



# CAM – the providers' perspective

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# Providers – who? + EU numbers

- Practitioners who have trained in one or more CAM disciplines without having had a previous medical training - ~ 150,000 known + more
- Medical doctors who have added a CAM discipline to their conventional medical practice through post-graduate study ~ 150,000
- Other conventional medicine practitioners such as nurses, physiotherapists, dentists, pharmacists, vets - numbers unknown but possibly ~ 150,000

# Providers – why?

The growth of CAM can be described as a ‘market forces’ phenomenon, driven by patient need and choice. Patients mostly purchase it privately. Providers have arisen to meet the need and the demand

- Practitioners: attracted to healthcare profession – not medicine. For many a career change but increasingly a career choice
- Medical doctors – conventional medicine alone found not sufficient to meet patient needs, they seek a more holistic approach that focuses on the whole patient
- Other conventional medicine practitioners such as nurses, physiotherapists, dentists, pharmacists, vets - same as for MDs

# Providers - a common understanding

- Healthcare is about restoring, maintaining and enhancing peoples' health
- Medicine is more about the treatment of disease when it arises
- CAM offers the possibility of offering both but with awareness of clear boundaries for practitioners not having a conventional medical training in the areas of conventional diagnosis and certain medical procedures.



# Providers - education and training

- Practitioners undergo a range of education depending on the discipline. These range from bachelor degrees and bachelor level education for disciplines such as acupuncture, chiropractic, homeopathy, osteopathy and phytotherapy to shorter courses for other disciplines. At European level several common professional platforms have established agreed common standards.
- Medical doctors post-graduate education in several CAM disciplines is based on international/European proprietary training standards and in some countries leading to additional qualifications recognised by the national medical council.

# Providers - work settings

- The majority of practitioners practise privately in single or multi-disciplinary clinical settings. Patients maintain connection with their GPs and communication is encouraged between the two
- A small but growing number of practitioners practise in institutional settings under delegated care arrangements with medical practitioners
- The majority of medical providers practise privately but increasing numbers practise in national healthcare settings alongside medical colleagues under mutual referral arrangements

# Providers - what they do

- Listen to patients and examine them taking into account any diagnosis
- Try to understand why and how they are ill
- Share that understanding with the patient
- Offer lifestyle advice to help change causal behaviour
- Offer treatment with the particular modality or modalities the provider specialises in to restore health and thereby eliminate the disease they may have been diagnosed with
- **OR** refer patients to GPs if there is a need for conventional diagnosis or care or to other providers for more appropriate care



# Providers - who and what do we treat

Patients seeking CAM come because:

- conventional medicine is not working for them
- they seek and value a more holistic approach to their health
- they wish to use it for health maintenance

The main conditions CAM providers help patients with are:

- recurrent infectious diseases where antibiotics fail
- chronic disease – arthritis, digestive disorders, migraine
- male and female reproductive system disorders
- mental ill-health – depression, anxiety, phobia etc.
- a sense of being unwell but without a diagnosis
- side-effects of conventional care – ADRs , CA therapies



# Providers - future roles

The EU is facing a number of health challenges such as keeping an aging population healthy, rising levels of chronic disease, rising levels of mental ill-health, anti-microbial resistance, and a lack of new pharmaceuticals coming through the system.

There is growing agreement that a paradigm shift towards a more holistic and prevention focused health care agenda is needed to address these challenges together with aiming for greater sustainability of healthcare systems

**CAM and CAM providers are well placed to play a significant role in helping facilitate that change.**

# Providers – EU challenges

**Access to medicines** – practitioners using herbal homeopathic and anthroposophic medicines are having increasing difficulty accessing the medicines they need for their patients. The implementation of existing directives by member states needs to be reviewed as do the directives themselves.

**Freedom of movement and establishment** and right to provide services across borders - Including CAM in EU Directive 2005/36/EC on the Recognition of Professional Qualifications would help facilitate this

**Cross-border healthcare** – users cannot find similar services or providers across borders

**Recognition of CAM practitioners as members of the EU Health workforce** at a time when future workforce numbers are in question. Integration of CAM practitioners into healthcare service provision could be facilitated through a programme of top-up training

**Health inequalities** –because CAM in the EU is mainly provided in the private sector those who cannot afford it cannot access it – surveys show that the better off and better educated tend to use CAM more – and are healthier!



Thank you and good health!

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