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Das erste europäische gesundheitspolitische CAM Ereignis – ein erfolgreiches Pionierprojekt

CAM Conference and CAM Exhibition

'Complementary and Alternative Medicine – Innovation and Added Value for European Healthcare'

9. Oktober 2012, Europäisches Parlament, Brüssel, Belgien
Die CAM Conference in Brüssel als ein europäisches Pionierprojekt steht ganz im Zeichen der momentanen großen Diskussion ‚Quo vadis Europa?‘ mit allen damit verbundenen Themen und vor allem ihren positiven Aspekten. Europas Zukunft ist zuletzt auch davon abhängig, wie gesund und fit die Europäer sind. Public Health for European Citizens ist ein seit Langem wichtiges Thema in Brüssel. Damit bekommt auch CAM Complementary and Alternative Medicine auf der europäischen Ebene eine zunehmende Bedeutung.

Dazu hat auch der ICMART International Council of Medical Acupuncture and Related Techniques (gegr. 1983), der weltweit agierende Dachverband der ärztlichen Akupunkturgesellschaften, in dem auch die DÄGfA eine wichtige Rolle spielt, seit Jahren vieles beigetragen und wichtige Inputs gesetzt. Der ICMART arbeitet mit seinem European Chapter in Brüssel mit den europäischen und internationalen Dachverbänden der homöopathischen und anthroposophischen Ärzte sowie dem ECPM European Council of Doctors for Plurality in Medicine in der CAMDOC Alliance (www.camdoc.eu) zusammen. Die CAMDOC Alliance vertritt damit die wichtigsten CAM-Systeme einschließlich der Akupunktur. Die Akupunktur kann in dieser Arbeit sehr viel beitragen, u. a. durch die ihr eigenen integrativen Ansätze, ihre Anwendung in allen EU-Ländern und durch die vielen Wirkungsbelege in wissenschaftlichen Studien.

EUROCAM ist die Stakeholder Group für konzertierte Aktionen, wenn es notwendig ist, mit einer Stimme zu sprechen, gemeinsame Ziele zu artikulieren und Innovationen anzustoßen. In EUROCAM

arbeiten europäische und internationale Dachverbände ärztlicher und nicht-ärztlicher Therapeuten-CAM-Verbände, CAM-Patientenorganisationen und CAM-Arzneimittel-Vertreter an gemeinsamen Projekten. Eines dieser Projekte war die Planung und Vorbereitung einer CAM Conference in Brüssel zur Information von Parlamentariern und Entscheidungsträgern, besonders im Bereich Public Health, über die Möglichkeiten, die CAM zu einer innovativen europäischen Gesundheitspolitik beitragen kann. Jetzt rückblickend kann gesagt werden, die Idee war gut, die zielstrebige und engagierte langjährige Vorbereitungszeit hat sich gelohnt. Da die ernsthaften Bemühungen zunehmend auch in Brüssel wahrgenommen wurden, kam Unterstützung von der Commission, von DG SANCO (Directorate-General for Health and Consumers). Der Tagungsort wurde ins Parlament verlegt, die EPHA European Public Health Alliance übernahm die Vor-Ort-Organisation.

Zusammengefasst war die CAM Conference ein großer Erfolg, als Modellprojekt erst- und einmalig, genau zur richtigen Zeit. Alle Beteiligten können zufrieden und stolz sein, Innovatives zur europäischen Gesundheitspolitik beigetragen zu haben. Es war ein Meilenstein in der Bewusstmachung der Bedeutung von CAM, als erstem Schritt in die richtige Richtung. Jetzt kann und muss es weiter vorwärtsgen.

Die Conference war über den gesamten Tag sehr gut besucht, ebenso die begleitende CAM-Ausstellung mit Postern zu den wichtigsten CAM-Systemen und Methoden sowie mit dazugehörigen Informationsständen. Die Zielgruppe der Parlamentarier und deren Assistenten haben rege teilgenommen und sich an der Diskussion beteiligt. Es gab viel Interesse und Komplimente



Abb. 1: CAM Conference Brüssel 2012, Europäisches Parlament, Tagungsraum, Auditorium



Abb. 2: CAM Conference Brüssel 2012, Eröffnung der Tagung, Video-Botschaft von Commissioner John Dalli

sowohl zur gelungenen Tagung als auch zur Ausstellung. Darüber hinaus gab es viel Bestätigung, auf dem richtigen Weg zu sein und Ermutigung, die Ziele weiter zu verfolgen.

Die Conference wurde von EUROCAM organisiert mit großzügiger Unterstützung der European Commission, besonders DG SANCO und von EPHA. Die Tagungseröffnung erfolgte durch die Gastgeberin MEP Member of Parliament Elena Oana Antonescu (EPP, Rumänien), durch die Mitgastgeber MEP Sirpa Pietikäinen (EPP, Finnland) und MEP Alojz Peterle (EPP, Slowenien), mit einer Video-Botschaft des amtierenden EU Commissioner John Dalli. Danach sprach Enid Segall (UK) als Vertreterin der CAM Patientenorganisationen, die eine wichtige Rolle in der Initiierung und Vorbereitung der CAM Conference gespielt haben.

Entsprechend der Bedeutung der Conference war das Tagungsprogramm anspruchsvoll und thematisch ausgewogen, wissenschaftlich ausgerichtet, jedoch gleichzeitig zielpersonengerecht aufbereitet. Alle gesundheitspolitisch wichtigen und zukunftsrelevanten Themen wurden angesprochen.

Die Moderation durch die breite Palette von wichtigen Themen mit immer wieder übergreifenden Zusammenfassungen wurde von Prof. Harald Walach, Professor of Research Methodology and Complementary Medicine, European University Viadrina, Frankfurt/Oder, Deutschland, auf exzellente Weise gemeistert.

Es war gelungen, hochrangige Referenten von verschiedenen europäischen Universitäten zu gewinnen, die CAM Forschung durchführen und die teilweise auch am CAMBrella 7th EU Frame Work Research Programm (2009–2012) teilgenommen haben. In alphabetischer Reihenfolge:

Erik Baars, Professor of Anthroposophic Healthcare, University of Applied Sciences, Leiden, The Netherlands; Gustav Dobos, Professor of Internal Medicine, Chair of Complementary and Integrative Medicine, University of Duisburg-Essen, Germany; Simona Dragan, Professor of Preventive Cardiology and Rehabilitation, Victor Babes University of Medicine and Pharmacology,

Timisoara, Romania; Torkel Falkenberg, Associate Professor of Health Care Research, Research Constellation Leader – Integrative Health Care, Karolinska Institute, and Director, The Integrative Care Science Center, Sweden; Dominik Irnich, Head of Multidisciplinary Pain Centre, Department of Anaesthesiology, University of Munich, Germany; Helle Johannessen, Professor of Social Studies in Health and Medicine, Institute of Public Health, Faculty of Health Sciences, University of Southern Denmark, Denmark; Monika Kosinska, Secretary General, EPHA, Brussels, Belgium; Andrew Long, Professor of Health Systems Research, University of Leeds, United Kingdom; Wolfgang Weidenhammer, CAMBrella project leader, Centre for Complementary Medicine Research at the University Hospital Rechts der Isar of the Technical University of Munich, Germany; Claudia Witt, Professor of Medicine, Institute of Social Medicine, Epidemiology, and Health Economics, Charité University, Berlin, Germany.

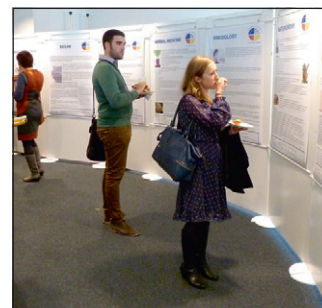


Abb. 3: CAM Conference Brüssel 2012, CAM Ausstellung, Poster-Show zu den wichtigsten CAM-Systemen

Weitere Infos, Fotos und Referenten-Beiträge zur CAM-Konferenz finden Sie unter
<http://www.icmart.org/about-icmart/icmart-chapters/icmart-european-chapter.html#healthpolicycamevent>

Zum Abschluss der Conference wurde eine Deklaration verlesen und mit Beifall aufgenommen. Die Deklaration besteht aus zwei Teilen, einer Zusammenfassung der wichtigsten Punkte der Tagung und einem „Call for Action“.

CALL FOR ACTION

The CAM associations of patients, practitioners and doctors organising the October 9th 2012 conference on Complementary and Alternative Medicine, CAM, in the European Parliament have made the following conclusions and Call for Action.



Conference Conclusions

- Complementary and Alternative Medicine, CAM, includes a variety of different medical and other healthcare therapies used to maintain and improve health, as well as to prevent, diagnose, relieve or treat the health needs of the whole person. CAM encompasses diagnostic and therapeutic approaches founded on the common understanding that the human being is a whole living system whose self-maintaining capacities can be stimulated, supported and strengthened to maintain or regain health.
- Over 100 million European citizens use CAM and its products, either as complementary treatments or on their own. According to the World Health Organization, up to 70% -- 80% of the population in many developed countries have used CAM.
- CAM is used, inter alia, due to public access to health information, an increased awareness and sense of personal responsibility, health

- education for health maintenance and self-care, an increased sense of entitlement to quality of life, a participative patient-centred approach to healthcare, a desire for partnership approach, and a more sustainable approach to the rise in the prevalence of chronic disease.
- It is delivered by CAM professionals: practitioners, physicians and other medically trained practitioners, mostly in private practice outside, but in some EU Member States also within, public healthcare systems.
- In most countries, CAM must be paid for out of pocket, since reimbursement is currently not standard resulting in a state of inequality of access.
- CAM therapies are considered by users to be safe and effective. CAM research has expanded over the recent years increasing the evidence base on effectiveness and safety. They can add value to the conven-

tional care approach by (a) reducing incidence of disease through preventive measures, (b) using complementary interventions for better treatment outcomes, and (c) reducing hospital admissions and costs of medicines and medical procedures.

- The particular innovative strengths of CAM methods are the combination of individualised holistic care, capacity to provide health maintenance, illness prevention and non invasive illness treatment as part of a package. Given the rise in prevalence of chronic disease and concern over the side-effects of ever more potent drugs, this is highly attractive to users who report high satisfaction ratings.
- CAM can add innovative value to public health programmes by improving health literacy, self responsibility for health, motivation for sustained healthy lifestyle change, increased healthy longevity and community based interventions for healthy nutrition and living.
- Emerging evidence on cost-effectiveness shows CAM can deliver cost savings to healthcare systems in areas such as prevention and treatment of chronic diseases, and supporting active and healthy ageing.
- CAM health professionals offer a new resource for EU health systems providing professionals and skill sets complementary and supportive to conventional medicine.
- CAM education is highly developed in many European countries, offered by established schools and by CAM professional associations. CAM is increasingly taught at universities at undergraduate and postgraduate levels.
- CAM research has expanded over the recent years increasing the evidence base for safety, clinical effectiveness and cost-effectiveness.
- CAM can play an important role in building up an integrated network of holistic patient-centred care in European health systems and contributing to their future sustainability.

CALL FOR ACTION

The organising CAM associations of patients, practitioners and doctors call on the European Commission

- to promote equitable access by citizens to Complementary and Alternative Medicine (CAM) in Member States,
- to promote harmonization of information on CAM methods and CAM providers within the EU Member States in order to facilitate cross border movement for citizens and providers using CAM modalities,
- to include CAM in all possible Community Actions dealing with health education and promotion, prevention and treatment of chronic disease, health inequalities, and active and healthy ageing,
- to encourage Member States to explore the ways in which CAM can contribute to sustainable healthcare systems in Europe including its role in health maintenance, health education, self-responsibility for health, motivation for healthy lifestyle change and less invasive and more cost-effective treatment of illness,
- to propose the requisite draft directives, or amendments to existing directives, to ensure freedom of establishment and freedom to provide services for providers of CAM,
- to initiate a process for the appropriate regulation of providers of CAM across the Union taking into account the full extent of the scope of action of CAM modalities across the healthcare spectrum from health maintenance and education to complementary treatment of illness,
- to start a new initiative, in cooperation with the stakeholders concerned, for the regulations on the licensing and use of CAM medicinal products in Europe and in particular to act upon the suggestions

outlined in the Commission Communication 2008, notably that “the suitability of a separate legal framework for products of certain traditions should be assessed”,¹

- to take up, following consultation with the CAM stakeholders, the recommendations of the CAMbrella 7th Framework Research Project on the funding of future research into CAM in Europe,
- to ensure that the management of the programmes of the Commission – such as the Health for Growth, Horizon 2020, European Innovation Partnership on Healthy and Active Aging and other relevant programmes – gives an equitable opportunity to CAM projects to participate.

The organising CAM associations of patients, practitioners and doctors call on Member States, as requested by WHO,²

- to formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of CAM, and equitable access to it by citizens,
- to appropriately incorporate CAM into their national health systems,
- to establish systems for the qualification, accreditation or licensing of CAM providers.

The organising CAM associations of patients, practitioners and doctors call the European Parliament

- to support an own-initiative report on CAM building on the conclusion of the ENVI committee’s Workshop on Alternative medicines in the European Parliament, the conclusions of the meetings of the EP MEP Interest Group on CAM and the findings of the CAMbrella 7th Frame Work Research Project,
- to call on the Commission to come up with a proposal for an independent and adequate regulation of medicinal products used in “traditional” medicine in line with the Commission Communication 2008,
- to call on the Commission to propose the requisite draft directives to ensure freedom of establishment and freedom to provide services for providers of CAM,
- to call on the Commission to ensure that the management of the programmes of the Commission such as Health for Growth, Horizon 2020, European Innovation Partnership on Healthy and Active Ageing and other relevant programmes gives an equitable opportunity to CAM projects to participate.

And invites the members of the Parliament to participate in the initiatives of their fellow MEPs in the Parliament Interest Group on CAM.

European Central Council of Homeopaths ECCH –

www.homeopathy--ecch.org

European Committee for Homeopathy ECH –

www.homeopathyeurope.org

European Council of Doctors for Plurality in Medicine ECPM –

www.ecpm-europe.ch

European Federation for Complementary and Alternative Medicine

EFCAM- www.efcam.eu

European Federation of Homeopathic Patients’ Associations EFHPA –

www.efhpa.eu

European Federation of Patients’ Associations for Anthroposophic

Medicine EFPAM – www.efpam.org

International Council for Medical Acupuncture and Related Techniques

ICMART – www.icmart.org

International Federation of Anthroposophic Medical Associations IVAA

– www.ivaa.info

¹ Commission Communication 2008 on the experience acquired as a result of the application of the provisions of Directive 2001/83/EC, as amended by Directive 2004/24/EC, on specific provisions applicable to traditional herbal medicinal products

² According to the Beijing Declaration adopted by the WHO Congress on Traditional Medicine, Beijing, China, 8 November 2008.