







Response to CPME position paper on complementary and alternative treatments

CAMDOC Alliance, uniting the four European umbrella organisations of physicians in the field of Complementary and Alternative Medicine (CAM), has taken notice of CPME's "position paper on complementary and alternative treatments". We appreciate that CPME has taken a position on CAM because CAM is an increasing societal phenomenon that has led to the current situation in the European Union of approximately 145,000 medical doctors and around 160,000 non-doctor practitioners practising various CAM modalities¹, and CAM being used by one out of two EU citizens. Medical doctors with an additional qualification in a particular CAM modality, all members of national medical associations united in CPME, have the authority and competence to decide on the most appropriate treatment: either conventional or CAM or both.

There are several points in this paper with which we concur, but there are some others that we do not agree with.

We are pleased to endorse the following points (and have added some explanation where needed):

1. In a number of EU Member States CAM practices and products are unregulated and may pose risks to the health and safety of patients.

We agree with this conclusion and therefore urge Member States to regulate CAM professions, based on clearly defined qualifications and competences.

- 2. Every patient deserves the best possible treatment based on scientific evidence.
- 3. Physicians using any practices or methods should always look for their scientific basis and evidence.
- 4. All existing treatments must be constantly re-evaluated for efficacy and safety. All new diagnostic or therapeutic methods must be tested in accordance with scientific methods and ethical principles (such as the Declaration of Helsinki).

We agree that this is the ideal situation, while concluding that the research community still has a large task ahead, both for conventional and CAM treatment (see below).

5. Any treatment can benefit from the placebo effect.

Scientific research demonstrates that this applies to both conventional medical and CAM treatments.

6. Patients who inform their doctors that they are seeking alternatives to conventional treatment must be provided with unbiased information on the nature of these treatments. We fully agree and therefore urge medical faculties to provide familiarisation courses on CAM to all medical students, involving practising CAM professionals in the teaching.

² http://cordis.europa.eu/news/rcn/35388_en.html. Accessed 30/05/15

¹ Von Ammon K et al (2012). Health Technology Assessment (HTA) and a map of CAM provision in the EU. *Final Report of CAMbrella Work Package 5*. Available at https://phaidra.univie.ac.at/detail_object/o:300096

7. Particularly in cases of patients with severe medical conditions, it is vital that physicians should discuss the combination of CAM treatments and existing conventional medical treatments.

In order to do this effectively and responsibly it is obvious that conventional physicians need to have some knowledge of complementary therapies.

- 8. EU and national legislators within their respective competences should ensure that the trust of patients and citizens is not abused by permitting misleading information concerning efficacy of conventional medical treatment or of complementary or alternative treatments.
- 9. Public health care budgets should only support treatments found effective and safe. *It is self-evident that this position applies to both conventional medical and CAM treatments.*

We express our dissent against the following points:

1. CPME's position paper implies that in CAM "no effective drugs are used or procedures without scientific evidence of effectiveness are performed". We are amazed and disappointed to learn that the existing body of scientific evidence for the effectiveness of CAM therapies has not been duly considered.

The discussion around this subject is often muddled by using different definitions of evidence-based medicine (EBM). According to David Sackett (1996), the founding father of EBM, it is based on 3 pillars, namely

- external evidence (scientific research including randomized-controlled trials, RCTs)
- internal evidence (physician's expertise)
- patients' preferences.

Although the second and third pillars are as important as the first one, EBM is often narrowly restricted to external evidence only, and more specifically RCTs.

Looking at the pillar of external evidence only, we can see that the Cochrane Collaboration, an international effort to develop an evidence base for a wide variety of medical therapies, both conventional and CAM, lists more than 4,000 RCTs for various CAM therapies in its electronic library³. Furthermore, a number of Cochrane Collaboration systematic reviews of this worldwide research literature have identified the potential benefits of CAM and related approaches and products for a number of chronic conditions. A review of 145 Cochrane reviews of RCTs in the field of CAM using the 2004 database revealed that 24.8% concluded with a positive effect, 12.4% with a possibly positive effect, 4.8% concluded that there was no effect, 0.69% concluded that there was a harmful effect, and 56.6% concluded that there was insufficient evidence.⁴

These figures have similarities to data obtained from an analysis of 1016 systematic reviews of RCTs in medicine in general using the 2004 database: 44.4% of the reviews concluded that the interventions studied were likely to be beneficial (positive), 7% concluded that the interventions were likely to be harmful (negative), and 47.8% reported that the evidence did

³ http://community.cochrane.org/news/blog/topic-list-cochrane-complementary-medicine-field-related-reviews-cochraneorg

⁴ Committee on the Use of Complementary and Alternative Medicine by the American Public (2005). 5 State of Emerging Evidence on CAM: Cochrane Review Evidence for CAM. *Complementary and Alternative Medicine in the United States*. Washington DC: The National Academies Press. pp. 135–136. ISBN 978-0-309-09270-8.

not support either benefit or harm (non-conclusive).⁵ Two more recent examples show a similar picture. A study by Poonacha & Go (2011)⁶ about "the level of scientific evidence underlying recommendations arising from the National Comprehensive Cancer Network clinical practice guidelines" concluded that of the 1,023 recommendations found in the 10 guidelines, only 6% had a high level of evidence such as RCTs with uniform consensus. A study by Tricoci et al (2009)⁷, "Scientific evidence underlying the ACC/AHA clinical practice guidelines" concluded that out of the 2,711 current guidelines only 11% had a high level of evidence such as RCTs with uniform consensus.

From the above it can be concluded that the amount of external evidence for conventional medicine is generally overestimated, while the evidence base of CAM treatments is underestimated.

When using the full definition of EBM and thus including clinical expertise and patients' preferences, the picture changes drastically. Most decisions about treatments, both in conventional medicine and CAM, still rest on the individual judgments of clinicians and patients. Although more rigorous external evidence is needed both in conventional medicine and CAM, we can only be pleased that patients can benefit from their physicians' clinical expertise.

2. CPME's position paper asserts that "patients may be led into choosing to use traditional, complementary and alternative practices instead of medical treatment, resulting in a possible delay of proper scientific medical diagnosis and allowing their condition to worsen and in some cases leading to early death". WHO⁸ takes the position that CAM treatments are relatively safe, but that "accidents do occasionally occur, for example when CAM practitioners are not fully trained; when practitioners do not follow the professional code of ethics; or when the treatment is not adjusted or modified according to the condition or constitution of the patient. There are reports from all over the world on adverse events following the use of CAM medication therapies or the sub-standard practices or the misuse of CAM by unqualified practitioners. In addition, interactions may pose a risk to patients who use CAM medicinal products in conjunction with conventional drugs".

This is exactly the reason why we urge Member States to regulate CAM professions, based on clearly defined qualifications and competences.

To put the above into perspective, conventional medicine has a much higher risk profile. According to the European Network of Centres for Pharmacoepidemiology and Pharmacovigilance ENCePP an estimated 197,000 patients die each year in the EU from adverse drug reactions (ADRs) of conventional medicine, ⁹ 5% of all hospital admissions are for

⁵ El Dib RP, Atallah AN, Andriolo RB (2007). Mapping the Cochrane evidence for decision making in health care. *Journal of Evaluation in Clinical Practice*, 13:689–692.

⁶ Poonacha TK, Go RS (2011). Level of scientific evidence underlying recommendations arising from the National Comprehensive Cancer Network clinical practice guidelines. Journal of Clinical Oncology, 29(2):186-191.

⁷ Tricoci P et al (2009) Scientific evidence underlying the ACC/AHA clinical practice guidelines. Journal of the American Medical Association (JAMA), 301(8):831-41. [ACC/AHA are the American College of Cardiology and the American Heart Association resp.]

⁸ WHO guidelines on developing consumer information on proper use of traditional, complementary and alternative medicine (WHO, Geneva, 2004).

⁹ http://www.encepp.eu/publications/documents/NewlegislationonPharmacovigilance.pdf. Accessed 27/05/2015.

ADRs, 5% of all hospital patients suffer an ADR, ADRs are the 5th most common cause of hospital death, and societal cost of ADRs runs into € 79 billion per year.

We take the position that before any treatment, conventional or CAM, a medical diagnosis should be made and patients should be well informed about the likely benefits and risks of conventional medical treatment and CAM treatment.

We urge a balanced and rounded approach to CAM treatments in the context of the problems facing European health care in the 21st century, considering the following factors:

- Multimorbidity and complex illness is very common in Europe. A large-scale study published in the Lancet showed that one third of the population of Scotland is multimorbid. The proportion is likely to be similar in other European countries.¹⁰
- Multimorbidity and complex illness is closely associated with polypharmacy, for instance over 50% of European care home residents are taking six or more prescribed drugs every day. Polypharmacy is strongly associated with adverse drug reactions, particularly in the elderly, and with antimicrobial resistance, a global threat to public health. Evidence and guidelines is generally based on the single disease framework and do not take account of multimorbidity and complex illness, so that indiscriminate application of such guidelines may result in the prescription of multiple drugs and possible interactions.
- The development of the evidence base is frequently driven by drug trials sponsored by commercial interests with intellectual property rights in the drugs concerned. Intellectual property in complementary and alternative treatments generally cannot be protected.
- The choice of many patients and consumers for complementary and alternative treatment is driven by their justified concerns about adverse events and their, also justified, perception that complementary and alternative treatments are safer.

The World Health Organization's Traditional and Complementary Medicine Strategy 2014-2023 states 'T&CM is an important and often underestimated part of health care. T&CM is found in almost every country in the world and the demand for its services is increasing. TM, of proven quality, safety, and efficacy, contributes to the goal of ensuring that all people have access to care. Many countries now recognize the need to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access T&CM in a safe, respectful, cost-efficient and effective manner.'14

¹⁰ Barnett K et al (2012). Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. Lancet, 380 (9836):37-43

¹¹ Fialova D et al (2005). Potentially inappropriate medication use among elderly home care patients in Europe. JAMA, 293:1348–58.

¹² Nobili N et al (2011). Multiple diseases and polypharmacy in the elderly: challenges for the internist of the third millennium. Journal of Comorbidity, 1(1):28–44.

¹³ Llor C, Bjerrum L. (2014). Antimicrobial resistance: risk associated with antibiotic overuse and initiatives to reduce the problem. Therapeutic advances in drug safety, 5(6): 229–241.

¹⁴ http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf?ua=1

Complementary and Alternative Treatments, appropriately regulated, integrated and researched, have an important contribution to make to European healthcare. We hope that the current different stances of the CPME and CAMDOC Alliance will be settled in due course so that all European citizens can benefit from what medicine has to offer, including both the conventional and the CAM approach.

Such a collaborative approach is making considerable headway in the USA and has started in Europe. The Academic Consortium for Integrative Medicine & Health¹⁵ emphasises a collaborative approach to patient care among practitioners of different disciplines, and the practice of conventional, complementary, and alternative healthcare that is evidence-based.

The Consortium now includes over 60 highly esteemed academic medical centres in the USA, including Harvard Medical School, Yale University, Stanford University, Mayo Clinic, Johns Hopkins University, etc.

According to the Consortium every individual has the right to healthcare that:

- Provides dignity and respect
- Includes a caring therapeutic relationship
- Honours the whole person mind, body, and spirit
- Recognizes the innate capacity to heal
- Offers choices for complementary and conventional therapies.

CAMDOC Alliance fully endorses this statement and hopes CPME will do likewise.

ECH, ECPM, ICMART and IVAA are united in the CAMDOC Alliance

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¹⁵ http://www.imconsortium.org. Accessed 27/05/2015.