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## **IVAA Response to the DG SANCO Green Paper 'Workforce for Health' COM(2008)725/3**

The International Federation of Anthroposophic Medical Associations (IVAA) welcomes the initiative of the DG SANCO to discuss the future of the European 'Workforce for Health' in a Green Paper and to consult stakeholders about their view about this subject. IVAA takes this consultation as part of the ongoing process to foster European public health as outlined in the White Paper 'Together for Health'. IVAA agrees with DG SANCO's concern, that the future of the European workforce for health could lead to an additional 'public health crisis' and shares the view that a number of issues need particular attention to overcome foreseeable shortcomings.

The challenge to accept these issues and to promote necessary and adequate reforms rests with the actors responsible for the public health systems, in the EU institutions and with the governments and competent authorities in member-states. IVAA as a medical association bears no direct political responsibilities in this respect but would like to share its view about the perspectives of the health workforce, based on its practical experiences in many European countries. IVAA is here in line with the positions of other European medical CAM umbrella associations and of the European Public Health Alliance.

In this context IVAA would like to start with a few principle remarks:

1. The limited legal competences of the EU institutions in promoting public health could be seen a drawback. These legal limitations need gradual but constant changes and a development in the direction for more European competences to enable all stakeholders to find common European answers to common European problems in the field of health. With due respect for the existing national competences in public health and for the principle of subsidiarity, IVAA is of the opinion, that a stronger European added value in the field of health could certainly contribute and facilitate the foreseeable problems of the health workforce in Europe.

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2. Taking into account the existing legal restraints, IVAA supports all initiatives of DG SANCO to make active use of its capability for intensified coordination. The open method of coordination (OMC), tested and used in other parts of the social sector, should be used as much as possible to gear national bureaucracies into controlled action. Financial incentives via projects in the field of Common Actions to initiate serious engagements to deal with the challenges of the health workforce could be helpful as well. As has been observed before, simple efforts to appeal to more awareness in the national systems seems not to be sufficient.
3. An activated European approach in public health should not be restricted to the conventional strands of biomedical treatments and therapy approaches tested and practiced in European countries, as pointed out many times before. A proactive European public health policy should also encourage the national public health policies to take advantage of the plurality of different 'integrative' medical systems like Anthroposophic Medicine (AM) and include the benefits of such treatment concepts into their strategies, especially, since holistic and integrative approaches for health care and the treatment of disease are in growing demand by patients all over Europe.

In consequence and looking at the workforce for health, the range of health professionals should be reconsidered. There is the need to include new categories of health professions in a public health system oriented at prevention and self-care on the one side, and improvement of the situation of chronically ill patients on the other side. Since an ever growing number of European citizens are more and more interested to participate actively in issues concerning their health and the treatment of their illnesses, more and more patients apply for methods and treatment systems, which follow integrative/holistic values and usually show lower rates of side effects at better cost/benefit ratios. Therefore European citizens will increasingly need the assistance of professionals to help them make appropriate lifestyle choices, learn self-care, and choose the appropriate way of treatment that fits best to their needs, when seeking professional help. "Dual-trained" physicians of all medical specialities with their feet in both worlds, in conventional and in integrative medical systems like Anthroposophic medicine, assisted by specially in AM trained nurses, physiotherapists and psychotherapist, anthroposophic art therapists and eurythmy therapists, social therapist, biography counsellors and nutritionist are examples of categories of health professionals who may help to fill existing needs.

In regard to the demography and the promotion of a sustainable health workforce,

- IVAA follows the outline of the Green Paper and the consequences of the retirement of the 'baby-boomers' for a mature workforce. IVAA welcomes the mentioned possible areas for action, especially for better organising the treatment of chronic diseases, diversifying ethnic recruitment and to raise awareness in schools about the wide range of careers in the health and care sectors. The development of 'Integrated Primary Care Health Centres' providing the facilities for multi-disciplinary teams to work together could lead to a greater focus on prevention and the management of chronic diseases. IVAA takes the liberty to point to the fact that the Anthroposophy-based 'Waldorf-School' system has a particular tradition in Europe of rising social awareness amongst their students with encouraging consequences for professions in health and care sectors. In addition, the 'Waldorf Schools' provide remarkable input with regard to education towards healthy nutrition and lifestyles for decades.

In regard to the Public Health Capacity

- IVAA follows very strongly the view to strengthen the capacity for screening, health promotion and disease prevention and underlines, that the present healthcare system should shift its focus from a mainly treatment-oriented framework of public health to a more prevention-centered system. Healthy lifestyles should not only be promoted and sustained, but should gain a visible priority. Current gaps in the primary healthcare system could be addressed through extending these service with the salutogenetic integrative/holistic approach towards health and illness, which can be provided by the system of Anthroposophic Medicine and the others in Europe well established methods of complementary medicine (CAM), resulting in integrative primary care.

In regard to Training

- IVAA supports all measures to safeguard professional standards of the health workforce, suggests considering special incentives to study and get training in both, the preventive and therapeutic health care sectors, and underlines the need of cooperation between member-states to open their training institutions for students from all over Europe. IVAA supports the suggestion to adjust Directive 2005/36 to the actual needs, especially in regard to the health workforce.

#### In regard to Managing Mobility of health workers within the EU

- The mobility of health professionals inside the EU is governed to a large extent by the different working conditions and reimbursement schemes of the national health systems in the member-states. Without advocating a European harmonization in this sector – which at present would be unacceptable to member-states – IVAA is of the opinion that exchange of best practice between member-states and encourage bilateral payment schemes certain could contribute to archive a more balanced mobility of the health workforce in the EU. Moreover, IVAA suggests considering to develop common European standards for the occupational classifications of the different health professionals to facilitate mobility inside the Union. To promote ‘circular movements of staff’ the EU should consider developing and offering specific programmes.

#### In regard to support Decision-Making data

- IVAA reiterates once again the need to collect data about the CAM sector in health related surveys of European dimension. This applies to the questions and problems for the health workforce of this sector as well.
- IVAA invites the DG SANCO to make a marked change of attitude by considering integrative therapy concepts like Anthroposophic Medicine and other well established CAM methods in European and national health policies, thus making available the added value of these approaches to the citizens of Europe.

#### The model of “ Integrative Medicine”

- The descriptive phrase ‘integrative medicine’ characterizes a model of health care rooted both in conventional and complementary medicine. In the broadest sense, integrative medicine employs modalities drawn from all medical therapeutic paradigms, providing patients with individualized treatment plans, which are optimized for their specific clinical situations. The integrative model of Anthroposophic Medicine practiced by the ‘dual-trained’ physicians is aimed at the treatment of disease by enforcement of the patients’ own restorative forces to

re-balance imbalances with the aid of anthroposophic medicinal products (AMP) and the help of large scale of anthroposophic health professionals, who provide additional skills like eurythmy-therapy, anthroposophic art therapies (modelling, painting, music, singing, speech), anthroposophic nursing, rhythmical massage and physiotherapy, social therapy, biographic counselling and anthroposophic psychotherapy, – just to mention a few examples –, which may be used in addition to conventional biomedical methods or exclusively. In addition the model is aimed at maintaining health with the aid of modification of lifestyle, dietary change etc. through continuous education.

- Integrative models like AM favour the use of low-tech and low-cost interventions, whenever appropriate. The model also recognizes the critical role of the health professional/patient relationship in a patient's overall healthcare experience, and it seeks to care for the whole person (holistic) by taking into account the many interrelated physical and non-physical factors that affect health and well-being and may result in an illness, including the psycho-social and spiritual dimensions of people's lives. This model shifts a greater responsibility from the health service provider to the patient himself, not only for health maintenance, but also for the process of recovering from disease. The model gets the patient more actively involved in managing his or her health and illness. Therefore it fits very well to DG SANCO's perspective to aim at 'healthier, safer and more confident citizens` mentioned in COM(2005)115.

## About IVAA

- The IVAA (International Federation of Anthroposophic Medical Associations) represents the international umbrella organization of the national anthroposophic medical associations in matters relating to political and legal concerns. In 2009 the IVAA has members in 18 EU member states as well as Norway and Switzerland, and in a further 11 countries worldwide. As non-profitable NGO the IVAA stands for safeguarding of pluralism in medicine and for freedom of choice of treatment.
  
- The specific aims of the IVAA in the field of health and medicine include:
  1. Safeguarding the legal status of Anthroposophic Medicine (AM)
  2. Dialogue with politicians and civil servants in matters relating to AM
  3. Proactive development of political activities for AM within international and EU-frameworks
  4. Coordinating educational, training and research issues of AM with regard to political relevance
  5. Cooperating with other health organizations including the major European medical umbrella organizations in the field of CAM
  
- The IVAA is a founding member of the NGO ELIANT (European Alliance of Initiatives for Applied Anthroposophy), [.eliant.](#) , and a member of the European Public Health Alliance (EPHA), [.epha.](#) .

On behalf of the IVAA Council,



Dr Peter Zimmermann

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