Numerous international scientific studies (1) have confirmed chiropractic to be beneficial, salutary, cost effective and safe, the World Health Organization states that “As a health care service, chiropractic offers a conservative management approach and, although it requires skilled practitioners, it does not always need auxiliary staff and therefore generates minimal add-on costs. Therefore, one of its benefits may be that it offers potential for cost-effective management of neuromusculoskeletal disorders” (see “Guidelines on basic training and safety in chiropractic, WHO”).

Studies by A. Meade et al., carried out in Great Britain in 1990 and 1995, already showed the remarkably positive results following chiropractic treatment in patients with acute and chronic, sometimes serious, low back pain.

Such good results have recently been confirmed by Adam Wilkey, D.C., of the Royal Oldham Hospital, by the Welsh Institute of Chiropractic, University of Glamorgan, *et al* (2) in research conducted in England within the national health care system where patients suffering from the above mentioned disorders benefited from the treatment with a significant reduction of their disability and pain. Evidence of the considerable cost effectiveness of the treatment to the advantage of the national health care system was also reported.

The World Health Organization's definition of chiropractic is "A health care profession concerned with the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal system and the effects of these disorders on general health. There is an emphasis on manual techniques, including joint adjustment and/or manipulation, with a particular focus on subluxations."

Chiropractors are barred from practicing surgery and from prescribing pharmaceutical drugs.

The distinguishing concepts and principles of chiropractic (holism, vitalism, naturalism, conservatism, critical rationalism, humanism and ethics) and its philosophy, which differ from those of the other health care professions, are paramount to most practitioners.

What is really essential for chiropractic and its way of recovering and maintaining good health conditions is the relation between structure –

particularly the vertebral column and the musculoskeletal apparatus – and function – especially in consideration of its coordination with the nervous system.

It is thanks to these characteristics that millions of people in European and non-European countries turn to chiropractic rather than to other therapies, especially for some conditions such as back ache. The same characteristics allow significant savings for the national health care systems of the countries where chiropractic expenses are reimbursed by their governments (Great Britain, Canada, the USA, etc.).

By reducing the pain and its duration, by enabling the body to retrieve its balance, thus helping patients recover their wellbeing without using drugs or having to undergo surgery, chiropractic not only saves the health care system money but it also produces favorable effects to the advantage of the social and economic systems as it reduces absence from work due to sick leave.

In actual fact, chiropractic is a profession practiced throughout Europe and chosen as a therapy by millions of people. However, the differences in the provisions as to health care in the various countries seriously jeopardize the practitioners' possibility to move to, and work in, the different EU countries, compromising their primary right to their freedom of movement and establishment provided for in the EU Treaty and considered among the fundamental objectives of the Lisbon strategy, one of the *integrated guidances for growth and employment*.

In the Green Book reference is made to, and emphasis is laid on, the European provisions on the free movement of professionals and the acknowledgment of their qualifications.

In Europe chiropractic has been recognized in many countries such as Great Britain, France, Denmark, Finland, Italy, Norway, Sweden, Belgium, but the set of provisions governing the matter are different in every country.

By the Chiropractor's Act of 1994, Great Britain issued one of the most complete laws providing for a specific university degree in chiropractic, the institution of the General Chiropractic Council whose function is to control the profession and the related training, the creation of the Register of Chiropractors and the drawing up of a deontological code.

In Germany chiropractic can be practiced by the Heilpraktiker, whose defined in law dating from 1939, is: a person practicing a healing treatment which can cure or relieve physical disorders or pain of any kind without being a physician.

This entails that in many countries, where chiropractic is not governed by proper regulations, the profession is practiced by people who are not suitably trained.

In connection with the above, it is a fact that in many countries chiropractic and manipulative medicine are often mixed up generating the risk of unskilled practitioners providing the wrong therapies without complying with the standards required by the World Health Organization and by all the international bodies responsible for the control of the chiropractic profession and training.¹

¹ Particular reference is made to: the World Federation of Chiropractic, founded in 1988 – which has official relations with the World Health Organization and is a part of the Council of Medical International Organizations of Medical Sciences (CIOMS) -; the Council on Chiropractic Education, accreditation body, recognized by the USA government, for the chiropractic training programs in the US; the Council on Chiropractic Education International and the European Council on Chiropractic Education and, finally, the Foundation for Chiropractic Education and Research, the

A study conducted by Adrian B. Wenban published on August 22nd 2006 in BioMed Central, clearly shows that the inappropriate use of the title ‘chiropractor’, of the term ‘chiropractic manipulation’ and the chiropractic treatment of patients by people without a degree in chiropractic, cause most of the physical damages suffered by patients who have turned to unqualified individuals (4)

It is worth reminding the reader that back in 1997, when the European Parliament dealt with the regulation of non conventional medicine, Resolution No.75 known as “Statute of non conventional medicine” stated and asked the Committee:

“C. whereas it is important to ensure that patients have the broadest possible choice of therapy, guaranteeing them the maximum level of safety and the most accurate information possible on the safety, quality, effectiveness and possible risks of so-called non-conventional medicines, and that they are protected against unqualified individuals,

(omissis)

G. having regard to the EC Treaty and specifically Title 111, Articles 52 to 66 thereof, on the free movement of persons and freedom of establishment; whereas these freedoms are undenied by the heterogeneous prevailing situation with regard to the status and recognition of all the non-conventional medical disciplines within the European Union; whereas the freedom to exercise their profession which certain health practitioners currently enjoy in their countries should under no circumstances be limited by

principal international body of research, pursue the standardization of the chiropractic profession quality and training worldwide.

modifying the status or the degree of recognition enjoyed by these disciplines at European level, nor by limiting the freedom of choice of therapy enjoyed by patients with regard to non-conventional medical treatment; having regard to the provisions of the Treaty in respect of the Member States and, more specifically, those laid down in Article 57(1). (2) and(3),

H. whereas there are already clear signs of developments, whether in the form of national legislation in certain Member States liberalizing the practice of non-conventional medicine while reserving certain specific activities for authorized practitioners ,the 'Beroepen in de Individuele Gezondheidszorg' law adopted on 9 November 1993 by the Netherlands Senate), or specific regulations (UK law on osteopaths in 1993 and on chiropractic in 1994, legislation on chiropractic in Denmark in 1991, Sweden in 1989 and in Finland), or by making the training official (chiropractic in the OK and the Nordic countries), or the introduction of medicines into the pharmacopoeia (anthroposophical medicine in Germany),

I. whereas the European legislation concerning the status and the practice of non-conventional medicine would provide patients with guarantees; whereas each type of medicine should be able to organize the profession at European level (deontological code, professional registers, and training criteria and levels),

J (Omissis)

K. whereas the regulations and coordination of the training criteria imposed to non-conventional medical therapists would provide an essential guarantee to all patients; whereas it is mandatory, both in the patients' and in the therapists' interest, that this harmonization be made based on a high qualification level and that a state diploma be required to comply with the requisites of each medical discipline; whereas the training levels must

conform to the general medical-health principles of all therapeutic activities as well as to the specificity of the different non-conventional medical disciplines.

(omissis)

- 1. Asks the Committee, should the result of the study allow it, to engage in a process for the recognition of non-conventional medicine and take all necessary measures to favor the institution of special committees to that purpose”.*

The European Chiropractors' Union

Asks the Commission and the competent Institutions to take the necessary steps to favor the issue of European regulations to discipline the chiropractic profession aimed to standardize national laws on the following points:

- 1) Chiropractic should be recognized as a primary health care profession (i.e. practiced by graduates) entailing direct contact with patients;
- 2) Chiropractors should have the right/duty to make a diagnosis;
- 3) Chiropractors should be entitled to use x-ray for their diagnosis;
- 4) Only graduates in Chiropractic who got their degree after a five-year university course (minimum 5 years), according to the directives of the World Health Organization and international bodies responsible for the control of the profession and the relative training, should be allowed to practice their profession and call themselves chiropractic practitioners.
- 5) Asks The Commission to foster the realization and publishing of a study on the status of Chiropractic in the EU.

(1)

“Low Back pain of mechanical origin: randomised comparison of Chiropractic from hospital outpatient treatment” The British Medical Research Council, studio pubblicato in The British Medical Journal 2 giugno 1990, vol. 300, pp.1431-1437,

- “The effectiveness and Costs-Effectiveness of Chiropratica Management of Low-Back Pain” Manga P., Angus D. et al. 1993 Pran Manga and Associates, University of Ottawa, Ontario, Canada.

-“Acute Low Back Problems in Adults: Assessment and Treatment redatte nel dicembre 1994 dall' Agency for Health Care Policy and Research (U.S. Department of Health and Human Services), pubblicate dalla stessa AHCPH, sulla sua” Clinical Practice Guideline n° 14,

- Meade T.W., Dyer S. et al. “Low-Back Pain of Mechanical Origin:Randomised Comparison of Chiropractic and Hospital Outpatient Treatment”, in Br.Med.J., 300:1431-37, 1990;

- Meade TS, Dyer S et al (1995) The British Medical Journal 311; 349-351, et al “Randomised Comparison of Chiropractic and Hospital Outpatient Management for Low-Back Pain: Results from Extended Follow Up”,.

The second Manga Report in “The Chiropractic Report” March 1998, Vol 12 n° 2, presented at Standing Committe on Finance and Economic Affairs dell’Ontario 2 febbraio 1998, on the occasion of the presentation of the 1998/99 budget of the Province of Ontario. The referred to the considerable empirical support for the positive cost-benefits and safety of chiropractic treatment for musculoskeletal conditions.

- “Chiropractic: A Profession at the Crossroads of Main and Alternative Medicine” Meeker WC, Haldeman S, Annuals of Internal Medicine 136; 216-227 (2002),

(2) - “A Comparison Between Chiropratic Management and Pain Clinic Management for Chronic Low-Back Pain in a National Health Service Outpatient Clinic” Adam Wilkey, D.C., Michael Gregory, M.B.,F.R.C.A.,David Byfield, D.C., M.Phil., and Peter W. McCarthy, Ph.D., in THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE, Vol.14, Number 5, 2008, pp. 465-473.

(3)

In particolare si ricordano: il World Federation of Chiropractic, fondato nel 1988 - che è in rapporti ufficiali con l’Organizzazione Mondiale della Sanità e fa parte del Council of Medical International Organizations of Medical Sciences (CIOMS) -; il Council on Chiropractic Education, ente di accreditamento, riconosciuto dal governo americano, per i programmi di formazione chiropratica negli Stati Uniti; gli omologhi Council on Chiropractic Education International ed European Council on Chiropractic Education ed, infine, la Foundation for Chiropractic Education and Research, che è il maggiore ente internazionale di ricerca, perseguono il fine di uniformare gli standards qualitativi della professione chiropratica e della formazione in tutto il mondo.

In particular, the World Federation of Chiropractic, founded in 1988 is recognised by the World Health Organsiation and is a member of the Council of Medical International Organizations of Medical Sciences (CIOMS); Council on Chiropractic Education, accreditating agency recognised by the US Government; European Council on Chiropractic Education, candidate status with the European Association for Quality Assurance in Higher Education

(4)

“Inappropriate use of the title 'chiropractor' and term 'chiropractic manipulation' in the peer-reviewed biomedical literature” AdrianBWenban* Address: Collaborator, Unidad de Investigación en Servicios Sanitarios, Institut Municipal d'Investigació Mèdica (IMIM), Barcelona, Spain Email: AdrianBWenban*-adrianwenban@wanadoo.es * Corresponding author Published: 22 August 2006 Chiropractic & Osteopathy 2006, 14:16 doi:10.1186/1746-1340-14-16 Received: 13 July 2006 Accepted: 22 August 2006 This article is available from: <http://www.chiroandosteo.com/content/14/1/16>

(5)

JUDGMENT OF THE COURT (Third Chamber), 27 April 2006 (*) (Sixth VAT Directive -? Article 13A(1)(c) -? Exemptions -? Provision of medical care in the exercise of the medical and paramedical professions -? Therapeutic treatments given by a physiotherapist and a psychotherapist -? Definition by the Member State concerned of paramedical professions -? Discretion -? Limits) In Joined Cases C-?443/04 and C-?444/04, **H. A. Solleveld** (C-?443/04), **J. E. van den Hout-?van Eijnsbergen** (C-?444/04) <http://www.bailii.org/eu/cases/EUECJ/2006/C44304.html>

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