

The Legal Situation for the Practice of Homeopathy in Europe

An ECCH Report

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This document has been published by the European Central Council of Homeopaths (ECCH). ECCH represents homeopaths in Europe, and focuses its representational activities within the boundaries of Europe as well as specifically within the European Union. ECCH has NGO Participative Status with the Council of Europe, is a Full Member of the European Federation for Complementary and Alternative Medicine (EFCAM), is an Associate Member of the European Public Health Alliance (EPHA) and is a Corresponding Member of the European Coalition for Homeopathic and Anthroposophic Medicinal Products (ECHAMP).

ECCH's vision is to bring the benefits of high quality homeopathic treatment to all members of the European public. In order to achieve this, legislation and regulation should contribute to ensuring patients' freedom of choice and safety in healthcare.

This report was ratified by the ECCH Council at its Council meeting October 2010

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1. Introduction

Public interest in and use of homeopathy and other forms of complementary and alternative medicine (CAM) has increased over the past decades^{1,2}. Figures for the use of CAM therapies vary from country to country depending on which therapies have been included as CAM, but range from 15 to 48 % over a limited time period (most commonly 12 months)²⁻⁶, and 34 to 49 % for lifetime use^{5,7}. Homeopathy has been found to be the most frequently used CAM therapy in 5 out of 14 countries in Europe and among the three most frequently used in 11 out of 14 countries^{8,9}.

Council of Europe's resolution on CAM

Although legislation and regulation of the practice of CAM is a national concern in Europe and within the European Union, the Council of Europe in its 1999 resolution on non-conventional therapies¹ recommended that member states should "... model their approach on their neighbours' experiments and, whenever possible, co-ordinate their position with regard to these medicines." Moreover, the Council of Europe stated that:

- "... a common European approach to non-conventional medicine based on the principle of patients' freedom of choice in health care should not be ruled out,"
- "... various forms of medicine should not compete with one another: it is possible for them to exist side by side and complement one another."
- "... in the future alternative or complementary forms of medicine could be practised by doctors of conventional medicine as well as by any well-trained practitioner of non-conventional medicine (a patient could consult one or the other, either upon referral by his or her family doctor or of his or her free will), should ethical principles prevail."
- "... the best guarantee for patients lies in a properly trained profession, which is aware of its limitations, has a system of ethics and self-regulation and is also subject to outside control."

The European Parliament's resolution on CAM

A 1997 European Parliament resolution on the status of non-conventional medicine¹⁰ called on the EU Commission "to carry out a thorough study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines and to draw up a comparative study of the various national legal models to which non-conventional medical practitioners are subject." The resolution was based upon a number of central statements including:

- Support for patients' choice of therapy
- Guaranteeing patients the maximum level of safety and protection against unqualified individuals
- Free movement of persons and freedom of establishment, which is undermined by the heterogeneous prevailing situation with regard to the status and recognition of all the non-conventional medical disciplines within the European Union
- The freedom to exercise their profession which certain health practitioners currently enjoy in their countries should under no circumstances be limited by modifying the status or the degree of recognition enjoyed by these disciplines at European level, nor by limiting the freedom of choice of therapy enjoyed by patients with regard to non-conventional medical treatment.
- European legislation concerning the status and the practice of non-conventional medicine would provide patients with guarantees; whereas each type of medicine should be able to organise the profession at European level.

ECCH's agreed guidelines

Given the fact that several national Governments have not yet taken sufficient measures to regulate the practice of homeopathy, the European Central Council of Homeopaths (ECCH) has undertaken responsibility and introduced a number of guidelines for regulation that all Member Associations have agreed. The aim of these guidelines is to contribute to ensuring there is a common quality and safety of homeopathic treatment for patients across Europe. ECCH has developed guidelines and policy documents in the following areas:

- Procedures for Voluntary Self-Regulation¹¹
- Undergraduate homeopathy education¹²
- Post-graduate professional development¹³
- Accreditation of homeopathy teaching institutions¹⁴
- Bounds of Competence¹⁵
- Code of Ethics¹⁶
- Professional Conduct Procedures¹⁷
- Patient Consent and Anonymity Guidelines¹⁸
- Guidelines for how to handle concerns and complaints¹⁹

ECCH's agreed guidelines for voluntary self regulation¹¹

These agreed minimum criteria are widely recognised as essential requirements for a responsible and mature profession. These criteria apply whether the profession is to be statutorily self-regulated or voluntarily self-regulated. In either case they will ensure that patients have access to high quality homeopathic treatment from registered practitioners.

- I. A single national professional body, where appropriate, established according to common high standards of education, registration and practice agreed across Europe.
- II. Patient/lay representation on all standard setting committees – particularly for complaints and professional conduct procedures.
- III. An accreditation process for institutions providing homeopathic education.
- IV. Continuing Professional Development.
- V. Professional Indemnity Insurance.
- VI. Code of Ethics and Practice.
- VII. Complaints and Disciplinary Procedures.

For further details, please refer to the full document¹¹.

2. Methodology of this report

The purpose of this report is to present an overview of the legal situation for the practice of homeopathy in the countries of Europe. This report provides detailed information on legislation specifically referring to the practice of CAM. There may be other areas of legislation specific to each country that affects the practice of CAM practitioners, but these will not be presented in detail in this report. Examples of this include certain procedures that may only be carried out by medical doctors or other conventional practitioners (e.g. surgery, issuing prescription drugs, carrying out certain diagnostic procedures, issuing death certificates).

A questionnaire was developed and sent by email to all ECCH Member Associations, as well as to other contacts in countries where such associations do not exist. (The questionnaire may be obtained by contacting ECCH.) Four ECCH Officers / Representatives jointly developed a draft questionnaire that was first piloted in one country. After revisions the final questionnaire was sent to all contacts on 19 January 2010. Two reminders were sent to all contacts over the next two months, after which non-responders were addressed individually by email and in cases of further non-response also by fax. Filled in questionnaires were returned from 34 countries over a seven month period (19 January to 29 August). Email was used for any further required clarification.

Additional sources of information include national legislation, a European Commission funded report on the use of Complementary and Alternative Medicine in the treatment of patients suffering from cancer²⁰ (for Cyprus and Luxembourg), a World Health Organization (WHO) report on the legal status of CAM in the world²¹, previous ECCH reports^{22,23} (sole source of information for Albania, Belarus and Romania) and a report by Maddalena on the legal status of CAM²⁴. No information has been obtained on the situation in Moldova and Turkey. Where not stated otherwise, information has been obtained through our questionnaire survey.

Should any part of this report not accurately describe the situation in a specific country, or if the legal situation should change, any comments and corrections will be appreciated, and included in a future revised version of the document. Comments and corrections may be sent to ECCH at ecch@gn.apc.org or homeopat@email.com, or by post to: European Central Council of Homeopaths (ECCH), School House, Market Place, Kenninghall, NR16 2AH Norfolk, United Kingdom.

3. Countries included

The following 44 countries have been included in this report: Albania, Armenia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Macedonia, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

This includes all 27 European Union member states²⁵, four EU candidate countries²⁵, four European Free Trade Association (EFTA) countries²⁶, and nine other countries which commonly are listed as belonging to Europe^{27,28}. All these countries, with the exception of Belarus, are members of the Council of Europe²⁹. Moreover, Israel has observer status with the Council of Europe and is represented by a national member association in the European Central Council of Homeopaths (ECCH)³⁰. European states that have not been included are smaller states which in some way are affiliated to larger countries³¹⁻³⁷.

4. Summary

The Government in 28 countries in Europe has introduced systems of legislation or regulation which affect the practice of homeopathy (table 1). Legislation or regulation specifically mentions homeopathy in 15 European countries, whereas the remaining 13 countries have introduced legislation or regulation which relates to complementary and alternative medicine (CAM) in general or which results in limitations in the right to treat patients.

Seven countries have introduced **protected titles** and **seven countries** have established **public registers** for non-conventional practitioners.

In 21 countries in Europe non-conventional practitioners may practise homeopathy (table 1). The term “non-conventional practitioner” here refers to someone who is not a practitioner of conventional medicine, such as a medical doctor or nurse. Homeopaths who are non-conventional practitioners and who have carried out a full education and training in homeopathy are to a large extent registered with homeopathy associations that are members of the European Central Council of Homeopaths (ECCH). These associations are in most countries also open to practitioners with a conventional medical background, as long as they fulfil criteria for education and training to become a qualified homeopath.

In **seven countries**, the Government has introduced legislation which specifically refers to and regulates the practice of CAM performed by non-conventional practitioners. There are two main approaches to such regulation, statutory voluntary self-regulation and statutory regulation.

Seventeen countries have either introduced legislation or regulation which limits the practice of homeopathy to practitioners with a conventional medical background, or treatment of patients is in general restricted to such practitioners.

The practice is either unclear or unregulated in **three countries**, and in **one country** legislation varies depending on which homeopathic medicinal products patients are prescribed. No information has been obtained for two countries.

5. Different approaches to regulation of CAM

Some Governments in Europe have decided to regulate homeopathy and other forms of CAM, whereas others have not. The current legal situation for homeopathy / CAM may be categorised in the following way:

- A. Practice under Common Law
- B. Statutory voluntary self-regulation of non-conventional practitioners
- C. Statutory regulation of non-conventional practitioners
- D. Practice under legislation and regulation for employment
- E. Statutory regulation where homeopathy practice is limited to conventional practitioners
- F. General restrictions where all treatment of patients is limited to conventional practitioners
- G. Unregulated or unclear

Each of the following chapters summarise main points relating to each of these categories. Additional information is provided for categories B and C under Chapter 6.

A. Practice under Common Law

In 15 countries homeopaths who are non-conventional practitioners may practise under Common Law. The absence of legislation which specifically restricts the practice of homeopathy to any particular type of practitioner means that anyone may practise. This is also a reason why homeopaths have taken it on themselves to self-regulate the profession in these countries. As part of this process homeopathy associations which are members of ECCH have agreed to ECCH's guidelines for voluntary self-regulation. Homeopaths who are non-conventional practitioners may practise under Common Law in: Croatia, Czech Republic, Estonia, Finland, Greece, Ireland, Israel, Malta, Montenegro, Netherlands, Republic of Macedonia, Spain, Sweden and the United Kingdom.

In **Switzerland** legislation varies from canton to canton. Homeopaths who are non-conventional practitioners may practise in 24 out of 26 cantons, only medical doctors may practise in two cantons (Jura, Waadt). Homeopaths may practise under Common Law in 10 cantons and are regulated in fourteen. In four cantons homeopaths must pass an official exam in order to be allowed to practise (Basel-Stadt, Baselland, Schaffhausen, Ticino) and the canton of Zug has introduced the title "Diplom der Höheren Fachschule für Naturheilkunde Fachrichtung Homöopathie".

In the **Czech Republic** homeopaths who are non-conventional practitioners may practise, and patients may purchase most homeopathic medicinal products (HMPs) over-the-counter in a pharmacy. Some HMPs can however only be prescribed by a medical doctor.

Legislation for labour or employment in **Greece** specifically refers to the profession of homeopaths and the profession is registered with the Ministry of Economics³⁸.

Although homeopaths who are non-conventional practitioners in **Sweden** may practise under Common Law, a number of restrictions have been in existence for many years. CAM practitioners who are not statutorily regulated healthcare practitioners may not treat children under the age of eight, pregnant women and women in labour. Moreover, statutorily regulated healthcare practitioners are not allowed to practise CAM therapies and lose their license to practise medicine if they do. Consequently, children under the age of eight, pregnant women and women in labour cannot legally receive CAM treatment in Sweden. In 2009 the United Nations Committee on the Rights of the Child (UNCRC) published a report stating the following:

"The Committee notes that complementary and alternative medicine (CAM) is a recognized field of medicine both in Europe and globally. To this end, the Committee is concerned that the (Swedish) State party prohibits the use of CAM for examination, treatment and care of children below eight years of age as well as pregnant women and women in labour and it is concerned that such a prohibition challenges the rights of all individuals in the State party, including children, to choose a method of treatment and that it might deprive them of their right to the highest attainable standard of health.

The Committee recommends that the State party consider reviewing and amending existing legislation to ensure that all children, without distinction of age, have access to CAM examination, treatment and care and can enjoy their right to the highest attainable standard of health.”

In the **United Kingdom** an Act of Parliament was established in 1950³⁹ recognising the role of the homeopathic doctors’ association (Faculty of Homeopathy) in regulating education, training and practice of homeopathy carried out by their members. Over the years the Faculty’s role has been extended to include other statutorily regulated healthcare practitioners practising homeopathy, such as veterinarians and dentists. Practitioners who are not statutorily regulated healthcare practitioners may practise homeopathy and most other CAM therapies under Common Law.

B. Statutory voluntary self-regulation of non-conventional practitioners

Statutory voluntary self-regulation of non-conventional practitioners implies that individual practitioners may choose whether they want to apply to be accepted onto a public register of CAM practitioners, or they may choose to remain a non-registered practitioner. There are certain criteria which practitioners must fulfil in order to be accepted onto such a register. The main intention of such a system is to contribute to the safety of patients.

Statutory voluntary self-regulation has been introduced in **Denmark**^{40,41}, **Iceland**^{42,43} and **Norway**^{44,45}. All three countries have established such regulation by Act of Parliament, and all three countries have:

- A public register for CAM practitioners
- Introduced this register to contribute to ensuring patient safety
- Set criteria for practitioners who want to be accepted onto the register
- Protected titles linked to the CAM modality practised:
 - Denmark: “Registered Alternative Practitioner (RAB)”
 - Iceland: The word “Healer” linked to the practitioner’s CAM modality
 - Norway: The word “Registered” linked to the practitioner’s CAM modality

In order for a practitioner to be accepted onto one of the three registers, he/she must belong to an association which has been officially recognised by the register (exceptions may be made in Iceland, see separate chapter). In order for an association to be officially recognised by the register, it must **fulfil a number of criteria**, including having:

- Registration criteria, with criteria for undergraduate education
- Criteria for professional, responsible and ethical behaviour
- Code of ethics, complaints and disciplinary procedures
- The power to expel members on specified grounds

Regulation in **Denmark** and **Iceland** also specifies the minimum amount of **education and training** practitioners must have completed:

- Denmark: 660 hours, whereof a minimum of 250 hours specifically relate to the therapy the person is to practise
- Iceland: Minimum of 6 credits in anatomy and physiology, 5 in pathology, 2 in ethics and health legislation

Where the Danish law solely focuses on criteria for the public register, the **laws in Iceland and Norway** address various aspects of CAM treatment, and **also relate to practitioners who are not registered**. This includes provisions stating that a practitioner:

- Cannot carry out interventions which entail serious health risk to patients
- Cannot treat serious communicable diseases or any other serious disease, except when:
 - Iceland:
 - The patient requests the services of the practitioner after consultation with a physician
 - Norway:
 - Treatment takes place in cooperation or consultation with the patient's physician, OR
 - When the health service has no curative or palliative treatment to offer, OR
 - When the sole purpose is to alleviate / moderate symptoms / consequences of disease; OR
 - When the sole purpose is to treat side effects of conventional treatment; OR
 - When the sole purpose is to strengthen the body's immune system or its ability to heal itself

More information may be found in the chapter entitled "Additional information on legislation and regulation of CAM practitioners who are not conventional healthcare practitioners."

C. Statutory regulation of non-conventional practitioners

Statutory regulation for non-conventional practitioners has been introduced in **Belgium**⁴⁶, **Germany**^{47,48}, **Liechtenstein**^{49,50} and **Portugal**⁵¹. All four countries have established such regulation by Act of Parliament. Legislation in these countries states that in order for someone to practise homeopathy (or other CAM therapies), a practitioner **must be registered** through the Government established system. The practitioner does not have to have a background as a practitioner of conventional medicine. Although the basic principle is the same for these countries, there are some variations, including:

Three countries have **specified therapies** that have been recognised:

- Belgium: Homeopathy, acupuncture, chiropractic, osteopathy
- Liechtenstein: Homeopathy, naturopathy (traditional European medicine), Traditional Chinese Medicine (TCM).
- Portugal: Homeopathy, acupuncture, chiropractic, osteopathy, naturopathy, phytotherapy

In order for **applicants** to be registered they **must**:

- Belgium: Complete a course with sufficient numbers of hours of theory and practice, in accordance with guidelines developed by ECCH
- Germany: Pass a public exam organised by local healthcare authorities in order to prove that they possess sufficient knowledge in medicine and healthcare legislation
- Liechtenstein: Provide documentation to prove they have carried out education which enables them to practise the therapy in question

Two countries have introduced **protected CAM titles**:

- Germany: Heilpraktiker
- Liechtenstein: Naturheilpraktiker

More information may be found in the chapter entitled "Additional information on legislation and regulation of CAM practitioners who are not conventional healthcare practitioners."

D. Practice under legislation and regulation for employment

In **Poland** only medical doctors and dentists can state that they treat patients. CAM practitioners who do not have a background as a medical doctor or dentist may however practise under regulation established by the Ministry of Employment and Social Affairs, as long as they do not claim to treat patients⁵². The practice is defined as "Paramedical activity". A law published in April 2010 defines "Practitioners of unconventional or complementary methods of therapy" and the title "homeopath" is specifically mentioned⁵³. In **Greece**, where practitioners can practise under Common Law, the homeopathy profession is registered with the Ministry of Economics.

E. Statutory regulation where homeopathy practice is limited to conventional practitioners

Ten countries have introduced legislation or regulation which limits the practice of homeopathy to practitioners with a conventional medical background. The countries include: Belarus^{22,23}, Bosnia & Herzegovina, Bulgaria^{54,55}, Hungary, Latvia²⁴, Lithuania, Serbia, Slovenia⁵⁶, Romania and Ukraine.

Which CAM therapies can be practised where and by whom?

Legislation varies considerably from country to country with regards to the therapies that may or may not be practised by medical doctors and other practitioners:

- **Bulgaria:** Homeopathy by medical doctors only; any other CAM therapy by other practitioners. Additional requirements for practitioners include: European Union, European Economic Area or Swiss member citizen; mentally healthy; no criminal record; educational requirements.
- **Bosnia & Herzegovina:** Any CAM therapy may be practised only by nurses, dentists or medical doctors.
- **Hungary:** Acupuncture, anthroposophic medicine, ayurvedic medicine, chiropractic, homeopathy and TCM by medical doctors only; acupressure, kinesiology, shiatsu and reflexology by others.
- **Latvia:** CAM therapies such as acupuncture, homeopathy and phytotherapy are regulated and supervised by the Medical Society.
- **Lithuania:** Homeopathy, manual therapy and reflexology by medical doctors only. The Ministry of Health provides state accreditation of practitioners.
- **Serbia:** Medical doctors, dentists, pharmacists and nurses may practise homeopathy. The Ministry of Health issues working licences for such practitioners.
- **Slovenia:** Any CAM therapy by medical doctors only. Medical doctors practising any CAM therapy (except acupuncture) must hand in their medical license and are therefore no longer able to practise conventional medicine.
- **Ukraine:** Homeopathy by medical doctors only. It is unclear whether any other CAM therapies are restricted to medical doctors, but aromatherapy, massage and phytotherapy may be practised by other practitioners. For these therapies the law refers to treatment methods which involve diagnosis, prevention and treatment of disease, based on experience gained over several generations.

Note! This overview may not be complete, but serves to illustrate the variety in ways of regulating CAM.

Regulation of education

Five countries specify requirements for education:

- **Belarus:** Requirements for homeopathic education exist, but specific requirements are unclear.
- **Bulgaria:** To practise homeopathy a person must at least hold a Master Degree in medicine, for any other CAM therapy the practitioner must have at least a Bachelor Degree in healthcare or four semesters of education at a medical school.
- **Hungary:** Medical doctors must carry out a two-year university education at Masters level in the therapeutic modality they wish to practise; for some other CAM therapies a two-year education (not necessarily at a university) including general medicine and CAM modalities must be completed; several other CAM therapies are not regulated.
- **Lithuania:** Medical doctors must first complete a specialisation in another field of medicine before they can practise homeopathy, and must then do 80 hours post-graduate university level education in homeopathy over a five-year period in order to retain their right to practise homeopathy.
- **Romania:** Medical doctors must complete a three-year long homeopathy training program, at the end of which they must pass an exam.

F. Statutory regulation where all treatment of patients is limited to conventional practitioners

Seven countries have not specifically mentioned homeopathy in their legislation, but have stated that only medical doctors (Austria, Cyprus, France, Slovakia, Russian Federation) or other conventional practitioners may treat patients (Armenia, Luxembourg).

G. Unregulated or unclear

The practice of homeopathy is unregulated in **Italy** and **Montenegro**. There is no law that legalises the practice of homeopathy, nor is there a law that prohibits the practice. The situation is unclear in **Albania**.

Country	Practice of homeopathy regulated ^A	Homeopathy specific regulation/legislation ^B	Protected title ^C	Statutory register ^D	NCPs may practise homeopathy ^E	Only CPs may practise hom. ^F	Only MDs may practise hom. ^G
Total (n=44)	28	14	7	7	21	5	14
Albania ^{22,23}	0	0	0	0	?	?	?
Armenia	1	0	0	0	0	1	0
Austria	1	?	?	?	0	0	1
Belarus ^{22,23}	1	?	0	?	0	0	1
Belgium	1	1	0	1	1	0	0
Bosnia & Herzegovina	1	0	0	0	0	1	0
Bulgaria	1	1	0	0	0	0	1
Croatia	0	0	0	0	1	0	0
Cyprus ^{20,21}	1	0	0	0	0	0	1
Czech Republic	1	1	0	0	1	0	1
Denmark	1	0	1	1	1	0	0
Estonia	0	0	0	0	1	0	0
France	1	0	?	?	0	0	1
Finland	0	0	0	0	1	0	0
Germany	1	0	1	0	1	0	0
Greece	0	0	0	0	1	0	0
Hungary	1	1	0	0	0	0	1
Iceland	1	0	1	1	1	0	0
Ireland	0	0	0	0	1	0	0
Israel	0	0	0	0	1	0	0
Italy	0	0	0	0	?	?	?
Latvia	1	1	0	0	0	0	1
Liechtenstein	1	1	1	1	1	0	0
Lithuania	1	1	1	0	0	0	1
Luxembourg ²⁰	1	0	0	0	0	1	0
Malta	0	0	0	0	1	0	0
Moldova	?	?	?	?	?	?	?
Montenegro	0	0	0	0	?	?	?
Netherlands	0	0	0	0	1	0	0
Norway	1	0	1	1	1	0	0
Poland	1	1	0	0	1	0	0
Portugal	1	1	?	0	1	0	0
Republic of Macedonia	?	?	0	0	?	?	?
Romania ^{22,23}	1	?	0	?	0	0	1
Russian Federation ²¹	1	?	0	?	0	0	1
Serbia	1	1	0	1	0	1	0
Slovakia	0	0	0	0	0	0	1
Slovenia	1	1	0	0	0	0	1
Spain	0	0	0	0	1	0	0
Sweden	1	0	0	0	1	0	0
Switzerland	1	1	1	0	1	0	0
Turkey	?	?	?	?	?	?	?
Ukraine	1	1	0	0	0	0	1
United Kingdom	1	1	0	1	1	0	0

^A The practice of homeopathy is regulated through Government established legislation/regulation, either specifically referring to homeopathy, referring to CAM therapies in general, or by stating who may or may not treat patients. It may also be regulated under legislation / regulation of employment.

^B Homeopathy is specifically mentioned in legislation or Government established regulation. Legislation / regulation of employment has not been included under this section.

^C A title homeopaths may use as CAM practitioners is in some way protected through Government legislation or regulation.

^D The Government has established a public register which includes homeopaths.

^E This implies that non-conventional practitioners (NCPs) may practise homeopathy, either as a result of homeopathy- or CAM-specific legislation, or by the absence of specific legislation within a liberal legal system.

^F This implies that only conventional practitioners (CPs) may practise homeopathy, either as a result of homeopathy- or CAM-specific legislation, or by stating that only conventional practitioners are permitted to treat patients.

^G The same as for point F, but only for medical doctors.

6. Additional information on legislation and regulation of CAM practitioners who are not conventional healthcare practitioners

Belgium

In 1999 the Belgian Government introduced a law recognising the practice of **acupuncture, chiropractic, homeopathy and osteopathy**⁴⁶. Under this law homeopaths must be registered with a professional association which has been accepted by the Government, such as the Belgian ECCH Member Association – the Liga Homeopatica Classica (LHC)⁵⁷⁻⁵⁹. Individuals who are not members of an accepted organisation can not practise legally in Belgium. To become members, practitioners must have **completed a course with sufficient numbers of hours of theory and practice**, in accordance with guidelines developed by ECCH. Moreover, practitioners must **follow the association's code of ethics and professional conduct procedures**.

The Law states that someone who is not a qualified medical practitioner is **obliged to ask each individual patient for her/his recent medical diagnosis**⁴⁶. This should be provided in written form, unless the patient or his/her parent/legal guardian explicitly, and in written form, states that he/she does not wish to consult with a physician prior to non-conventional treatment. A practitioner who is not a medical doctor must at the request of the patient's doctor and in agreement with the patient provide information on the development of the patient's health.

Government working groups are to be established, including homeopaths who are medical doctors and those who are not, in order to agree standards in areas such as education, pharmacy and research.

Denmark

In 2003 the Danish Parliament voted to establish a **register for CAM practitioners** who are not statutorily regulated healthcare practitioners⁴⁰. The decision was later ratified in a Royal Decree⁴¹. The public register was primarily established to improve the safety of patients who consult with CAM practitioners. The establishment of the register was made by a National Health Service (NHS) appointed Council consisting of representatives from the CAM professions and the NHS. **Only practitioners who are accepted onto the register may use the protected title "RAB" (Registered Alternative Practitioner)**. A number of regulations have been introduced as part of the registration system⁶⁰⁻⁶².

In order for practitioners to be accepted onto the register they must:

- Complete a minimum of 660 hours of education and training, whereof a minimum of 250 hours must relate to the specific therapy the person is to practise
- Ensure continuing professional development
- Be members of an association which has been officially recognised by the register
- Comply with the association's code of ethics and statutes
- Uphold the duty of confidentiality
- Comply with the association's regulations for good clinical practice, including procedures for proper record keeping
- Only apply methods which they are competent to practise
- Recommend patients to consult with a medical doctor when necessary
- Provide patients with factual information on the treatment they provide and what patients may expect

In order for an association to be officially recognised by the public register it must:

- Represent a significant number of practitioners
- Be well established and have existed for a minimum of 2 years
- Have statutes, code of ethics and procedures for good clinical practice
- Represent CAM practitioners in professional matters
- Function according to democratic principles

- Have regulations for good clinical practice, and provide information on this to the public
- Have registration criteria, as well as criteria for discontinuation of membership
- Have a complaints and disciplinary committee which can consider complaints from patients, as well as complaints from practitioners whose membership applications have been declined
- Provide the public with a list of registered members
- Provide the public with information on the association's basic education criteria enabling practitioners to become members

Germany

The German Government introduced a law in 1939 referred to as the “**Heilpraktikergesetz**”⁴⁷. The law lays the foundation for treatment of patients by someone who is not a medical doctor. The term Heilpraktiker is unique to Germany. (Closest resemblance – Naturheilpraktiker in Liechtenstein. See separate chapter.) A **Heilpraktiker** is someone who has **passed a public exam organised by local healthcare authorities**, to prove they possess **sufficient knowledge in medical subjects and healthcare legislation**. Homeopathy and other CAM therapies may be practised independently by such practitioners, and may in fact only be practised by medical doctors and Heilpraktikers in Germany. Such practice carried out by any other person is illegal.

In addition to the already mentioned public exam, specific regulations have been established in order to define prerequisites for someone who wishes to obtain the title Heilpraktiker⁴⁸. **An applicant must** be 25 years of age, of German nationality, demonstrate that he/she has completed primary education, and must have a clean criminal record.

Iceland

In 2005 the Government of Iceland introduced the so-called **Healers Act**⁴². This law regulates the practice of all CAM therapies, aims at ensuring the safety of patients, and lays the foundation for established additional regulations for such practitioners⁴³. The term Healer refers to **someone who is practising outside the established healthcare system** and who may aim at improving health, promoting healing processes, relieving pain and reducing discomfort.

The law lays the foundation for the establishment of a **voluntary registration system for CAM practitioners**. The act covers both registered and unregistered practitioners. The voluntary registration scheme is under the supervision of the Federation of Icelandic Healers (FIH). The registration system has been established in order to ensure the safety of patients, and as far as possible to ensure the quality of services provided by practitioners.

The Federation of Icelandic Healers (FIH) must:

- Ensure that the public has access to information on registered practitioners
- Remove from the register practitioners who no longer meet the admission criteria

In order for an association to be affiliated to the voluntary registration system it must:

- Be accepted by the Director of Health and the FIH
- Fulfil any criteria laid out by the Minister
- Have training and professional criteria for individuals who apply to become members
- Have a code of ethics, provisions for record keeping and regulations for practitioners' duty of patient confidentiality, which members must comply with
- Have resolutions whereby members undertake to operate their business responsibly
- Have resolutions whereby members undertake to provide clients with all necessary information regarding their activities
- Have complaints procedures which are handled by an ethics committee/board established/appointed by the association
- Have the possibility to expel members from the association
- Inform the FIH of any members who have been expelled from the association

Registered practitioners have the right to:

- To use the title 'Healer' in connection to their field of work, and such use of title is illegal for someone who has not been accepted onto the register
- To offer treatment within public healthcare institutions, if this is consistent with the policy of the institution

Registered practitioners must:

Education and training

- Fulfil the training standards of and be registered with a professional body which is affiliated to the registration system; or provide proof that they fulfil the training standards of such an association and submit to monitoring by the FIH and the Director of Health
- Fulfil the standards of the professional organisation whose training standards are most similar to the training of the practitioner, in cases where no professional organisation exists in their field of work
- Have completed studies equivalent to a minimum of six credits in anatomy and physiology, five credits in pathology and two credits in ethics and health legislation (credits at upper-secondary-school level)
- Have completed practical training under the guidance of a recognised instructor in accordance with the standards of the professional association in the field of their work

Association membership

- Document that they are full members of a professional association which has been officially recognised by the register, and that the association recommends that they are registered; or provide documentation that they agree to abide by resolutions in these regulations, that the Director of Health and the FIH recommend their registration, and sign a declaration that they will submit to the monitoring of the DoH and FIH

Provision of information

- Clearly display their certificates of registration
- Provide information on their field(s) of work
- Provide details of their identity numbers, names, permanent addresses and places of business, as applicable
- Notify the FIH immediately if the criteria for registration are no longer fulfilled or if they no longer wish to be registered

Indemnity insurance and ethical practice

- Hold valid indemnity insurance with an insurance company licensed in Iceland; or submit a guarantee from a bank or savings bank or other guarantee deemed by the Minister to provide equivalent indemnity; and provide information on this to the FIH
- Uphold their duty of confidentiality, unless otherwise stated by law (e.g. in cases when a legal testimony is required, as defined by the Physician's Act)

Boundaries of practice

- Not treat patients diagnosed with serious disease, except when patients request the services of the practitioner after consultation with a physician (the practitioner must however ascertain that such consultation has taken place)
- Not perform procedures or provide treatment that entails grave risk to a patient's health
- Not treat diseases which are subject to the provisions of the Communicable Diseases Act which entail a risk to public health
- Not advise patients to cease taking medication or other treatment prescribed by a licensed healthcare worker

Payment of a fee

- Pay a registration fee

Liechtenstein

The Government in Liechtenstein introduced a revised healthcare law in 2007 which also includes the introduction of a new profession entitled “Naturheilpraktiker”⁴⁹. The new Law is accompanied by specific healthcare regulations⁵⁰. The title “Naturheilpraktiker” relates to the practice of homeopathy, naturopathy (traditional European medicine) and traditional Chinese medicine. It is illegal to practise any of these three therapies without having obtained the right to use the publicly protected title of “Naturheilpraktiker”. The purpose of the Law is to ensure high quality of healthcare and thereby to protect the public.

In order for someone to obtain the title “Naturheilpraktiker” the practitioner must:

- Be a citizen of Liechtenstein or of another European Economic Area (EEA) member state
- Have sufficient language skills (in German)
- Apply in writing to the Office of Public Health and hereunder provide documentation that the practitioner has carried out education enabling him/her to practise the therapy in question

A “Naturheilpraktiker” must:

- Possess a license to use the title “Naturheilpraktiker”, provided by the Office of Public Health
- Provide appropriate information on her/his services
- Inform patients of potential consequences and risks of treatment
- Engage in continuing professional development according to the requirements of the profession
- Meet any other requirements of the profession
- Possess professional indemnity insurance
- Keep her/his duty of confidentiality
- Only exercise activities which are within her/his bounds of competence, and hereunder not
 - take blood samples, make injections or carry out surgical and obstetrical interventions
 - recommend prescription drugs
 - treat reportable communicable diseases including venereal diseases
 - manipulate the spine and musculoskeletal system

Norway

A law for alternative treatment of disease was put into action in Norway in 2004⁴⁴. The objective of the law is to contribute to the safety of patients who seek or receive alternative treatment and to regulate the right to practise such treatment. According to the law alternative treatment is understood as health-related treatment practised outside the established health services and which is not practised by authorised health personnel, as well as alternative treatment methods practised within the established health services or by authorised health personnel when these methods are essentially methods which are normally practised outside the established health service.

What alternative practitioners may and may not do or treat

Practitioners of alternative treatment may not:

- Practise any medical intervention which may entail a risk of serious health hazard for patients
- Treat any disease which according to the Communicable Diseases Act is considered hazardous and which shall only be treated by authorised health personnel (unless any circumstances of the following paragraph applies)
- Treat any serious disease or disorder (unless any circumstances of the following paragraph applies)

Practitioners of alternative treatment may however treat the aforementioned communicable diseases and serious diseases or disorders if:

- Treatment takes place in cooperation with or in consultation with the patient's physician and the patient is of age and entitled to consent to healthcare pursuant to the Patients' Rights Act; or
- When the health service has no curative or palliative treatment to offer the patient; or
- When the sole purpose is to alleviate or moderate symptoms or consequences of the disease; or
- When the sole purpose is to treat side effects of conventional treatment; or
- When the sole purpose is to strengthen the body's immune system or its ability to heal itself

Government established voluntary register for alternative practitioners

The law for alternative treatment lays the foundation for the establishment of a voluntary registration scheme for practitioners of alternative treatment⁴⁵. Only practitioners who have been accepted onto the Government established register for alternative practitioners may use the designation 'registered' along with their professional title (e.g. 'Registered Homeopath'). The Government established register for alternative practitioners may be found at <http://w2.brreg.no/altbas/>

The purpose of the register is to contribute to:

- Patient safety and consumer rights for persons consulting registered alternative practitioners
- Seriousness and business-like orderliness among registered alternative practitioners

In order for an organisation representing alternative practitioners to be officially recognised by the Government register it must:

- Have requirements for professional qualifications for someone who wishes to become a member
- Have requirements for members to behave in a professional responsible manner
- Have requirements for members to provide necessary information to their patients
- Have requirements for professional responsible management of health and personal data
- Have a Code of Ethics by which members are obliged to comply
- Have statutes specifying patients' rights to complain about the professional behaviour of members
- Have a professional ethics or complaints committee
- Have the possibility of excluding members on specified grounds
- Have a minimum of 30 members (the Directorate for Health and Social Affairs may under special circumstances approve of organisations with fewer members)
- Be registered with the Central Coordinating Register for Legal Entities
- Immediately inform the register (Brønnøysund Register Centre) if a registered member no longer fulfils the conditions for registration

In order for a practitioner to be accepted onto the register he/she must:

- Provide documentation to prove that he/she is a member of a professional organisation of practitioners which has been officially recognised by the register
- Be registered as a self-employed person in the Central Coordinating Register for Legal Entities, or a partner in a general partnership registered with the CCRLE, or be employed by an employer registered in the CCRLE
- Have valid liability insurance or documentation showing that his/her employer holds such insurance
- Provide his/her personal identity number or D-number, name and home address, organisation number, name and address of the premises where the alternative treatment is practised
- Supply the title or form of treatment under which he/she wishes to be registered

A practitioner who has been accepted onto the register must:

- Pay an annual registration fee determined by the Ministry of Health
- Annually submit documentation of his/her membership of an organisation which has been officially recognised by the register, as well as valid liability insurance
- Notify the register (Brønnøysund Register Centre) immediately if the conditions for registration are no longer fulfilled or if he/she no longer wishes to be registered
- In case he/she is registered through an employer, he/she must immediately notify the register in case of change of employer

Marketing regulations for alternative practitioners

The law for alternative treatment lays the foundation for regulation of marketing of alternative treatment⁶³.

As part of their marketing activities, alternative practitioners must:

- Provide information in an objective and factual description of the nature of his/her activity
- Provide information on his/her name, address, telephone number and other contact information
- Provide information on the name of any practitioner organisation that he/she is a member of

A practitioner of alternative treatment cannot:

- Claim that the treatment has effect in specific diseases
- Claim to treat diseases or conditions which he/she is not allowed to treat
- Unrightfully use titles or market his/her activity in such a way that it may give the impression that the person has an authorisation, a licence of a specialist approval according to the Health Personnel Act
- Unrightfully claim to be a Registered practitioner of alternative treatment if he/she has not been accepted onto the Government established register for alternative practitioners

Portugal

In 2003 the Government in Portugal introduced a law for the practice of non-conventional therapies⁵¹. The law recognises the following six CAM therapies: Acupuncture, homeopathy, osteopathy, naturopathy, phytotherapy and chiropractic. These are therapies which have a philosophical base which differs from conventional medicine and which use specific methods of diagnosis and treatment. The law states that the education, certification and practice of non-conventional therapies will be accredited and controlled by the Ministry of Health. The practice of these CAM therapies can only be carried out by someone who is registered according to the law. Patients have the right to put forward complaints in case they have suffered any offence resulting from non-conventional treatment.

The law is based on the following basic principles:

- Each individual's freedom of choice and safety in healthcare
- Each individual's right to make a treatment choice based on information on the quality, efficacy and possible risks of a specific therapeutic modality
- The right to access competent, diligent and responsible practice of non-conventional therapies, based on the professional qualifications of the certified practitioner
- Promotion of scientific investigation into the quality, efficacy and effectiveness of non-conventional therapies

A practitioner of non-conventional therapies must:

- Practise responsibly, within his/her bounds of competence
- Inform patients about the estimated prognosis and duration of treatment
- Only perform any provided treatment with the consent of the patient
- Maintain his/her duty of confidentiality
- Ensure the safe storage of any confidential information
- Have indemnity insurance which covers their professional activities

A clinic for non-conventional therapies:

- Can only be run by certified professionals
- Must clearly display information on the identity of any professionals working in the clinic
- Must clearly display the fees charged for services

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