RESPONSE TO THE GREEN PAPER ON THE EU WORKFORCE FOR HEALTH

The European Committee for Homeopathy (ECH), 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), representing 132 medical CAM associations across Europe, welcome the Green Paper "On the European Workforce for Health" as part of the effort to substantiate the general prospects outlined in the White Paper "Together for Health" for the development of Public Health in Europe.

They agree with DG SANCO's concern about the perspectives of the workforce for health in Europe. They share the view, as pointed out in the Green Paper, that particular issues like demographic factor, the public health capacity, the question of training, the management of migration within and outside of the EU, the demand for appropriate data and new technologies all have their influence to safeguard a sufficient and sustainable workforce for health in the decades to come.

The challenges to tackle these issues and to generate necessary and adequate changes are primarily directed towards the people responsible for the health policy systems in the EU at large and in each Member State. A number of decisive corrections and adjustments in the present systems seem to be indispensable to achieve the necessary progress in this direction. The CAM Doctors Associations therefore support the initiatives, taken up by the DG SANCO in the framework of the limited legal capacities of EU, to initiate and promote steps in this direction.

The CAM doctors' associations are of the opinion that, in order to respond to the present challenges of the European healthcare systems there is a strong need to have a new perspective on the role of the primary care system - the front line of the health system. This has far-reaching consequences for the EU workforce for health.

Current challenges to the healthcare system

There are a number of challenges facing our healthcare system that will place it under increasing pressure unless we change the way we approach all aspects of healthcare including primary care. These challenges include an ageing population, increasing rates of chronic disease and health workforce shortages. The current disease-driven, reactive healthcare system values interventions such as prescription drugs and surgery above prevention and promotion of patients' health. In general, physicians are paid far more for technological procedures than for counselling their patients about lifestyle or other predisposing factors.

Conventional Western medicine has played an important role with its capability to respond competently in the care of acute disease and trauma, its technical innovations in diagnosis and treatment and the escalating clinical applications of basic science discoveries. Although prescription drugs may dramatically eliminate symptoms (sometimes in life-saving ways), they have many drawbacks, e.g. its often long-term or even lifelong dependency, its risk of overmedication (especially in the elderly[1]) and adverse effects (medicine morbidity and mortality is one of the major health problems according to WHO[2]). It is especially in the

[1] Hajjar ER, Cafiero AC, Hanlon JT (2007) Polypharmacy in elderly patients. American Journal of Geriatric Pharmacotherapy, 5:345-351.

[2] World Health Organization WHO (2002) Safety of Medicines. A guide to detecting and reporting adverse drug reactions: Why health professionals need to take action WHO, Geneva, Switzerland. WHO/EDM/QSM/2002.2

areas of comprehensive care and the management of chronic disease conditions that the more mechanistic, and organ-specific approach of conventional medicine can be lacking.

As the burden of chronic illness and dependency on drugs grows, it becomes more and more important that our healthcare system becomes geared towards a holistic and individualised approach with a fundamental focus on maximising health and staying healthy for as long as possible. This includes the successful primary and secondary prevention and management of chronic disease. This requires a focus on societal health education, healthy lifestyles and primary care, as well as a reorientation of our existing primary care system. Without such a new approach we will continue to spend more and more on health care to achieve less and less.

The importance of prevention

The first point of call for most citizens concerning their health is when a visit to their GP is necessary. Rarely do our health, education, environmental, or social care systems, policies and programmes promote being and staying as healthy as possible. The current primary care system has only a minimal focus on prevention. Our current funding system generally rewards health professionals only for treating an established condition, e.g. writing a prescription for a drug to treat obesity. There are few resources available for GPs and other primary care providers to work proactively to prevent the development of chronic diseases in their community in the first place. There are almost no resources provided for the CAM practices and practitioners that can offer health education, lifestyle counselling and preventative help. Given that paying upstream for prevention is far more cost-effective than paying downstream for illness, this approach does not make economic sense. Re-orienting primary care to focus on being and staying healthy and on prevention requires funding to be directed to preventive health activities, such as basic healthcare education, lifestyle counselling, healthy work-life balance, screening, early diagnosis services and health promotion.

We must move from a treatment-oriented framework of public health - where too little time, money and effort are invested in staying healthy and preventing disease - to a prevention-centred society in which healthy lifestyles are promoted and sustained. In order to re-focus healthcare on preventive health, funding needs to be provided for preventive health activities and for the measurement and monitoring of communities' health status.

Currently the health systems of most European countries are not adequately structured to respond to these emerging needs. Their health systems continue to respond to emerging problems of chronic diseases in a rather fragmented way, their budgets to cope with chronic diseases are inadequate, and chronic diseases arouse very little interest in the mass media and limited action in society (CINDI report)[3].

Although the principal responsibility for organising and delivering health services lies with the Member States, article 152 of the EC Treaty also stresses that the Community should encourage cooperation between the Member States and promote coordination of their policies and programmes. Community action is therefore intended to complement national policies. *We therefore fully agree with the statement in the Green Paper (section 4.2, page 7) that "in order to reduce the burden on curative medicine and health systems at large, efforts should be made to increase the Public Health capacity of Member States to enable more preventative medicine and health promotion".*

Being and staying healthy, chronic disease and lifestyle

Staying healthy is harder than avoiding the lifestyle and psychological habits that contribute to and/or cause disease. Primary prevention of chronic diseases is more challenging than primary prevention of infectious diseases because it requires changing health behaviours. The awareness to know one's human strengths and weaknesses and to understand the impact of one's actions for one's health requires supported

[3] World Health Organization WHO Europe (2004) A strategy to prevent chronic disease in Europe: a focus on public health action (The CINDI vision).

self-education. Efforts to change deeply-rooted and often culturally-influenced patterns of behaviour, such as diet, alcohol and tobacco use, and physical inactivity, generally have been less successful than environmental health and immunization programs (perhaps substantially through lack of resources).

Staying healthy and preventing disease requires the development of personal responsibility. The concept of self-care requires a daily conscious focus on one's physical, mental and emotional state and the ability to take corrective action whenever imbalance is sensed. When one cannot correct the imbalance or when the condition is more serious, one might consult a practitioner as a guide to understanding the situation and arraying options, rather than as a technical expert expected to 'fix' it.

Prevention to be embedded into all health activities

There is some evidence that brief interventions during consultations with health practitioners can help individuals make changes to high-risk behaviour such as smoking, poor nutrition, excess alcohol consumption and too little physical activity. But there are many practical barriers to delivering these services in the primary care setting, including GPs' lack of time and specific skills, practice nurses having other responsibilities, insurance payments that reward episodic care, patients' illness and stress at the time they present, and the fact that access to referral services is often problematic for patients because of cost, transport difficulties and waiting lists.

It is crucial that prevention be firmly embedded into primary care and the training of primary care staff for early catchment of population based health problems and for health advocate role of primary care. Health professionals have an important role as 'promoters of health' as well as 'curers and carers'. In the following sections suggestions are given about how current gaps in primary care service provision can be addressed and the role of the primary care system re-invigorated.

The upsurge of Complementary and Alternative Medicine (CAM)

According to the WHO 70% to 80% of the population in many developed countries has used some form of Complementary and Alternative Medicine (CAM). It is estimated conservatively that some 100 million EU citizens regularly use CAM products and practices in their health care. It is important to realise that CAM is not solely a set of clinical interventions, it is a broad social movement that seeks to recast the meaning of health and disease. Factors underlying the increased popularity of CAM include the rise in prevalence of chronic diseases, an increase in public access to world-wide health information, reduced tolerance for paternalism, an increased sense of entitlement to quality of life, declining faith that scientific breakthroughs will have relevance for the personal management of the disease, increased sense of personal responsibility for health and health care, concern about the side effects of ever more potent drugs, and an increased interest in wellness and personal spirituality.

The continuous growth of CAM in Europe can be viewed as a healthy challenge to the values, assumptions, priorities and direction of the current conventional medicine and has great potential to impact overall population health. Whilst conventional medicine perceives health and illness to be solely a function of biological factors and treats disease through physical and chemical manipulation of the body and does relatively little to address the overall healing of the individual, complementary and alternative medicine focuses on a wider range of determinants, on evaluating imbalances (physical, emotional, structural, energetic, etc.) and on restoring these imbalances to improve health and well-being.

Several related trends have run in parallel as complementary medicine's credibility has grown: an increased interest in lifestyle change; concern about informed choice and health promotion; greater endorsement of self-care; and low-technology treatments. All these approaches have some potential to augment conventional medicine cost-effectively in the context of a more integrated system of healthcare. New ways of delivering healthcare are being explored and there is increasing integration of complementary healthcare within conventional practice. Our vision sees conventional and complementary and alternative practitioners functioning together within a systemically co-ordinated, interdisciplinary,

holistic, and client-centred model of care, in a health care system that delivers an expanded repertoire of empirically validated treatments that not only focuses on treating disease, but actively promotes the health and well-being of individuals and society. This integrative model of health and wellness is described in the next section.

The need for an integrative model of health and wellness

Getting to the roots of suffering may require deeper work than just chemical or medicinal support. Terms such as holistic are often used, and connote recognition that we are more than the sum of our parts. We exist in a social, cultural and familial setting and are influenced by the environment around us. To make the lifestyle and behavioural changes often needed for our state of health, we must pay attention to the many components that go into our choices and decision making.

There is a wide spectrum of predisposing factors that individually may seem irrelevant to the patient's symptoms, but that collectively can lead to illness and disease. Human beings are composed of and operate within multiple interacting and self-adjusting systems, including biochemical, cellular, physiological, psychological, and social systems. Illness and disease does not arise from failure of a single component. The actual manifestation of disease is always multi-causal and depends on the conjunction of precipitating mental, psychosocial and pathogenic factors, along with the individual's constitutional susceptibilities in general and in particular organ systems. Disease is a failure of adaptive response, resulting in disruption of the overall equilibrium of the system. Within the integrative model health is not merely the absence of disease, but the ability of an organism to respond adaptively to a wide range of environmental hazards, infectious agents and psychological stressors, the ability to regain equilibrium and to achieve an even more stable level of health through learning processes.

Whereas pathogenesis (the way disease processes develop) underpins the model of Western medicine, the concept of positive health or *salutogenesis*[4] focuses on how and why people stay well. The salutogenic model[5] was designed to advance understanding of the relationship between stressors, coping and health, with the aim of explaining how some individuals remain healthy despite stressors in their everyday life. Within the concept of salutogenesis health is seen as a movement in a continuum on an axis between total ill health (dis-ease) and total health (ease), in which it is more important to focus on peoples' resources and capacity to create health than the classic focus on risks, ill health, and disease. This approach is increasingly gaining a more central position in public health and health promotion research and practice. The ability to comprehend the whole situation and the capacity to use the resources available is called '*sense of coherence'*. This capacity is a combination of peoples' ability to assess and understand the situation they are in, to find a meaning to move in a health promoting direction, also having the capacity to do so – that is, comprehensibility, meaningfulness, and manageability. The beauty of the conceptual world of the salutogenesis is its dynamic and flexible approach and the persistent focus on ability and capacity to manage.

The descriptive phrase *integrative medicine* coined in the late twentieth century, characterizes a new model of health care rooted both in conventional and complementary and alternative medicine. In the broadest sense, integrative medicine employs modalities drawn from all medical therapeutic paradigms, providing patients with individualized treatment plans optimized for their specific clinical situations. The integrative model is aimed at restoring the patients' own natural systems for fighting disease and maintaining health with the aid of natural medicines, modification of lifestyle, dietary change and health psychology approaches. It makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing, and, whenever possible, it favours the use of low-tech, low-cost interventions. It also recognizes the critical role the practitioner-patient relationship plays in

[4] Lindström B et al (2005) Salutogenesis. *Journal of Epidemiology and Community Health*,59:440-442

[5] Antonovsky, A (1996). The salutogenic model as a theory to guide health promotion. Health Promotion International, 11: 11–18; Eriksson M and Lindström B (2008). A salutogenetic interpretation of the Ottawa Charter. Health Promotion International, 23: 190 - 199.

a patient's overall healthcare experience, and it seeks to care for the whole person by taking into account the many interrelated physical and non-physical factors that affect health, wellness, and disease, including the psychosocial and spiritual dimensions of people's lives. This model shifts a greater responsibility not only for health maintenance, but also for treatment of disease, from the provider to the patient. It gets the patient more actively involved in managing his or her health and disease. The concept of self-care requires a daily conscious focus on one's physical, mental, and emotional state and the ability to take corrective action, with the appropriate professional help when necessary, whenever imbalance is sensed.

The need to re-invigorate the role of the primary care level

The best way to equip Europe's health system to tackle the growing burden of chronic disease is to re-invigorate the role of the primary care system – the front line of the health system. Current gaps in primary care service provision should be addressed through extending the primary care system to include prevention, the concept of salutogenesis and the holistic approach of Complementary and Alternative Medicine, resulting in integrative primary care.

A new approach to frontline care should be focused on building on the strengths of the current primary care system, while addressing its problems and ensuring we are able to successfully meet the health challenges of the future.[6] The focus of a new integrative primary care system should be the establishment of integrated primary care health centres providing consumer-focused, integrated primary care and preventive health services. This is achieved by the emphasis on self care and shared care, the emphasis on prevention and early intervention, on maximising the possibilities of treatment using a wider range of safe and effective approaches and harnessing the power of the therapeutic relationship. Utilising these should enable resources to be saved, which in turn can be used to pay for expensive medication or high tech care as and when it is needed.

Primary care mind-body medicine

Many common medical problems are functional or chronic disorders exacerbated by lifestyle, situational stress and psychosocial factors. There is extensive evidence that stress dysregulates the immune system. Managing functional or chronic disorders requires patients to make behavioural changes.

Although most physicians acknowledge the importance of life stress management, diet and exercise, these factors are largely addressed only after conventional therapeutic strategies have failed. Psychological specialists are often regarded as secondary and tertiary caregivers to be consulted when the primary care physician has been unable to provide relief or when no physical cause can be identified for a disorder. In many cases, a referral takes place only after the patient's condition has become more severe and chronic and thus less amenable to behavioural intervention.

The mismatch between the health needs of the typical patient and the standard medical response produces a waste of medical resources, frustration for patient and physician, and the danger that acute conditions become chronic.

Mind-body medicine offers patients an active role in recovery and health maintenance[7]. It includes behavioural and psychosocial interventions and is based on the theory that mental and emotional factors influence physical health through a system of mainly neuronal and hormonal connections throughout the body. Behavioural, psychological, social, and spiritual techniques are used to preserve health and to prevent or cure disease. The patient is given an active role from the beginning in developing a treatment plan and takes more responsibility for directing the psychosocial and lifestyle aspects of the plan. Several approaches are used, such as biofeedback, progressive relaxation, autogenic training, meditation, hypnotherapy, mindfulness techniques, yoga, music therapy, art therapy, expressive writing, etc. Because

[6] Macinko J, Starfield B, Shi L (2003). The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970-1998. Health Services Research, 38: 831-65.

[7] Moss D, McGrady AV, Davies TC, Wickramasekera I. (2003) Handbook of Mind-Body Medicine for Primary Care. Sage Publications, Thousand Oaks, California, USA

scientific evidence supporting the benefits of mind-body techniques is abundant, many of these approaches are now considered mainstream.

Primary care psychology

While the concept of disease as a localised tissue disruption dominates biomedical thinking, the biopsychosocial model incorporates social, psychological and emotional factors in diagnosis and treatment[8]. It recognises that illness cannot be studied or treated in isolation from the social and cultural environment and expects health carers and doctors to acknowledge and take into account users' circumstances. People's emotional states are a primary determinant of their physical health and there is a growing body of evidence demonstrating that negative emotions are strongly related to morbidity and mortality[9]. Life challenges such as loss of loved one, loss of job, time pressure in work, financial crisis, interpersonal frustrations, boring work, executive responsibilities, childhood emotional deprivation/traumas, examinations, unemployment, intractable family problems, rejection, unresolved intra-personality conflicts, etc. may cause one to be more vulnerable to illness and are thought to be associated with unhealthy patterns of physiological functioning. Close personal relationships or personality and coping styles that diminish negative emotions may enhance health in part through their positive impact on immune and endocrine regulation.

Because the vast majority of patients in primary care have either a physical ailment that is affected by stress, problems maintaining healthy lifestyles or a psychological disorder, it is clinically effective and cost effective to make primary-care psychologists part of primary healthcare. It is the reunification in practice of the mind and the body, for so long addressed in the separate worlds of medical and mental health treatment.

Health psychology approaches are designed to modulate the stress response and improve health behaviours by teaching individuals more adaptive methods of interpreting life challenges and more effective coping responses. Change in human behaviour is likely the most efficient way to reduce disease morbidity and premature mortality. The goal is ultimately to increase patients' self-efficacy and send them on their way so that they can manage their own conditions. The end result is healthier people who place less of a burden on the health-care system. Looking at the number of people who are high utilisers of the medical system, whose high utilisation could be reduced with brief psychotherapeutic interventions, the cost savings will be tremendous in terms of decreasing use of services and more effective health care when and where it is delivered.

Primary care counselling on nutrition

The last 50 years have seen a vast accumulation of scientific research on nutrition in all areas of health and disease. The 2003 WHO report on 'Diet, nutrition and the prevention of chronic diseases' underlines nutrition as a major modifiable determinant of chronic disease, with scientific evidence increasingly supporting the view that alterations in diet have strong effects, both positive and negative, on health throughout life. As the report says, 'Most importantly, dietary adjustments may not only influence present health, but may determine whether or not an individual will develop such diseases as cancer, cardiovascular disease and diabetes much later in life. […]. The adoption of a common risk-factor approach to chronic disease prevention is a major development in the thinking behind an integrated health policy'. According to Eurodiet, a pan-European project that started in 1998, nutritional factors and inactive lifestyles are implicated in 30-40% of cancers and at least one third of premature deaths from cardio-vascular diseases in Europe[10].

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[8] Engel G (1977) The need for a new medical model: a challenge for biomedicine. Science 196:129-136; Engel G (1980) The clinical application of the biopsychosocial model. American Journal of Psychiatry, 137:535544

[9] Kiecolt-Glaser JK, McGuire L, Robles TF, Glaser R (2002) Emotions, morbidity, and mortality: new perspectives from psychoneuroimmunology. Annual Review of Psychology, 53:83-107;
Salovey P, Rothman AJ, Detweiler JB, Steward WT (2000) Emotional States and Physical Health. American Psychologist, 55: 110-121

[10] accessible at http://ec.europa.eu/health/ph_determinants/life_style/nutrition/report01_en.pdf

Apart from prevention, there is considerable published and ongoing research investigating nutrition as a treatment. There are thousands of papers on research carried out in prestigious academic and government-funded laboratories, published in respected, peer-reviewed medical and scientific journals. The research encompasses a wide expanse of methodologies, ranging from determining the optimal dosage of single nutrients such as vitamins, minerals and fatty acids upon diseases such as arthritis, cancer, cardiovascular disease and diabetes, to discovering their potential cytotoxic effects upon cancerous cells[11].

Today's physicians receive little training in nutritional approaches to medicine and may therefore be unaware of potential underlying nutritional factors contributing to particular conditions, or of possible nutritional treatment approaches which have been shown to be therapeutically effective in treating a variety of illnesses. The general and specialist practitioner is rarely informed about nutritional approaches to health and disease and is therefore unable to inform the patients accurately about the possible therapeutic efficacy of nutritional supplements.

The role of dieticians or clinical nutrition specialists is essential within the integrative approach at the primary care level, to educate individuals on food choices that will optimise health and prevent disease, to improve the nutritional status of individuals and to apply nutrition principles and diet assessment to the treatment of diet-related disease conditions.

Role of General Practitioners in integrated[12] primary care

General practitioners or family physicians are the physicians who are primarily responsible for providing comprehensive health care to every individual seeking medical care, and arranging for other health personnel to provide services when necessary. They function as generalists who accept everyone seeking care whereas other health providers limit access to their services on the basis of age, sex and/or diagnosis. Over the last few decades family medicine has adopted styles of practice which are more 'holistic,' and patient-centred, and has been influenced by health promotion principles such as the importance of exercise, nutrition and stress management techniques in achieving health.

Integrated general practice builds on the best of family medicine and provides advice and support for patients, who want a broader diagnostic and therapeutic approach. It has the following aspects[13]:

a. A 'whole person' approach to diagnosis and treatment, which recognizes the relevance of belief, perception, culture, environment and mindset.
b. An open minded approach to treatment, which offers the patient the best and most appropriate choice of safe and effective treatments to address their particular needs, whether from conventional and/or complementary medicine.
c. An approach which extends beyond the symptom or disease to include a focus on promoting personal health and wellbeing.
d. A responsibility for health and wellbeing that extends beyond the consulting room to engage with the wider local community.

[11] Goodman S (1997) Nutrition: pivotal in prevention and treatment of disease and promotion of health. In: Watkins A. Mind-body Medicine – A Clinician's Guide to Psychoneuro-immunology, Churchill Livingstone, New York, Edinburgh.

[12] In 'integrated' healthcare diverse practitioners with their different therapies work together for the good of the patient; 'integrative' healthcare relies upon practitioners who have within themselves the capacity to integrate the healthcare of their patients.

[13] The Prince's Foundation for Integrated Health (2008). Returning the Soul to Medicine: a vision of Integrated General Practice in the 21st Century

The future integrative general practitioner may function as a generalist providing integrative healthcare within the standard GP consultation. Alternatively, some will function as GPs with a special interest in a particular complementary modality for their patients and patients of other physicians, while others will choose to offer an integrated approach for patients with specific problems often as part of an integrated team.

Role of Complementary and Alternative Medicine (CAM) in primary care settings

The place of Complementary and Alternative Medicine straddles lifestyle modifications and conventional medicine. If lifestyle modifications, health psychology and/or mind-body techniques alone are not sufficient to restore health, full systems of Complementary and Alternative Medicine (complete systems of assessment and treatment) such as acupuncture, homeopathy, anthroposophic medicine or naturopathic medicine are especially appropriate by trying to support and induce the self-regenerating process of the person. These CAM approaches view illness and disease as multi-causal and depending on the conjunction of precipitating mental, psychosocial and pathogenic factors, along with the individual's constitutional susceptibilities in general and in particular organ systems. With the aid of natural medicines and the patient's own commitment to change, the healing power of nature, *vis medicatrix naturae*, is facilitated to restore the balance we call health. Improving the level of health implies reducing any disease process as well as the susceptibility to illness and disease. That means that these CAM approaches are not limited to certain diseases but are universally applicable to all kinds of diseases. They can often be used as a first therapeutic option, thus greatly reducing the need for high-impact, high-cost interventions with potential adverse effects and for long-term dependency on conventional medication.

Dual-trained physicians have taken additional training in one or more of the systems of Complementary and Alternative Medicine and thus blend Western medicine with other healing traditions to optimize improvement of patients' health status, and minimize risk and side effects. In the European Union there are approximately 150,000 dual-trained physicians, with figures for each therapy that are comparable to those of mainstream medical specialties. They may function as General Practitioner or work in tandem with conventionally working GPs. Dual-trained physicians are practitioners who can place their feet in both worlds, have the authority to make a comparative assessment as to the therapeutic possibilities of CAM versus any necessity of other interventions, including Western medicine, and may serve as mediators for better communication in the triangle of patients, conventionally working physicians and CAM practitioners.

In several EU Member States, mainly in Northern Europe, practitioners without a full medical education are allowed to practise full systems of Complementary and Alternative Medicine such as acupuncture, homeopathy or naturopathic medicine. They can be considered as competent to work as an integrated member of a team of healthcare practitioners working in a primary care setting. In order to practise safely and competently it is necessary for these CAM practitioners to have received a full education and training in a particular CAM therapy as a discrete clinical discipline in itself, to act only within the bounds of their professional competence, and to refer or recommend referral to other healthcare practitioners when it is necessary for the patient's health and well-being. In general, for the sake of safety, it would be advisable for such professionals to always work in close cooperation with physicians who could serve them as backup.

Bodywork, movement therapies and manual therapy

The idea behind bodywork is that people learn—or are forced by injury or stress into—unnatural ways of moving or holding their bodies. This unnatural movement or posture changes the natural alignment of bones, which in turn causes discomfort and may contribute to health problems. The aim of bodywork is to realign and reposition the body to allow natural, graceful movement. Bodywork, along with identifying possible contributing causes of unnatural movement and posture, is thought to reduce stress and ease pain. Techniques include physical therapy, osteopathy, chiropractic, massage therapy, rolfing, Feldenkrais,

dance, physiotherapy, Alexander technique, shiatsu, polarity therapy, eurythmy therapy, tai chi / qi gong, cranial therapy, neuromuscular therapy, lymph drainage, myofascial therapy, etc.

Professional health coaches

The conventional strategy of many lifestyle-related diseases relies almost entirely on the doctor, who tells the patient the facts of their case and that he or she must change. Unfortunately, doctors know from their own clinical experience and research literature that the history on patient compliance is not good, at times really dismal.. Helping people to change their lifestyle is never easy and can be done only by approaching the problem from the patients' point of view. Traditional strategies for motivating patient behaviour change that rely on education and persuasion, or even coercion, have not been the most effective, so a shift in approach is needed[14]. Coaching in sports, business, psychology, and more recently in nursing has been reported as successful in motivating people toward personal and professional goal attainment. Coaching is viewed as a customized, collaborative relationship that elicits the client's potential for self-awareness, for understanding the meaning of his or her unique situation, for visualizing change, and for making choices and plans to achieve a goal. The coach and the client focus on the aspect of health and lifestyle that the client wants to learn more about, modify, or change.

There may be significant benefits to coaching as a patient interaction and communication strategy, particularly when behaviour change is required to improve health. Coaching may be a cost-effective strategy to promote patients' health and to assure reimbursement for clinical services that may eventually depend on provider performance associated with improved patient health outcomes. Nurse practitioners who have taken additional specialized training may qualify as health coaches.

Lifestyle modification groups/programmes

Lifestyle modification programmes for patients with similar health problems such as type-2 diabetes, coronary heart disease and obesity are increasingly used in several countries around the globe (Australia, United States, Canada, Finland). Working in groups tend to be more effective and to produce quicker results than individual counselling. The group has the ability to become a mastermind where one can benefit from each person's perspective and to work through issues with other people who have similar concerns. The group dynamic provides more wisdom and insight than in an individual counselling session due to each group member bringing their unique perspective to the group.

The Dr. Dean Ornish Program for Reversing Heart Disease[15] is a good example of an effective lifestyle modification programme. It can reverse coronary heart disease without drugs or invasive surgical procedures such as arterial bypasses or angioplasty.

> Ornish et al.[16] developed a one-year programme having four components, i.e. (a) improved physical conditioning through low impact aerobic exercise and strength training, (b), relaxation techniques to help cope with and reduce stress, (c) low-fat, whole foods nutrition plan, and (d) group support to enable participants to deal with the emotional issues that contribute to, or result from, heart disease. The Ornish approach uses a team of professionals, including a cardiologist, psychologist, personal trainer, chef, and a yoga or meditation instructor, who all fervently believe patients can change. The patients get together for group conversation twice a week, and they also took classes in meditation, relaxation, yoga, and aerobic exercise, which became part of their daily routine.
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> The programme was designed to help three primary groups:
> 1. Men and women who are contemplating bypass surgery or angioplasty but are seeking an option that may reduce the need for these procedures

[14] Hayes E, Kalmakis KA (2007) From the sidelines: Coaching as a nurse practitioner strategy for improving health outcomes. Journal of the American Academy of Nurse Practitioners, 19: 555-562

[15] Pischke CR, Scherwitz L, Weidner G, Ornish D. (2008) Long-term effects of lifestyle changes on well-being and cardiac variables among coronary heart disease patients. Health Psychology, 27:584-592

[16] Ornish D et al (1990). Can lifestyle changes reverse coronary heart disease? The lifestyle heart trial. *Lancet*, 336:129–133; and: Ornish D et al (1998) Intensive lifestyle changes for reversal of coronary heart disease. *Journal of the American Medical Association,* **280:**2001–2007.

2. Patients who have previously experienced one or more heart procedures and want to minimize the chances of repeating the process
3. People with significant risk factors for cardiovascular disease, such as high serum cholesterol, high blood pressure, a strong family history of heart disease or diabetes.

The approach also offers another powerful motivator**:** dramatic results. In all of the Ornish' trials the frequency of chest pains fell by 90 percent or more within the first month. The rapid improvement helps to sell the patients on the program and inspire them to stick with it even though it's a very demanding change. Motivated by dramatic early success and a full year of practice (exercise, yoga or meditation, support group, and meal preparation) under the watchful eyes of the team of professionals, the patients are instilled with the understanding and belief necessary to continue on their own.

After one year, when the program ended and they were on their own, one would expect them to lapse into an unhealthy lifestyle, but three years from the start, 77 percent of the patients had stuck with these lifestyle changes and safely avoided the need for heart surgery. They had halted or, in many cases, reversed the progress of their disease.

Briefly, Dr. Ornish's team took the time to sell the patients on the idea that they could change; they gave them hope and made them believe in themselves. Next, they helped them learn and practice new habits and skills. Finally, they encouraged the patients to think about their disease in a new way, and to help themselves.

This team approach costs about $7,000 (€ 5,500) per patient, which is only a fraction of the costs for cholesterol-lowering, anti-hypertensive and anti-anginal medications, which may amount to thousands of Euros per year or tens of thousands Euros for life, assuming that the patient lives thirty or forty more years, let alone the costs for coronary bypass surgery and angioplasty (also tens of thousands of Euros). Medicare, the American health insurance system, covers the costs of the Ornish program.

The need for Integrated Primary Care Health Centres

Integrated Primary Care Health Centres will provide infrastructure for GPs and other health professionals, including new categories of health consultants and healing practitioners to work together in the one place. Providing the facilities for multi-disciplinary teams to work together will mean a greater focus on prevention and management of chronic disease. This will also mean greater convenience for patients and increase the likelihood that patients will follow up with treatment, thus improving health outcomes. Supporting clinicians to focus more on preventive and population health can also provide greater professional satisfaction, and reduce the frustration that many doctors feel in being unable to address the underlying cause of many of the health problems they encounter among their patients.

In such a setting all professionals should be committed to the integrated healthcare paradigm and have developed an in-depth understanding of each other's roles and cultures. Regular collaborative team meetings should be held to discuss both patient issues and team collaboration issues. Establishing integrated primary care health centres will take the pressure off hospitals and provide a greater focus for tackling the challenge of chronic disease.

Patient Safety

A recent European Commission document[17] contained figures showing that 100,800 - 197,000 Europeans a year die in hospitals due to adverse drug reactions. One of the significant features of the majority of CAM disciplines is their relatively high safety profile in comparison to conventional interventions, be they pharmacological, surgical, or radiological etc. While much more research is needed, there is growing evidence that they do have positive effect through combining both a curative and preventive effect in a wide range of conditions. It follows that if CAM is introduced into the first area of healthcare - primary care - it has the potential to improve patient safety while reducing the numbers of patients who need to be given the higher risk treatments.

[17] Commission document SEC (2008) 2670, accessible at:
http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/pharmpack_12_2008/pharmacovigilance-ia-vol1.pdf

Health Workforce

As recognised in the Green Paper there are potential problems facing the availability of sufficient numbers of competent workers in the health workforce. Over recent years an increasing number of medical practitioners and other conventional health care workers have chosen to practise one or more of the CAM disciplines, not least because of a certain amount of disillusionment with a sole conventional medical approach to healthcare problems. Because many healthcare systems do not recognise CAM disciplines this has meant that many of these practitioners have left primary care and entered into private practice, thus taking the services of these practitioners out of the national healthcare system. Many would be happy to return to practise within national health services or offer their services to it if they could offer their CAM expertise as part of a more integrated and holistic approach to healthcare.

The Green Paper rightly suggests ensuring increased intake and better distribution of staff. Apart from the suggestions mentioned in the Green Paper to facilitate this, the future of health professionals include new categories of health consultants and healing practitioners as required in a society oriented toward prevention and self-care. The primary care healthcare workforce should be re-invigorated and move from the traditional model of doctor and nurse to encompass a range of professionals, such as health psychologists, dual-trained physicians (in conventional Western medicine and CAM), CAM practitioners, specialised nurse practitioners, music and art therapists, bodywork practitioners, nutritionists, mind-body technique instructors, and health coaches. The Observatory on the health workforce, as proposed in the Green paper, which would assist Member States in planning future workforce capacity and training needs, will be able to play an essential role in this field.

Health Inequalities

Because the vast bulk of CAM is offered outside national healthcare provision, it is those who can afford to pay for it who potentially benefit from it. There is research evidence that health maintenance is a primary reason for the use of CAM by those who can afford it. Given that it is statistically proven that the better off have better health, it may be that their use of CAM is potentially contributing to their better health status. The potential added value of the availability of CAM to all citizens would appear to be very significant. Due to the uncertain and uneven legal circumstances across the Community in which CAM is practised, patients are not able to access treatment across Member States.

The way forward for the European Union

One key way to equip Europe's health system to tackle the growing burden of chronic disease is to re-invigorate the role of the primary care system – the front line of the health system. Another equally key measure is to integrate CAM and CAM practitioners into health education and health maintenance and prevention programmes across education, health, environmental and social services programmes of every Member State. Current gaps in primary care service provision should be addressed through extending the primary care system to include the concept of salutogenesis and the holistic approach of Complementary and Alternative Medicine, resulting in integrative primary care. The focus of a new integrative primary care system should be the establishment of integrated primary care health centres providing consumer-focused, integrative primary care and preventive health services. This is achieved by the emphasis on self care and shared care, the emphasis on prevention and early intervention, on maximising the possibilities of treatment using a wider range of safe and effective approaches and harnessing the power of the therapeutic relationship. Utilising these should enable resources to be saved, which in turn can be used to pay for expensive medication or high tech care as and when it is needed. Such a primary care reform along with the implementation of health maintenance and prevention programmes across education, health, environmental and social services is the most important strategy for improving the health of our population and ensuring that our health system remains sustainable into the future.

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European Committee for Homeopathy (ECH), Chaussée de Bruxelles 132, box 1, 1190 Brussels, Belgium. www.homeopathyeurope.org email: info@homeopathyeurope.org

European Council of Doctors for Plurality in Medicine (ECPM), 1 Rue Goethe, 67000 Strasbourg, France. www.ecpm.org email: info@ecpm.org

International Council of Medical Acupuncture and Related Techniques (ICMART), General Secretary, Rue de l'Amazone 62, 1060 Brussels, Belgium www.icmart.org email: fbeyens@arcadis.be

International Federation of Anthroposophic Medical Associations (IVAA), Rue du trône 194, 1050 Brussels, Belgium www.ivaa.info email: peter.zimmermann@ivaa.info