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Complementary and Alternative Medicine Provision in Europe – First Results Approaching Reality in an Unclear Field of Practices

Klaus von Ammon[a] Martin Frei-Erb[a] Francesco Cardini[b] Ute Daig[a] Simona Dragan[c]
Gabriella Hegyi[d] Paolo Roberti di Sarsina[e,f] Jan Sörensen[g] George Lewith[h]

[a] Institute of Complementary Medicine KIKOM, University of Bern, Switzerland
[b] Health and Social Regional Agency (ASSR) Emilia Romagna, Bologna, Italy
[c] University of Medicine and Pharmacy Victor Babes, Timisoara, Romania
[d] PTE Pecs University Medical School, CAM Department, Pecs, Hungary
[e] High Council of Health, Ministry of Health, Rome,
[f] Committee for CAM in Italy, Bologna, Italy
[g] Centre for Applied Health Services Research and Technology Assessment, University of Southern Denmark, Odense, Denmark
[h] Aldermoor Health Centre, University of Southampton, UK

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Keywords
Complementary medicine · Economics · Effectiveness · Physician · Practitioner · Provision · Training

Summary
Background: The demand for complementary and alternative medicine (CAM) treatment in the European Union (EU) has led to an increase in the various CAM interventions available to the public. Our aim was to describe the CAM services available from both registered medical practitioners and registered non-medical practitioners. **Methods:** Our literature search comprised a PubMed search of any scientific publications, secondary references and so-called grey literature, a search of government websites and websites of CAM organisations to collect data in a systematic manner, and personal communications, e.g., via e-mail contact. Due to the different reliability of data sources, a classification was developed and implemented. This weighted database was condensed into tables and maps to display the provision of CAM disciplines by country, showing the distribution of CAM providers across countries. **Results:** Approximately 305,000 registered CAM providers can be identified in the EU (~160,000 non-medical and ~145,000 medical practitioners). Acupuncture (n = 96,380) is the most available therapeutic method for both medical (80,000) and non-medical (16,380) practitioners, followed by homeopathy (45,000 medical and 5,800 non-medical practitioners). Herbal medicine (29,000 practitioners) and reflexology (24,600 practitioners) are mainly provided by non-medical practitioners. Naturopathy (22,300) is dominated by 15,000 (mostly German) doctors. Anthroposophic medicine (4,500) and neural therapy (1,500) are practised by doctors only. **Conclusion:** CAM provision in the EU is maintained by approximately 305,000 registered medical doctors and non-medical practitioners, with a huge variability in its national regulatory management, which makes any direct comparison across the EU almost impossible. Harmonisation of legal status, teaching and certification of expertise for therapists would be of enormous value and should be developed.

Introduction

Complementary and alternative medicine (CAM) is a developing area associated with much conflicting debate. It appears that CAM services are in great demand by patients. Life-time CAM use prevalence rates of between 3 and 25% are reported internationally [1, 2]. CAM use has been documented across Europe for the UK, Germany and Italy and is used by between 10 and 70% of the population [3–8]. However, in practice, there is a varying provision of CAM within the European Union (EU). This review covers the providers' perspective and

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Klaus von Ammon, MD
Institute of Complementary Medicine KIKOM
University of Bern, Imhoof-Pavillon, Inselspital
3010 Bern, Switzerland
klaus.vonammon@kikom.unibe.ch

comprises an evaluation of service provision by certified medical and non-medical practitioners and their respective professional organisations. The aim of this review was to map CAM provision by medical and non-medical practitioners across the EU and associated countries. We also aimed to describe the economic perspectives of CAM service, CAM product manufacturers and their respective organisations, the CAM market and products. Research issues are not dealt with due to the description of work of CAMbrella Work Package 5 (WP5).

Methods

Terminology and Definitions

Keeping in mind that there is no commonly accepted definition of the term CAM, this study refers to CAMbrella WP 1 (terminology and definition of CAM methods) for appropriate definitions. In contrast to the US and Medical Subject Headings (MeSH) terms of CAM, spiritual healing and its related techniques are excluded from this study. The term 'disciplines' comprises CAM methods (e.g., acupuncture, diets), systems (e.g., ayurveda, homeopathy, traditional Chinese medicine (TCM)), and techniques (e.g., chiropractic, osteopathy) [9].

Providers of CAM are classified into i) physicians certified in both conventional medicine and CAM, ii) MDs with CAM training at various levels and iii) non-medically trained practitioners with different levels of education and regulation. The first category (I) of training and continuous education is certification according to requirements of international associations and registration in national medical registries. A second level (II) is determined by the requirements of training and continuous education through the respective professional regulatory bodies. The third level (III) is characterised by CAM school diplomas, which may not be associated with external review concerning content and legal requirements, e.g., Centre for Education and Development of Clinical Homeopathy (CEDH) [10].

CAM practitioners who are not organised or registered in this manner are excluded from this evaluation because they are almost impossible to identify systematically. We are aware that there are many of these practitioners, practising legitimately, within the EU.

Search Strategy

The search strategy to identify the main areas of CAM practice in each EU country used a top-down approach. The first step consisted of a PubMed search with the following terms: CAM provision, + European, + doctors/MD/practitioners, + EU/Europ*/ Germany/ Switzerland/ UK/ other EU 27+12 countries (others) + hospitals. The second step was checking references from the publications that had been found to identify other publications and the so-called grey literature. This included international, national, regional and local publications, manufacturer and pharmacists' publications and personal manuscripts as well as DVDs and CDs of congresses. The third step comprised contacts to the national bodies for each specific CAM method. Their areas of interest, training and requirements for continuing registration were checked through websites from international and national bodies of both CAM associations and health regulators. The fourth step consisted of designing a questionnaire for national CAM associations, representatives and health authorities to collect data in a systematic manner. The fifth step was to gain information by personal communication, e.g., via e-mail contact. After data acquisition, data were classified according to sources and displayed in tables and maps.

Classification

The following classification of the sources of prevalence data was used based on discussions within WP5 once the data became available (in order of decreasing reliability):

- official publications of independent international organisations (such as United Nations, World Health Organisation) or government organisations (e.g., Ministries of Health from the particular countries, regional Health Agencies)
- scientific peer-reviewed journals (well-conducted population surveys, prospective prevalence studies)
- national level professional CAM associations (with separate membership lists)
- insurance companies with programmes for CAM practitioners
- international or national associations for CAM promotion
- personal contacts, typically to scientists who have conducted surveys and who may have publications that are not widely available, e.g., doctoral dissertations, internal documents (the grey literature)
- other sources.

This classification proposal tries to systematise the obvious differences between countries with CAM regulations and those where reliable data are scarce but available, as well as including countries with no CAM regulations and almost no reliable data. This diversity needs to be taken into account when judging the reliability of the data acquired.

Data Display

Having completed data acquisition and classification, data were presented in tables to display CAM provision of disciplines in both the EU and per country, and in maps demonstrating the distribution of CAM providers across countries.

Results

Literature and Web Search

The PubMed literature search using the chosen terms revealed 'hits', which are displayed in figure 1. Clinically relevant publications were very scarce. 8 peer-reviewed papers dealing primarily with clinical European CAM provision and 2 reports financed by the Swiss and German government were identified over the last decade [11–20]. No grey literature was identified. An e-mail pilot to contact the national bodies for each specific CAM method was unproductive except for the UK and Switzerland. This was also the case for countries with national registration (e.g., German 'Heilpraktiker'). Thus, empiric meticulous search through websites from international, European and national bodies of both government and CAM associations were the main sources for collecting data in a systematic manner.

Gaps in publicly accessible data, especially for non-medical practitioners, were difficult to access and were obtained through personal communication with Advisory Board members and e-mail, telephone or personal contact with professionals, volunteers or personal networks. Considerable data gaps were present within the 27 EU states; overall, better data were available from the central and Northern EU States.

Health Professional CAM Organisations

There is no reliable world-wide CAM organisation that unites the different CAM associations. ICMART (acupuncture), IVAA (anthroposophic medicine) and LMHI (homeopathy) are international associations of MDs that involve specific therapies. For non-medical practitioners, the European Federation for Complementary and Alternative Medicine

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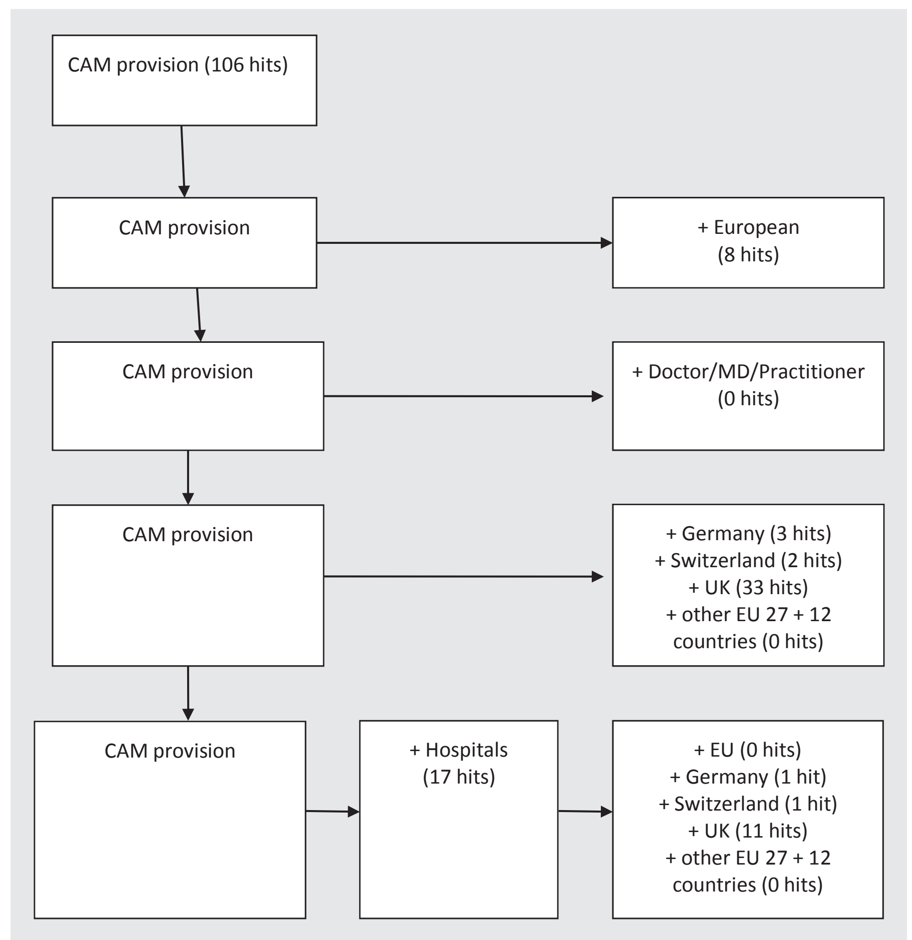

Fig. 1. Flow diagram of PubMed results.

(EFCAM) is based on pan-European professional organisation membership. The European Committee for Homeopathy (ECH, homeopathic MDs), the European Council of Doctors for Plurality in Medicine (ECPM), the International Council of Medical Acupuncture and Related Techniques (ICMART) and the International Federation of Anthroposophic Medical Associations (IVAA) constitute the CAMDOC Alliance. ANME (Association of Natural Medicine in Europe), ECCH (non-medical homeopaths), EHPA (herbal practitioners), EHTPA (herbal and traditional medicine practitioners), ESCOP (phytotherapy), ESF (shiatsu), ETCMA (TCM) and RIEN (reflexology) are other examples of European-specific professionally based CAM organisations.

There are only a few national CAM umbrella organisations, such as the doctors' Hufeland-Gesellschaft in Germany and UNION in Switzerland, the non-medical practitioners' APTN-COFENAT in Spain, FICTA in Ireland, KrY in Sweden and a number of organisations claiming national umbrella status in the UK. In Germany, specifically qualified and registered non-medical practitioners (Heilpraktiker) have at least 8 national and 2 regional superior organisations [21]. The Swiss have a nation-wide organisation dealing with quality control and financial issues for registered non-medical practitioners [22]. Most CAM disciplines do have national organisations with regional or municipal associations, although this depends on membership numbers.

Provision – Private Practice

Direct comparison is difficult between EU states due to the varying legal status. The following data are based on numbers provided by CAM societies and cross-checked with available governmental data. For non-medical practitioners, EFCAM provided EU-wide numbers. We could not verify this in every case, although we made repeated approaches to national medical regulators through questionnaires, mail and phone.

We identified at least 300,000 registered CAM providers in the EU, comprising 158,500 non-medical practitioners and 145,000 MDs. This suggests there are up to 65 CAM providers (35 non-medical practitioners and 30 MDs) per 100,000 inhabitants, compared to the EU figures for general practitioners (GPs) of 95 per 100,000 inhabitants [23].

Acupuncture (n = 96,380) is the most available discipline provided by both medical (80,000) and non-medical practitioners (16,380), followed by homeopathy (50,800; 45,000 medical, 5,800 non-medical practitioners). Herbal medicine (29,000 practitioners) and reflexology (24,600 practitioners) are almost exclusively provided by non-medical practitioners. Naturopathy (22,300) is largely provided by 15,000 (mostly German)

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Table 1. Most frequently provided CAM disciplines in the EU 27+12 (usually by December 2010)

CAM discipline		Therapists			
		non-medical practitioners	MDs (physicians)	MDs + non-medical practitioners	therapists/100,000 inhabitants
1	acupuncture	16,380	80,000	96,380	21
2	individual homeopathy	5,800 (05/12)	45,000	50,800	11
3	herbal medicine/phytotherapy	29,000	??	>29,000	6,5
4	reflexology	24,600	?	>24,600	5,5
5	naturopathy (Germany: 'Naturheilverfahren')	7,300	15,000	22,300	5,0
6	antihomotoxicology (complex homeopathy)	20,000	??	>20,000	4,5
7	humoral/drainage therapy (purgation therapy)	17,000	?	>17,000	3,8
8	kinesiology	7,600	??	>7,600	1,7
9	shiatsu	7,400	??	>7,400	1,7
10	orthomolecular therapy	7,000	??	>7,000	1,5
11	manual therapies (chiropractic, osteopathy)	4,900	??	>5,000	1,2
12	anthroposophic medicine	(GER: 20!)	4,500	4,500	1,0
13	oxygen/ozone therapy	3,000	??	>3,000	0,6
14	Kneipp therapy (Germany)	2,500	?	>2,500	0,5
15	neural therapy (Huneke)	–	1,500	1,500	0,3
Total		~158,500 (?)	~145,000 (??)	~304,000 (???)	65(?)
Total per 100,000 inhabitants (population)		35	30	65	
Total GPs per 100,000 inhabitants (population)			95*		

*Reference: *www.eustat.eu.*

MDs. Anthroposophic medicine (4,500) and neural therapy (1,500) are mainly practised by MDs. MDs practising several other techniques identified in table 1 cannot be estimated accurately. Some therapists practise more than 1 complementary discipline or in different locations. This leads to individuals with registration in multiple organisations and it is impossible to accurately identify and correct this bias. Having broken down these global numbers to individual countries, discipline-specific maps demonstrate both the various distribution of CAM providers across countries and the existing gaps of data. Examples are shown in figures 2–4, additional data are available at *www.cambrella.eu.*

Provision – Hospitals

Of 5 homeopathic hospitals in UK, 4 are fully integrated into the NHS since its foundation in 1948: Bristol, Glasgow, Liverpool, London and Tunbridge Wells (which closed in 2007); 3 anthroposophic hospitals are fully integrated into the Swiss National Health Service (NHS) [24]. In Sweden there is 1 anthroposophic hospital and in Germany there are 5 with full integration into the German statutory reimbursement system. In Italy, an integrative medicine centre was recently (2011) established in the Pitigliano hospital (Tuscany) providing acupuncture, homeopathy and herbal medicine [25].

Practitioners

A few decades ago, in the UK, about a third of GPs had received some training in CAM, ~10% had completed CAM training and ~15% wished to acquire CAM skills [26]. Despite this, 59% of doctors thought that CAM techniques were useful to their patients: 76% had referred patients to CAM colleagues and 72% to non-medically qualified practitioners. Most responders voted for statutory regulations, preferable through an independent national body [26]. Similar recent data exist for Switzerland [11], Hungary [27] and the UK [28].

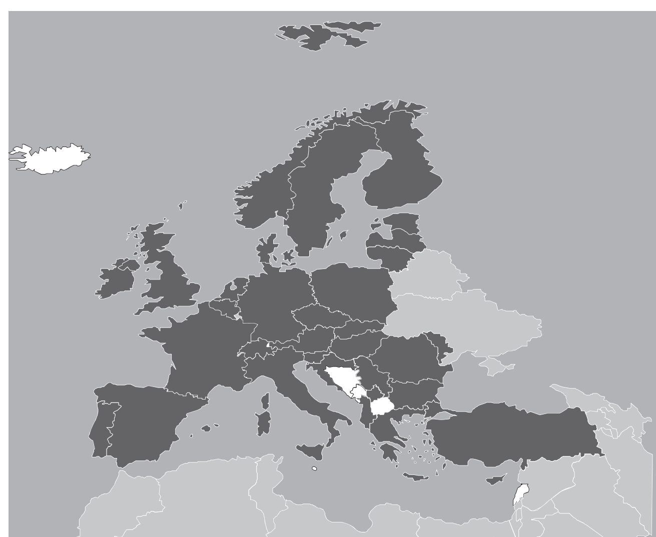

Fig. 2. Provision of acupuncture (average value: 21 therapists per 100,000 inhabitants; white = no provision, off-white = no data, light grey = < 1, grey = < 5, dark grey = < 10, black = > 10).

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Fig. 3. Provision of homeopathy (average value: 11 therapists per 100,000 inhabitants; white = no provision, off-white = no data, light grey = < 1, grey = < 5, dark grey = < 10, black = > 10).

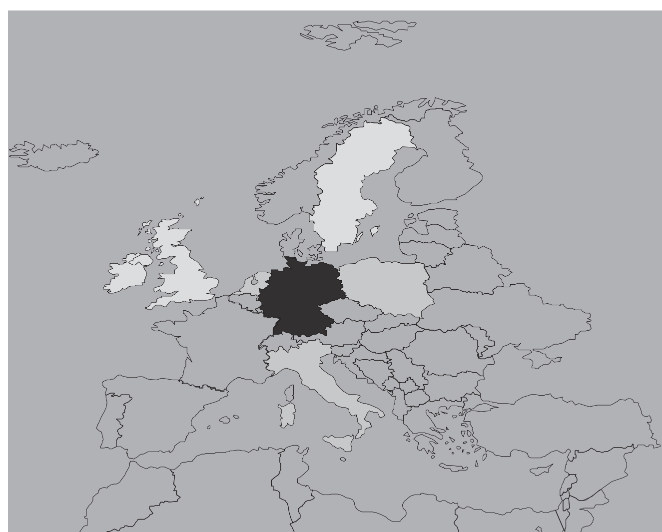
Fig. 4. Provision of herbal medicine (average value: 6.5 therapists per 100,000 inhabitants; white = no provision, off-white = no data, light grey = < 1, grey = < 5, dark grey = < 10, black = > 10).

CAM Familiarisation

During the last 20 years, some CAM familiarisation has become a part of many medical undergraduate courses in a wide range of European universities: France has CAM education or teaching at 8 universities, Poland at 7, Germany at 5, Spain at 4 universities and Hungary (Pécs) and Norway (Tromsø), 1 university each [29]. In Germany, 8 endowed chairs have been established: 3 at Charité, Berlin, 2 at European University Viadrina Frankfurt/Oder and 1 each in Essen-Duisburg, Munich and Rostock [30].

In Germany, since 1991, homeopathy has been included in the medical students' compulsory curriculum [31], and natural healing techniques have also been included since 1992 in connection with physical medicine and rehabilitation (Certification Rules (ÄAppO) § 27) since 2003 [32]. At the European University Viadrina, post-graduate training courses at MA level for doctors are given, teaching CAM and cultural sciences. In Greece, a 2-year MSc course in homeopathy for doctors and dentists is offered by the state-supported University of the Aegean [33], approved by the government in 2006 and supported by the Hellenic Homeopathic Medical Society (HHMS) and the International Academy of Classical Homeopathy [34]. In Hungary, at the University of Pécs, there is a 2 to 3-year Continuing Medical Education (CME) accredited course providing CAM knowledge, but no practice for doctors. In Italy, most of medical universities offer short elective informative CAM courses, while some (e.g., Bologna, Firenze, Messina, Milano Bicocca, Roma La Sapienza, Roma Tor Vergata, Siena, Urbino) offer post-graduate 2 or 3 years courses in 'Unconventional Medicines' or 'Natural Medicine'.

In Switzerland, there has been a subordinate public chair of natural healing techniques at the University of Zurich since 1994 and a chair of complementary medicine at the university of Bern, comprising anthroposophic medicine, classical homeopathy, neural therapy and TCM, including acupuncture, which has been publicly financed since 1995. In Zurich, chiropractors established an endowed chair for 20 students of chiropractic in 2008. In Bern, CAM lectures have been included in medical students' compulsory curriculum since 2009; in Zurich lectures are optional.

The General Medical Council in the UK suggests that all UK medical schools offer an optional CAM familiarisation course for all medical undergraduates. Most UK medical schools do provide an opportunity for this to their students but the level and quality of provision is very variable. There is a variety of UK university environments for CAM research and a number of mainly research professorial appointments in this field. 5 universities include CAM in their submissions to research and assessment exercises: Exeter and Plymouth, Southampton, Westminster and York.

Teaching of Skills

Teaching of skills is restricted to courses held by the respective CAM associations, sometimes as post-graduate courses in coordination with universities and based on international requirements (e.g., ECCH, ECH, ESCOP, ESF and ICMART). Various types of CAM schools have been maintained by the respective organisations, with curricula ranging from existing international standards down to a local introductory level, not always recognised by the national CAM body. For non-medically trained practitioners there is a single study, conducted 1980/81 in the UK, which showed that half of the practitioners have had formal education [35].

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Discussion

Within the EU, CAM is provided by approximately 145,000 registered medical practitioners with additional training and certification, and probably about 160,000 registered non-medical practitioners. There appears to be about 65 CAM providers per 100,000 people within the EU as compared to 95 GPs per 100,000 people. There is huge variability in regional, national, European and international regulations, which makes any comparison of CAM practice and provision, in almost any respect, complex and difficult. Teaching and certification are managed by regional or national regulations. Due to a lack of commercial interest there are very limited data and public funding for research, so we understand little about the provision, outcome and the social and economic impact of CAM [35]. It is estimated that the CAM market, in total, amounts to approximately 1% of EU GPs [36]. The harmonisation of the legal status for CAM practice and teaching would be of enormous value within the EU.

Direct comparisons of the numbers and types of practitioners between countries, even within the EU, are impossible because of the varying national legal legislation [37]. This can occur even within 1 country, such as Switzerland with its 26 cantons. In some countries only MDs are allowed to practice CAM, while in other situations there is almost no regulation for non-medical practitioners. For practical reasons, we only refer to registered medical practitioners and non-medical practitioners as we cannot describe all practice. Consequently, a considerable number of therapists cannot be identified for a whole variety of administrative and legislative reasons.

The understanding of CAM in Europe and surrounding countries is very heterogeneous. Therefore, focussing on English language or English abstracts of scientific publications may create a selection bias. A second selection bias might have occurred when we were unable to identify 'provision' in the abstract or in key words. A possible overestimation of numbers might occur if the data are derived from associations primarily for CAM promotion. Provision of several CAM disciplines by individual therapists may also occur, leading to reporting bias; for instance, 1,665 individual therapies were provided by 995 non-medical TCM practitioners in Switzerland [38].

The scientific foundations and publications relating to CAM provision and the legal procedures involved are unsatisfactory in every respect due to lack of reliable information. It appears that many CAM doctors and non-medical practitioners appear to show minimal interest in being identified or in becoming involved in research. Organisations that are not restricted to just 1 EU state, collect, provide and share detailed data on CAM provision largely through websites or meetings. Where there are no such organisations, reliable data of CAM provision is almost impossible to obtain. There is a large difference between countries; in some, where CAM is regulated, reliable data are limited but available. However, in countries, where there is no national regulation, there are usually no reliable data available.

The best data acquisition was for registered doctors in central and northern Europe, with more limited provision in the South compared to the North, and in the East compared to the West. In the UK, CAM provision in GP practices increased from 12.5% to 50% between 1995 and 2001 [17]. This is in accordance with CAM provision in 37.8% of patient-care organisations [17]. In Germany, statistics available for naturopaths show a similar 3-fold increase [39]. There appears to be a growing demand for CAM treatments in hospitals [24, 40].

CAM familiarisation is beginning to become available as part of under-graduate education at many EU universities [41]. Teaching of skills, leading to qualification, diplomas and registered certification for both registered doctors and non-medical practitioners are confused and of variable standard. Ideally, this should be harmonised, at least at national level, and this is implemented for non-medical practitioners in Germany, Iceland and in part in UK [42], and is also planned for Switzerland in 2013.

In conclusion, CAM provision in the EU is maintained by approximately 300,000 registered MDs and non-medical practitioners with huge variability in their national regulatory management. This makes any direct comparison across the EU almost impossible. Harmonisation of legal status, teaching and certification of different levels for therapists would be of enormous value and should be developed. We will only understand this area properly with aid of more research and the introduction of national regulation for all CAM providers.

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