

COMMENT on DG SANCO « Future Challenges Paper 2009-2014 »

Background:

It is a routine exercise that an outgoing EU Commission advises the next Commission (starting 2009) on “future challenges”. But the present exercise is more than a routine. With the decision of the EU Council to review completely the EU finances in 2008/2009 and to use the future “Lisbon Treaty” as the orientation/guideline for the future policies of the EU, all the EU policies are put under consideration by the services of the EU Commission at present. The enormous amount of activities, discussions, workshops, conferences (e.g. a big EU Commission’s conference about this issue in 2008) etc. about “Future Challenges”, exercised in every DG at the moment, is part of this process. The DG SANCO’s “Future Challenges Paper 2009-2014” is the DG’s contribution.

The discussions about the Future Challenges” inside the EU Commission are officially completely “open” and without any political directive. The present discussion inside the EU Commission could be seen as a complex fight for topics, influence and (financial) resources among the different DGs. But it already makes clear that the EU is facing a major “paradigm-shift”, a reshaping of their objectives and tasks towards the global aspects of the EU policies. “Drivers” like foreign policy, security policy, migration, energy, climate change, Lisbon strategy etc. in their global aspects will have the priority and will dominate the EU Commissions’ visions of EU policies in the next twenty years. Other policy fields face the danger to be less prominent, might be pushed aside or even completely deleted. “Public Health” certainly falls under the second category and might play a “niche-role” in the future. These new priorities will be reflected then, as well, in the budget review. It goes without saying that the reshaping of the priorities of the EU policies will have big repercussions for the administrative and financial setup of the EU Commission’s services in the future Commissions.

In this general exercise about “Future Challenges”, all Directorates-General have been asked to contribute to this global dimension and “priority drive” of the future EU policy orientation in the description of the objectives and tasks of their DG as an advice for the next Commission. They have been asked not only to defend their “own policy field”.

DG SANCO’s “Future Challenges Paper 2009-2014” with its horizontal approach and the underlining of the global aspects, tries to fulfill the demands by the EU Commission and describes the instruments/tools, which the DG has to implement their policies. The paper is basically on instruments not on substance/contents.

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ECH, ECPM, ICMART and IVAA position on DG SANCO “Future Challenges Paper: 2009-2014”

Representing the major European medical organizations for Complementary Medicine practiced by doctors, the ECH (European Committee for Homeopathy), the ECPM (European Council of Doctors for Plurality in Medicine), the ICMART (International Council of Medical Acupuncture and Related Techniques) and the IVAA (International Federation of Anthroposophic Medical Associations) will limit their comments on the “Future Challenges Paper 2009-2014” to the health sector aspect.

Our organizations acknowledge the general outlook of DG SANCO to continue with a horizontal approach in the health sector and to promote “health in all policies” as a principle strategy to foster public health in the European Union. In the ongoing process of discussing and prioritizing the future EU policies, we support all efforts to safeguard the issue of health as a major topic for the EU Commission, as well as the other European institutions, despite the limited Treaties basis for Community actions in the health sector. . European integration makes further European actions in the health sector indispensable to reduce inequalities inside and among EU member states.

We encourage DG SANCO not to adapt the obvious trend in EU policies of “a clear shift towards process and against content” but rather to concentrate more on “content” and less on “process”. Public health can only be promoted by dealing with practical health problems.

We emphasize that in addition to the overall task of DG SANCO as a Commission service, which has to deal with “crisis and emergencies” special effort should be made to integrate “lifestyle” aspects into future challenges of the DG with a broader concept. The “lifestyle” aspect of health demands policies of support for related actions, education, promoting best practice etc. We see a major objective and task of DG SANCO in this perspective during the next decade as safeguarding a more responsible individual and responsible approach to health by the European citizens - within the framework of the limitations of the Treaties for a Commissions service in the health sector.

The thirteen “critical factors” as well as “possible solutions/proposals for action” describe the “tool box” available for DG SANCO in a satisfactory way. Whether the future DG SANCO is able to deliver “concrete results” and “reconnect” its policies with the European citizens depends on how these instruments are applied in practice.

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Our organizations agree that major inequalities still characterize in the European health sector. In addition to the factors mentioned in this paper, we underline that these inequalities exist also between the different health systems of the EU member states. But inequalities exist also within member-states health systems as far as the plurality of methodology in medical treatments is concerned.

Our organizations representing Complementary Medicine approaches (often termed as CAM – Complementary and Alternative Medicine), would like to emphasize especially the importance of adequate integration of these approaches into the Future Challenges of DG SANCO. Such integration would be a logical consequence in taking the developments of the “Common market” into account, i.e. the growing interest, acceptance and use of Complementary Medicine approaches - by patients and consumers in the European member states.

We would like to quote an editorial from the British Medical Journal¹: “Conventional medicine has become dependent on expensive technological solutions to health problems, even when they are not particularly effective. In its enthusiasm for technology, it has turned its back on holism and simple methods of intervention, such as dietary adjustment and relaxation training, which are prominent in many alternative systems of medicine and are often effective. Patients want guides to help them navigate the confusing maze of therapeutic options, particularly when conventional approaches are relatively ineffective and harmful.” And “Research shows that the consultation process and holistic approach adopted by practitioners of complementary medicine make patients feel in more control of their illness.”

In the USA 39 highly esteemed academic medical centres, united in the Consortium of Academic Health Centers for Integrative Medicine, including Harvard Medical School, Mayo Clinic, Stanford University, Yale University, offer integrated² medicine, which incorporates the best of conventional medicine with the appropriate use of Complementary Medicine approaches. A report published by two of these academic medical centres³ says: “Facing the pressures of economic and bureaucratic strains as well as the seduction of technology, conventional medicine has become separated from its roots of caring, engaging

¹ Editorial (2001) British Medical Journal, 322:119–120

² In the USA it is termed ‘integrative medicine’

³ Snyderman R, Weil AT Integrative medicine: bringing medicine back to its roots [published by Duke University Medical Center and University of Arizona College of Medicine]

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with patients and meeting their real needs. This has caused many to seek alternative approaches. Integrative medicine is a movement that addresses this latter threat by retraining physicians to understand their roles as healers. To do this they must incorporate the best of science and technology with the appropriate use of complementary approaches, always remaining mindful of the centrality of the therapeutic relationship and the healing power of nature. Through its focus on health prevention, and meaningful physician-patient relationships, the Integrative Medicine movement can improve health care and the quality of medical practice, and perhaps reduce health care costs as well.”

Methods of Integrated Medicine support patients’ and consumers’ ability to manage their ways getting more conscious of their well being, supply education in lifestyle and thus empower patients in social frameworks. This could be reflected in several of the DG’s “critical factors” like Nr. 4 “Embedding openness and transparency”, Nr 5 “Understanding the consumer’s viewpoint of risk”, Nr.7 “Keeping up with the increasing complexity of consumer behavior”, Nr. 8 “Serving the interests of multiple and divided target groups” and Nr. 10 “Taking into account additional new influences in consumer’s choice”.

We encourage DG SANCO to follow on with an open and unbiased approach as pointed out in the paper “Future Challenges paper: 2009-2014”. If DG SANCO asks us the question “**Where should SANCO be in 10 years time? “ (page 17)** we agree with you that we have “to focus on where we can achieve the greatest benefits for consumers and where we have a unique contribution to make” (page 17-18). That focus should be on health and healing rather than disease and treatment. Integrated medicine views patients as whole people with minds and spirits as well as bodies and include these dimensions into diagnosis and treatment. It also involves patients and doctors working to maintain health by paying attention to lifestyle factors such as diet, exercise, quality of rest and sleep, and the nature of relationships. This is fully in line with the EU health strategy.

European Committee for Homeopathy (ECH)
European Council of Doctors for Plurality in Medicine (ECPM)
International Council of Medical Acupuncture and Related Techniques (ICMART)
International Federation of Anthroposophic Medical Associations (IVAA)

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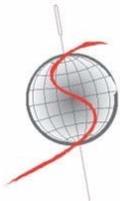


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