

Legal Status and Regulations

Presentation

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Regulation of health care in Europe

The EU has repeatedly confirmed that it is up to each member state to organize and regulate their health care system

CAMbrella WP2 Methodology

Data were collected from 39 countries by:

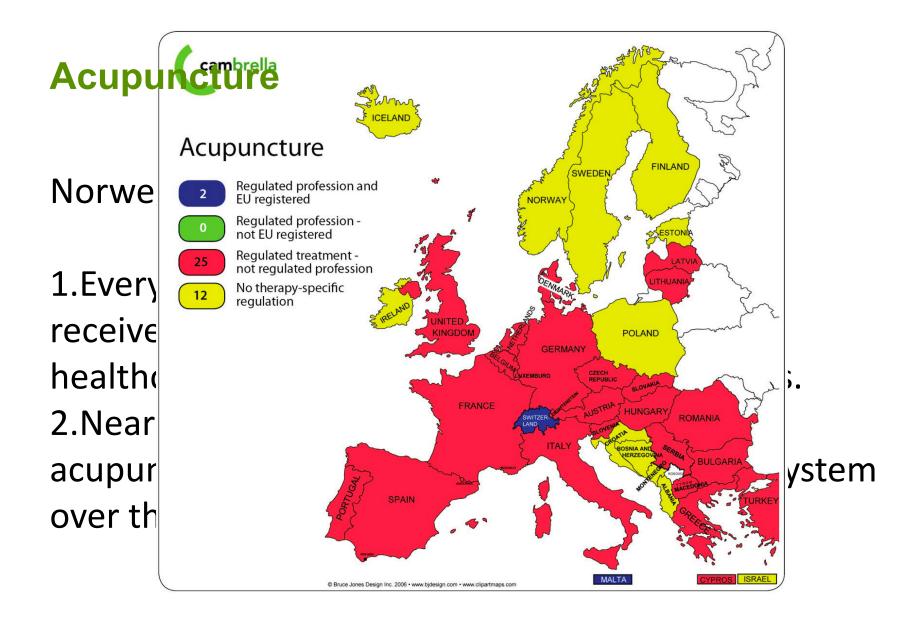
- 1. Communicating with the Ministries of Health, Law or Education, governmental representatives, and members of national CAM associations.
- 2. Searches in the national web sites/databases as well as EUROPA and EUR-lex to identify official legal documents.
- 3. Direct dialogue with European CAM associations/coalitions, CAMbrella members and stakeholders.
- Face-to-face meetings with the Ministries of Health and CAM practitioners representing organizations

European CAM legislation



The only common factor we have found across all 39 nations is the amazing ability they have demonstrated of structuring legislation and regulation differently in every single country, no matter how small the size of the population.





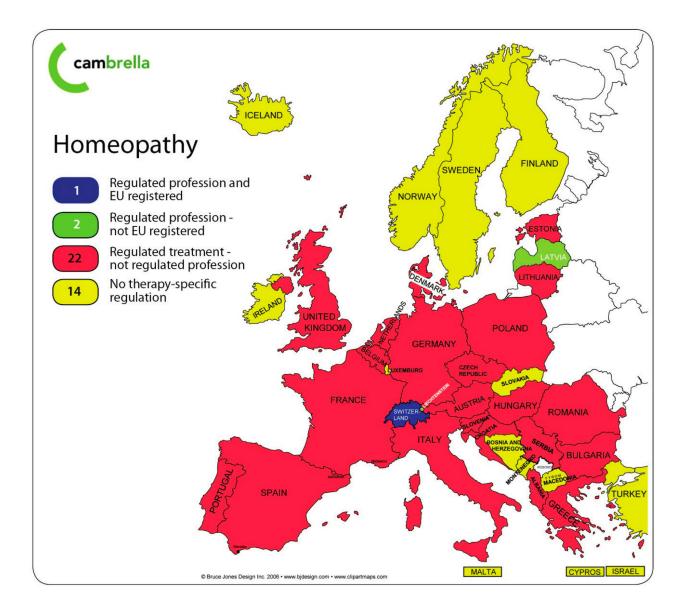
Regulation of herbal medicinal

products Medicinal products are not defined as a part of health policy, and can therefore be regulated at the EU level.

The individual state within the EU/EEA area are therefore no longer free to uphold national regulation of medicinal products in violation of EU directives.

TCM herbal medicinal products

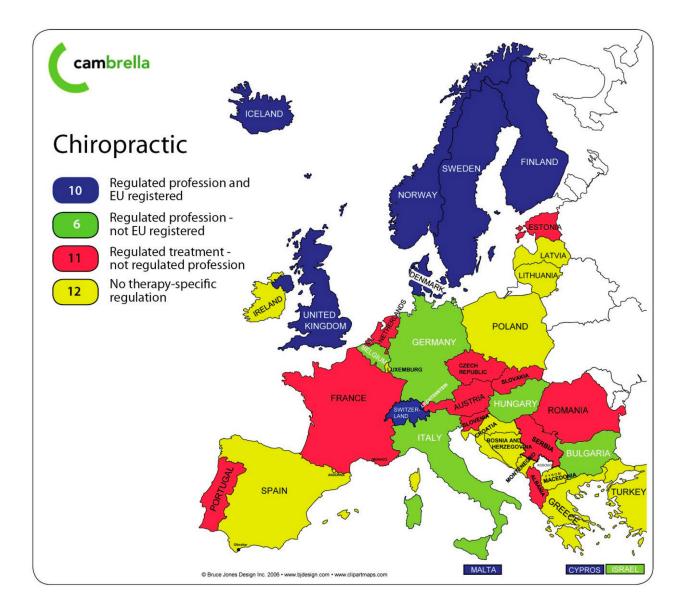
- 1. Must comply with EU directives
- 2. Can be registered or given marketing authorization through
 - Standard procedure (Full application)
 - Well-established use procedure
 - Simplified registration procedure for traditional-use registration



Homeopathy in Sweden

1. "Anyone" not authorized as health personnel can practice homeopathy

- 2.Health personnel are obliged to "carry out their work in accordance with science and proven experience"
- 3.BUT, Patient safety issues "trump" this
- obligation according to the Swedish Supreme Administrative Court



Consequences for European

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- A wide diversity of providers
- Every aspect of the 2. For sir level c
- 3. Differe current situation can ity of servic
- be a threat to patient *rices* 4. Unpre provic safety
- Limite 5.

Consequences for European CAM practitioners 1. Serious concerns with regard to the predictability,

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- ^{2. The} can be a threat to ^{nd is} very patient safety

Consequences for European CAM

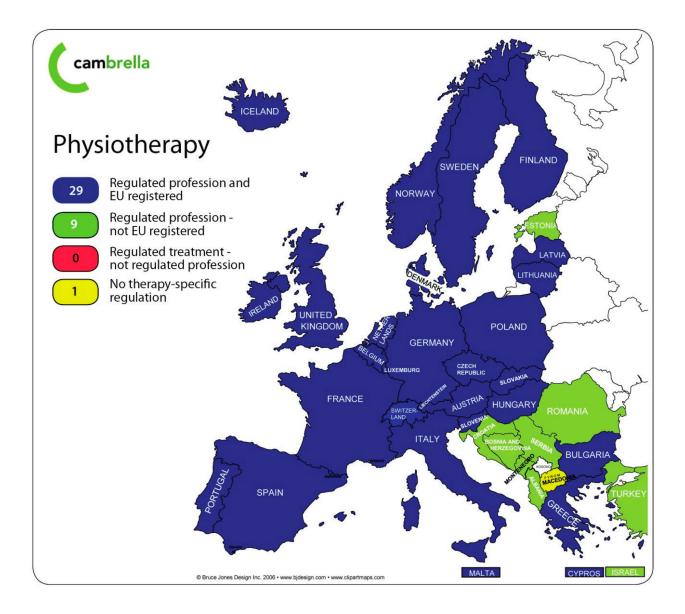
- researchers Practices and practitioners are not comparable 1. across national boundaries
- 2. Any observational or experimental study will therefore be generalizable only within a narrow national or cultural context.

This can be a threat to patient safety

Possible ways forward

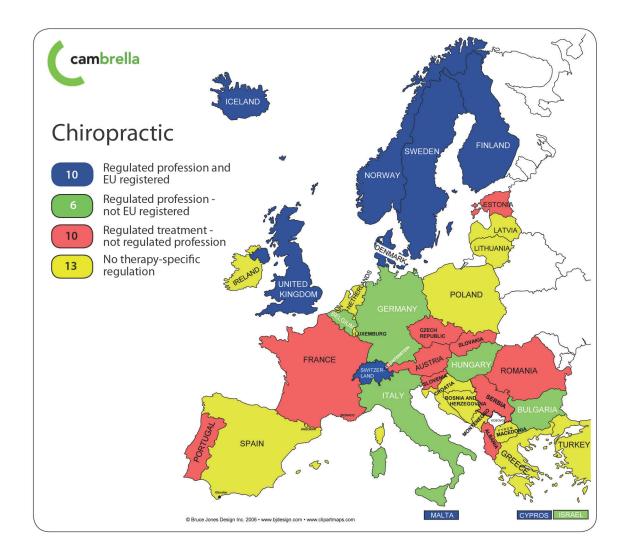
- 1. Legislation and regulation at the EU/EEA level
- 2. Voluntary harmonization.

Voluntary harmonization can be done



"When patients cross European borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers. They may also face a completely different reimbursement system, and if the treatment they undergo results in unwanted adverse or side effects they will be differently safeguarded depending on which state they are in. Every aspect of the current situation can thus be a threat to patient safety. In post-modern Europe where patient choice in health care is seen as a core value, this confusing European market makes any informed treatment-seeking very challenging".

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Regulated profession	Regulated profession	Regulated treatment	No regulation (13)
and EU registered (10)	Not EU registered (6)	Not regulated profession (10)	
Cyprus	Belgium	Albania	Bosnia & Herzegovina
Denmark	Bulgaria	Austria	Croatia
Finland	Germany	Czech Republic	Greece
Iceland	Hungary	Estonia	Ireland
Liechtenstein	Israel	France	Latvia
Malta	Italy	Portugal	Lithuania
Norway		Romania	Luxembourg
Sweden		Serbia	Macedonia
Switzerland		Slovakia	Montenegro
UK		Slovenia	Poland
			Spain
			The Netherlands
			Turkey