



Towards Integrative Medicine in Europe

Round Table Session with Discussion within the ECIM Berlin 8 October 2011

Chair: Dr. Walburg Marić-Oehler (D)

Contributions by:

- **Dr Madeleen Winkler** (NL), General Practitioner: Integrative medicine in practice: 'The view of an integrative medical service provider'
- **Dr Ton Nicolai** (NL), General Practitioner: 'Where are the problems?'
- **Prof. Stefan Willich** (D), Dialogforum Pluralismus in der Medizin: 'The German experience: Dialogforum Pluralismus in der Medizin'
- **Prof. George Lewith** (UK), CAMbrella: 'What means 'evidence' in CAM research?'
- **Dr. Gary Deng (USA)**, Integrative Oncology/CAHCIM: 'The US experience of integrative medicine'

Many studies show that there is an increasing interest in Europe to use methods which are complementary or alternatively to so called conventional medicine^{1 2}. An impressive amount of research has been undertaken during the last 20 years in order to evaluate security and effectiveness of some of these methods. Parallel to the increase of public demand and increasing research evidence also political and scientific circles have gradually taken a more positive stance towards those methods.

The terminology has been adapted over time to facilitate rapprochement with conventional medicine. Initially it was called 'alternative' because it can be an alternative to conventional medicine, then 'complementary' to not offend mainstream medicine but make the mainstream medical world feel that non-conventional methods just complement dominant conventional medicine, and lately 'integrated' or 'integrative' to make mainstream medicine understand that non-conventional methods should be integrated into medicine.

This changing terminology demonstrates that, on the one hand, there is a need for 'non-conventional' medicine to distinguish itself from conventional medicine. After all, the holistic model/approach, which is aimed at mobilising and stimulating the self-regulating capacity of the organism (the organism as a living biological system) is clearly different from the biomedical model/approach, which is aimed at actively blocking or inhibiting disease pathways with the aid

¹ Harris P, Rees R: The prevalence of complementary and alternative medicine use among the general population: a systematic review of the literature. *Complementary Therapies in Medicine* (2000); 8: 88–96.

² Wolf U, Maxion-Bergemann S, Bornhöft G, Matthiessen P, Wolf M: Use of Complementary Medicine in Switzerland. *Forschende Komplementärmedizin* (2006);13(suppl 2):4–6



of chemical substances or provide technical solutions by surgery (the human being as a complex biochemical machine). On the other hand, proponents of ‘non-conventional’ medicine believe that the holistic approach is an important contribution to a more patient-centered individualised medicine and therefore seek for integration.

Medical pluralism means that systems of medicine, because of the paradigmatic differences in which they are rooted, co-exist relatively independently of one another. It promotes cooperation and respect between different therapeutic approaches, while at the same time it preserves their integrity. Integration, which is combining more or less equal elements into an integral whole, assumes a basic equality between different healing systems. Basic equality means letting go any sense of superiority of one system vis-a-vis another system. Integration is not a one-way street. Integration must have an element of give and take and willingness to share.

Pluralism also encourages the existence of dual-trained physicians, who are educated in both biomedicine and different CAM modalities. Such individuals can act as specialist clinical guides and erect cultural–educational bridges between the two worlds.

In July 1999, representatives from eight academic medical institutions convened a historic meeting at the Fetzer Institute in Kalamazoo, Michigan. The working conference was titled: ‘The Consortium on Integrative Medicine’ including representatives from Duke University, Harvard University, Stanford University, University of California, San Francisco, University of Arizona, University of Maryland, University of Massachusetts, and the University of Minnesota.

Today 47 highly esteemed academic medical centers build together the *Consortium of Academic Health Centers for Integrative Medicine CAHCIM*³.

According to the CAHCIM integrative medicine is defined as follows: ‘*Integrative medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.*’

Also in Europe the term ‘Integrative Medicine’ is used more and more in particular within the increasing dialogue between representatives of conventional and complementary medicine.

In Germany one of the initiators of the ‘Dialogforum Pluralismus in der Medizin’ at the turn of the century has been Prof Jörg-Dietrich Hoppe, honorary President of *Bundesärztekammer*. Within this context the Symposium in 2004 evaluated the issue of integrative medicine

³ www.imconsortium.org



'Pluralismus der Medizin – Pluralismus der Therapieevaluation?'⁴ Integrative medicine is also used for services of dual-trained medical doctors who treat their patients with both, the conventional and complementary approaches, if appropriate.

A variety of integrative medicine programs and clinics have been initiated in several European countries including Germany, Netherlands, Sweden, Norway, Denmark, Finland and the United Kingdom and it is expected for this development to continue.

Integrative medicine is part of the much broader term *Integrative Health Care*. This term includes a range of preventive measures, dietary advice and education toward a healthy way of living and describes broader teams of health care professionals working together to provide patient care.

According to the vision of CAHCIM Integrative Health Care is: *A comprehensive and compassionate health care system offering seamless integration of effective complementary and conventional approaches to promote healing and health in every individual and community.*

Medicine develops within the stream of culture. Within this stream of culture there should be only one medicine – Integrative medicine – , which aims to provide the best available treatment to the suffering patient, which takes into account the holistic nature of the human being and which is embedded into a system of integrative health care to promote health in every individual and community.

The European Union vision is to make 'Europe working for healthier, safer, more confident citizens'. Through the activities of the different CAM stakeholders EUROCAM including CAMDOC Alliance the representatives of the different EU health institutions are becoming more and more aware of the contributions the different CAM systems and methods can offer to maintain or improve public health in Europe and the important role CAM can play in developing an integrative/integrated medicine in the above described way. As medicine develops within the stream of culture, - European culture and science could influence the development process of integrative medicine in its 'European way' for the global benefit.

⁴ Kiene H, Ollenschläger G, Willich SN: Pluralismus der Medizin – Pluralismus der Therapieevaluation? Zeitschrift für ärztliche Fortbildung und Qualität im Gesundheitswesen (2005); 99: 261–262 262 ZaeFQ <http://www.elsevier.de/zaefq>