

Consensus Conference “Non Conventional Medicines”

Monday 20th October 2003

*Chairman
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Consensus Document

Foreword

The Italian Republic protects health as a fundamental right of the individual, safeguards the principle of scientific pluralism and ensures the freedom of choice of treatments by individuals and the professional qualification of health operators, with special focus of the independence of doctors as regards the choice of treatments (Supreme Court, 4th Section, Sentence no. 301, 8/2/2001).

The right of choice that every person is acknowledged as having as a focal point of every modern consideration of the respect of the will of individuals for their own state of health and sickness has already been explicitly expressed and has taken on concrete shape through increasingly larger sections of the population resorting to a number of treatments and therapeutic practises known under the common overall name of “Medicine Non Convenzionali – Non Conventional Medicines” (MNC-NCM): Acupuncture, Homeopathy, Phytotherapy, Traditional Chinese Medicine, Anthroposophical Medicine, Homotoxicology, Ayurvedic Medicine, Chiropractic and Osteopathy (“Guidelines for Non Conventional Medicines”, FNOMCeO, Terni, 18/5/2002).

It is generally agreed that all therapeutic and health restoring methods cannot disregard the need for a preliminary clinical diagnosis, the responsibility for which appertains only to the doctor with specific competence, who is entitled to use such methods as an integral part of Medicine according to science, conscience, competence and skill.

1. Definitions

The attribute "unconventional", despite its being currently the commonest expression used in Italy, would seem to place these treatment methods in contrast with academic medicine, considered as conventional. It should be remembered in this respect that in the English-speaking world the term CAM (Complementary and Alternative Medicine) is used, and it is crucial to underline the complementary nature of the different possible diagnostic and therapeutic approaches that fall within this ambit in order to emphasise the integration under way in the health system and the possibility of the practical use of all the information provided by the patient.

Also of crucial importance is the search for, finding and adoption of a common language which, by defining single methodological characteristics in a clear cut way, helps favour the exchange of as much information as possible between health operators and researchers, above all in academic spheres. The goal is to appreciate the advantages and limits of each method and better identify, among a broad range of therapies and treatments and on the basis of the available evidence, which is the most appropriate for the sick patient.

2. Scientific research

The ethicality of the therapeutic integration provided by these methods of treatment having been acknowledged, it is a good idea and necessary to envisage the possibility of accrediting and establishing study and scientific research programmes which, while respecting the particular nature of each method, permit evaluating their efficacy and enhancing their effective therapeutic medical role.

For this purpose, alongside institutional public research, the need is felt for targeted and productive cooperation between Industries, Companies and medical-scientific Societies in the sector for suitable research programmes to be set up through special forms of credit and funding. We might also hope for a greater contribution to the process of scientific validation of Non Conventional Medicines currently under way from public health institutes and departments of medicine.

3. Legal recognition

The legislative procedure under way to adapt Italian legislation to the directives of the European Union (European Directives no. 92/73 and 92/74; Res. no. 75 of the European Parliament dated 29 May 1997: "Status of Non Conventional Medicines"; Res. no. 1206 of the Council of Europe dated 4 November 1999), must allow doctors suitably trained in the single methods to promote their qualifications, skill and professional training.

4. Information and media

Health information must be centred on educating the population to acquire healthy habits and behaviours useful for preserving health considered not only as absence of sickness but also psycho-physical well-being (as laid down by the WHO), as well as the prevention of illnesses and their cure and treatment in case of need.

For Non Conventional Medicines, the establishment is suggested of special Regional Observatories, for both the ongoing verification of useful information necessary for the broadcasting of correct and complete information for the public and for documentation

and research concerning each single method, mainly through coordination among scientific companies in the sector. The aim is to place at the disposal of the public and health operators independent and qualified surveys of the UM situation in their area. The results of such surveys can be collected up by a National Observatory as a point of reference and coordination for an overall evaluation able to avoid duplicating interventions and ensure cost effective research.

To protect the users and during the course of the legislative reorganisation of the sector, the adoption by all Provincial Colleges of Physicians and Dentists is acknowledged and augured of suitable procedures for recognising the specific preparation of their members which, on the mandatory basis of criteria agreed with the most authoritative schools and scientific associations for each type of medicine, represent a guarantee for patients.

5. Informed consent

In compliance with the regulations of the Code of Medical Ethics, it is only right to recall the duty of the concrete application, within a free consensual and informed relationship, of the principles of the freedom of choice of treatment by patients and of the freedom of cure by the doctor. The need is therefore confirmed to completely, correctly and clearly inform people so as to develop a relationship between the doctor and the patient able to use Medicine in a broader sense, considered as a profession exercised in total freedom so that the doctor is able to use every means considered useful and ethically valid in the interest of the patient and with the patient's approval.

6. Training and skill

While acknowledging that Universities play a historical role in training, there is no doubt that Italian universities lack the academic staff and the resources required for teaching and researching NCMs. The training programmes currently available are mainly provided by private institutes that have been operating in the sector for years. It can only be hoped therefore that universities, in the effort to make up for this training deficiency, help pinpoint and realise cooperation conventions and agreements with the associations and the schools already engaged in research, teaching and in verifying the learning of these alternative methods, as a useful contribution towards valorising the experience acquired. It is to be hoped that such training integration process will gradually achieve a situation of free competition between private institutes and universities, envisaging, in the initial stages, the inclusion of general informative concepts in the degree courses of departments of medicine and, whenever possible, the organisation of elective introduction courses able to foster a better knowledge of NCMs.

7. Lower expenditure for medicines and area integration

The large number of patients that turn to NCMs, with total freedom of treatment and without representing a burden for the National Health System, points to a phenomenon that involves all the protagonists of the health scenario in the area. It follows then that the need exists to foster cooperation and/or agreements between the various figures involved in the problem in one way or another (GPs, hospital specialists, local health units, paramedic staff, etc.) for the diffusion of a correct integrated course and adequate information relating to the advantages and limits of such fields of medicine.

8. Relations with institutions

Doctors who are experts in the different types of medicine, suitably indicated by the most representative scientific Associations for each type of medicine, must be present and take part on a completely equal standing in terms of roles and functions in the consultative Commissions and Bodies of the Profession, of the Ministry of Health, of the Ministry of Universities and Scientific Research, of patient and consumer Associations, for numerous aims: recognition of qualifications obtained abroad, allocation of resources for research projects, adaptation and integration with already-existing organisations and orders, etc.

9. Prescription and treatment instruments

In order to avoid requests of a limitative type, often made without any real knowledge of the problem, the quality, safety and efficacy criteria must be established once and for all relating to the authorisation for the marketing authorization of the medicines and treatment instruments used for the various branches of therapy. The pinpointing of such criteria, specific for each branch of therapy, must be done on the basis of the indications of the most representative and authoritative respective scientific Societies and/or professional Associations.

Conclusions

We should like to thank the Italian Psychiatric Association which, as part of its 43rd National Congress in Bologna, organised the first Consensus Conference on Non Conventional Medicines ever to be staged in Italy in an academic setting; this *Consensus Document* is the result of the work of its promoter and of all the signatory Associations and Schools. Let us hope this event will stimulate the complete integration of similar initiatives in the field of so-called *basic medicine* and in other fields of medical specialisation.

The *Consensus Document*, shared by the authoritative non conventional medicine representatives in Italy convened here today and by doctors and researchers who are experts on the subject, intends representing the premise for ongoing unitary action in this sector of medicine, open to all health components, in the representative seats of the medical Profession (FNOMCeO and Provincial Colleges of Physicians and Dentists), in the Institutions of the Republic, national, regional and territorial, as well as with respect to citizens' Associations.

Signatory Associations, Bodies, Institutes, Schools and Scientific Societies

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