

INTRODUCTION TO THE WORK OF THE CAMDOC Alliance

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What is CAMDOC Alliance ?

CAMDOC Alliance is an informal group (without legal statutes) of International Federations of CAM doctors associations composed of :

ECH – European Committee for Homeopathy

ECPM – European Council of doctors for Plurality in Medicine

ICMART – International Council of Medical Acupuncture and related Techniques

IVAA – International Federation of Anthroposophic Medical Associations

This group stays open in the future to other doctors federations representing associations of CAM at European level.

Context in which the meetings between the members of CAMDOC Alliance began

■ Around 2000, two important facts must be noted :

1/ The important increase of patients using CAM. (about 1.000.000 European citizens use CAM)

2/ The important increase of doctors practising CAM. (150.000 doctors have taken training courses)

■ These facts are not reflected in the Public Health Programms neither in the European policies.

The Medical Paradigm is changing (Health, Disease and Healing)

Some abstracts of the brochure

« complementary Medicine » are a good illustration of this
situation

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■ «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 25% of the European population has seen a CAM physician/practitioner within the previous year. »

■ «Many mainstream general practitioners share their patients' concerns about conventional medicine. **Over the last 15 years they have moved from a position of silent to one of open enquiry and growing use.** Large numbers of mainstream doctors are either referring to CAM doctors or practising some of the more prominent and well-known forms of CAM. Moreover, many doctors believe that these therapies are useful or efficacious. »

■ **«In the European Union there are approximately 150000 medical doctors who have taken training courses in particular CAM therapy such as acupuncture, homeopathy, anthroposophic medicine or natural medicine, with figures for each therapy that are comparable to those of mainstream medical specialities. »**

These facts must be taken in consideration by the European Institutions, and must be taken in account in the European Health Programms and reflected in Health Policies.

Citizens' decisions about their health : A fundamental aspect of the change of paradigm

The patients' right of self-determination and free choice.

■ Today'S European citizens have started to feel themselves responsible for their own lives and their own health. This right of self-determination may, in fact, be considered a basic right of European, citizens.

■ Patients want to make their own informed choice of therapy whether it belongs to conventional medicine or CAM.

Most users of CAM do not want to give up conventional medicine, but rather want to choose the medical approach that seems to produce the best result in certain situations or that fits into their life style.

Why Patients choose CAM ?

- The most important reason is the patient's **dissatisfaction with biomedical treatment because it has been ineffective.**

- Patients are becoming more and more worried about issues such as the **adverse effects and toxicity of many conventional drugs.**

■ They want health **professionals who will respect them as partners** in their care and who see and **understand them as whole people with complex lives**, not just 'lesions' and lab values.

■ **Biomedical treatment** is seen as impersonal and **too technologically oriented**.

Why so different CAM practices can work together ?

The Common Paradigm of Health, Disease and Healing

- Holistic approach
- Salutogenesis
- Aim is optimum health.
- Therapeutic partnership and patient empowerment.

The European Parliament, The Council of Europe and WHO became aware of this change of paradigm : Supranational CAM policy recommendations

■ **The European Parliament**, in its resolution of May 1997, called on the European Commission :

A/ To launch a process of recognizing non-conventional medicine and to take the necessary steps to encourage the establishment of appropriate committees.

B/ To carry out a thorough study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines and to draw up a comparative study of the various national legal models to which non-conventional medical practitioners are subject.

■ **The Council of Europe** in 1999 stated that «the demands of public health and the right of individuals to health protection must come first. The limitations of non-conventional medicines must not be ignored nor underestimated.»

■ **WHO General Assembly** adopted in 2003 a resolution on TM/CAM, which Member States, among other items :

- To adapt, adopt and implement where appropriate, WHO's traditional medicine strategy as a basis for national traditional medicine programmes or work plans.

- Where appropriate, to formulate and implement national policies and regulations on traditional and complementary and alternative medicine in support of the proper use of traditional medicine, and its integration into national health-care systems, depending on the circumstances in their countries.

- To provide adequate support for research on traditional remedies.
- To promote and support, if necessary and in accordance with national circumstances, provision of training and if necessary, retraining of traditional medicine practitioners, and of a system for the qualification, accreditation or licensing of traditional medicine practitioners.
- To provide reliable information on traditional medicine and complementary and alternative medicine to consumers and providers in order to promote their sound use.

■ **The WHO report ‘Traditional Medicine Strategy 2002-2005’**

describes its first global strategy on traditional and complementary/alternative medicine, which provides a framework for policy to assist countries to regulate traditional or complementary/alternative medicine (TM/CAM) to make its use safer, more accessible to their populations and sustainable’.

What must the European Commission do for the patients who choose CAM ?

The role of the European Commission and Institutions is :

1/ To guarantee the free choice of patients : to make it possible, it is essential to give a clear information about CAM and to guarantee the availability of the medicinal products used in CAM on the market.

For that, it is necessary to really include products used in CAM in the EU Directives.

2/ To protect citizens :

a/to guarantee high quality medicinal products. (quality, safety, effectiveness)

For that, it is necessary to promote the research and the scientific development of CAM.

b/ to promote high quality CAM training standards at European level in order to guarantee a high quality CAM medical practices.

For achieving these aims, what have CAMDOC Alliance to do ?

- To make CAM more visible at European level (European Commission, European Parliament, EMA, CPME...).
- To make EU Policymakers become aware of the contribution that CAM can bring in the Healthcare system.
 - Prevention and changing lifestyle (cancer, allergy, aging, etc.)
 - Lower healthcare cost.
 - High safety profil of CAM
 - Important contribution of CAMworld to the Healthcare workforce.
- To work for the inclusion of CAM in the Research Framework Programm.
- To work for the inclusion of CAM in the Public Health Programm.

What has been done ?

Which steps were reached in the ten last years at the European legislative level

- **Review of directive 2001/83/CE** of the European Parliament and the Council of November 6, 2001 introducing a community code relative to medicines of human use.
 - Homeopathic medicinal products are included in the Directive. Anthroposophic medicinal products are only mentioned in the preamble.
 - The directive does not work at all for Herbal medicinal products.
- **Fondation of ECHAMP** (*European Coalition on Homeopathic and Anthroposophic Medicinal Product*) in 1999.

- **ECHAMP aim** : « We endorse the rights of patients and consumers to have easy and comprehensive access to homeopathic and anthroposophic medicinal products which meet the highest standards of quality, safety and effectiveness ».
- **3 members of CAMDOC Alliance** (ECH-ECPM-IVAA) are corresponding members and they took part in many meetings organized by ECHAMP, they could exchange their point of view and start to work jointly.

- Before the steps were done separately by each federation (ECH-ECPM-ICMART-IVAA).
- Then 2 fundamental aspects shown the need to work jointly :
 - 1/ Alone and separately none current would arrive to something concrete.
 - 2/ the request of DG-Sanco to have only one CAM representative european structure to meet, and not to see ten associations of doctors and non-doctors practitioners having very disparate claims :
 - Working together is very positive
 - Working together is difficult

What are the difficulties ?

- A sort of competition between CAM doctors associations and CAM practitioners (non-doctors) associations.
- The difference of legislation in the different member states concerning the practice of CAM (ex : Sweden and France).

Contact with EMEA (European Medicine Agency)

- Creation of a phytotherapy experts group.
- Special day «Homeopathic Workshop» on October 27, 2006 in London

■ First meeting with DG-Sanco (R. Madelin) on March 18, 2009.

R. Madelin underlined three particular obstacles for CAM :

1/ The first obstacle is certainly « **the great ignorance about CAM in general** ».

2/ The second obstacle is connected with « **the problems of effectiveness and evidence** ».

3/ The third obstacle for CAM, Robert Madelin saw « in the differences between conventional and CAM approach in the treatment process and the still existing feeling that **CAM is an « anti-security thing** ». He underlined that **the dual trained physicians is a powerful argument against this and that CAM is able to prove that both strands of medicines can fit together.** Here the experiences of the patients play a role ».

First answers of CAMDOC Alliance to these questions

- At the first question « the great ignorance about CAM in general », CAMDOC collected information and data available for the different CAM therapies in a document (a sort of mapping) « **The Regulatory Status of Complementray and Alternative Medicine for Medical Doctors in Europe.** »
- The second question : « the problem of effectiveness and evidence » concerns the research :

That started on January 2010 by :

- CAMbrella project was accepted and financed by the 7th Research Framework Programme. The aim is to evaluate scientifically the situation of the CAM at the European level.
- CAMDOC take part in the Advisory Board.

- The project itself is managed and organized by independent scientists. Several members of the CAM stakeholders participate in the « Advisory Board » of the CAMbrella project.
- There are already now indications, that the task of the CAMbrella project cannot be finished until 2012. Stakeholders demand from the EU institution to continue the project for another period.

- The third question : « CAM is an anti-security thing »

R. Madelin underlined that the dual trained physicians is a powerful argument against this and that CAM is able to prove that both strands of medicines can fit together. »

- That suppose a clear definition of the specificity and the competences of doctors practicing CAM and CAM practitioners.
- **Dual trained doctors is the essential base for a real integrative medicine**, what means a real and effective collaboration between Conventional Medicine and CAM.
- CAMDOC alliance wrote “**Guidelines for good CAM practice**” 2008. The guidelines try to define what should be a good practice of CAM doctors. They are a common base to the various forms of CAM.

■ EU Health Portal

- CAM stakeholders were invited by DG-Sanco to provide short information of CAM in the EU Health Portal.
- At the very end only two internet links to CAM organizations now appear in the Health Portal. This is not what has been discussed and expected.

■ Contacts were made with the CPME (Comité Permanent des Médecins Européens – Standing Committee of European Doctors)

■ European CAM Stakeholders Group - 2010

Since 2010 CAMDOC Alliance take part in the meetings of the European CAM Stakeholders group which is a network of the following four CAM Stakeholders :

- 1/ CAM patients organisations.
- 2/ Medical doctors practising CAM.
- 3/ Trained CAM practitioners.
- 4/ CAM products manufacturers.

The governance principles are in drafting.

To obtain the best results, all stakeholders must work together. It is also what the European Commission asks.

■ The Herbal Working Group – 2010

CAMDOC Alliance works also with this group composed of :

EHTPA – European Herbal and Traditional Medicine Practitioners Association – Michael McIntyre

EITAM – European Initiative for Traditional Asian Medicine – Dr. Herbert Schwabl

ANH International – Alliance for Natural Health International – Dr. Robert Verkerk

European Commission Directive 2004/24/EC, the Traditional Herbal Medicine Products Directive (THMPD), was designed to implement a streamlined process for registration of traditional herbal medicine products (THMPs) in the EU. Due to legislative weakness, only around 200 THMPs have been registered throughout the EU since the THMPD was enacted in 2004. The THMPD makes no provision for Asian traditional systems of medicine, such as Ayurveda (from the Indian subcontinent) or Traditional Chinese medicine (TCM). Accordingly, very few if any products from either of these traditions have yet been registered. **The THMPD should be reassessed urgently to ensure a workable regulatory framework for traditional herbal medicinal systems in the EU, and to discourage a black or grey market in herbal products.**

■ 2010 CAM INTEREST GROUP

CAMDOC Alliance took part also in creation of the « **CAM Interest Group** » in the European Parliament for this legislative period. The group of MEPs and CAM Stakeholders will meet about 3 times a year to follow relevant issues about CAM in the EP and in the EU Health Policies. The first meeting took place on November 16, 2010 in Brussels. The topic was : '**EU Directives are not working for products used in Complementary and Alternative Medicine (CAM)**'.

-As a result, MEPs will be pro-active partner for the EU Commission to foster a better solution for these medicinal products and consider adequate action on their behalf at the moment.

-The work of the CAM Interest Group will continue. The next meeting in spring 2011 will be dedicated to the subject of the aging in Europe.

■ CONCLUSION

■ these steps currently continue. A new meeting took place on December 2, 2010 at DG-Sanco with Mrs Testori in Brussels. And a CAMbrella meeting at the same date in Berlin. The work will be still long before achieving the concrete recognition of the CAM contribution in the European Healthcare System...