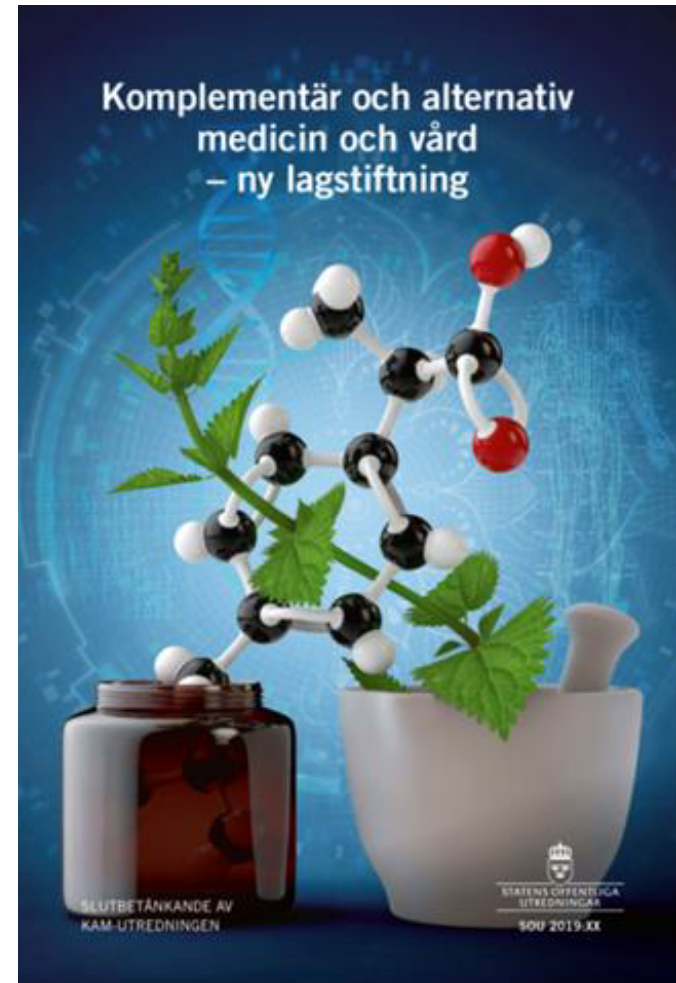
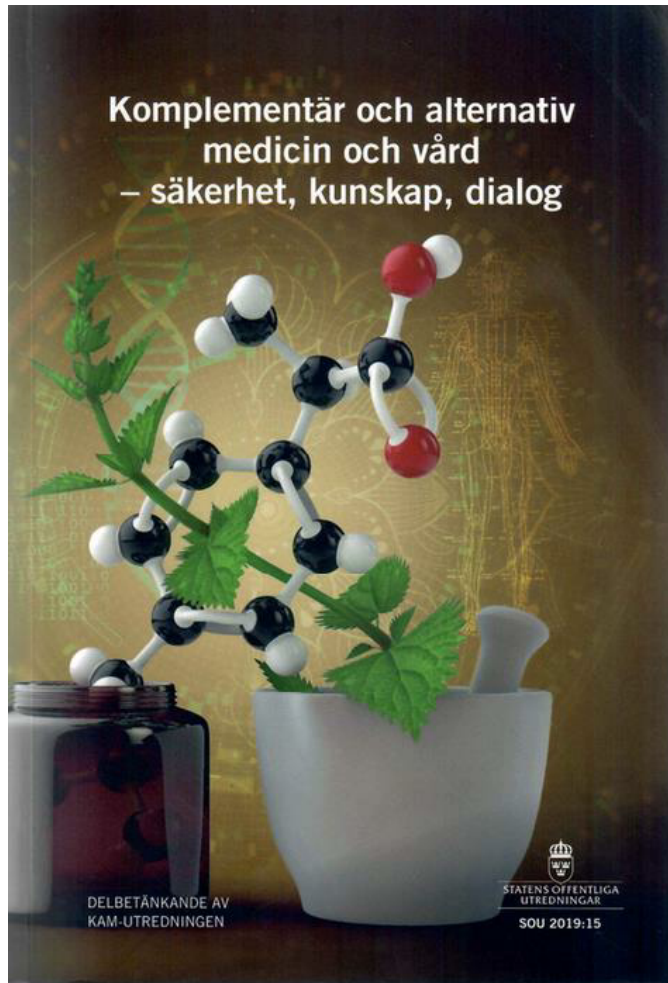


Presentation at a seminar on complementary and
alternative treatments, Helsinki, Jan 14, 2020:

CAM therapies in health policy – a Swedish perspective



How we worked

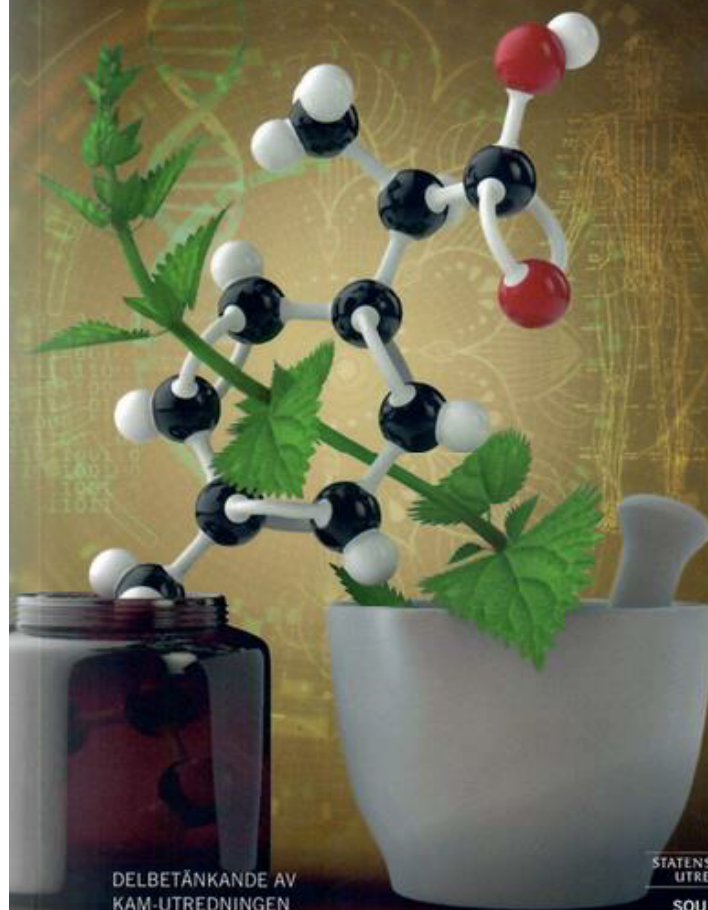
- Secretariat
- Expert committee
- Extensive review of the literature and other written material
- Interviews and focus group dialogues: CAM practitioners, patients, governmental agencies, Ministry of Health, healthcare providers, interest groups, healthcare policy makers, scientists, media, etc.
- Study visits
- External reviewers



Delineations

- Not licenced healthcare professions I (i.e. not chiropractics and naprapathy)
- No evaluation of individual CAM methods
- Not dietary advice or food supplements
- Not methods to generally improve well-being or support personal development
- Not esthetic interventions
- Not religious activities

Komplementär och alternativ medicin och vård – säkerhet, kunskap, dialog



DELBETÄNKANDE AV
KAM-UTREDNINGEN


STATENS OFFENTLIGA
UTREDNINGAR
SOU 2019:15

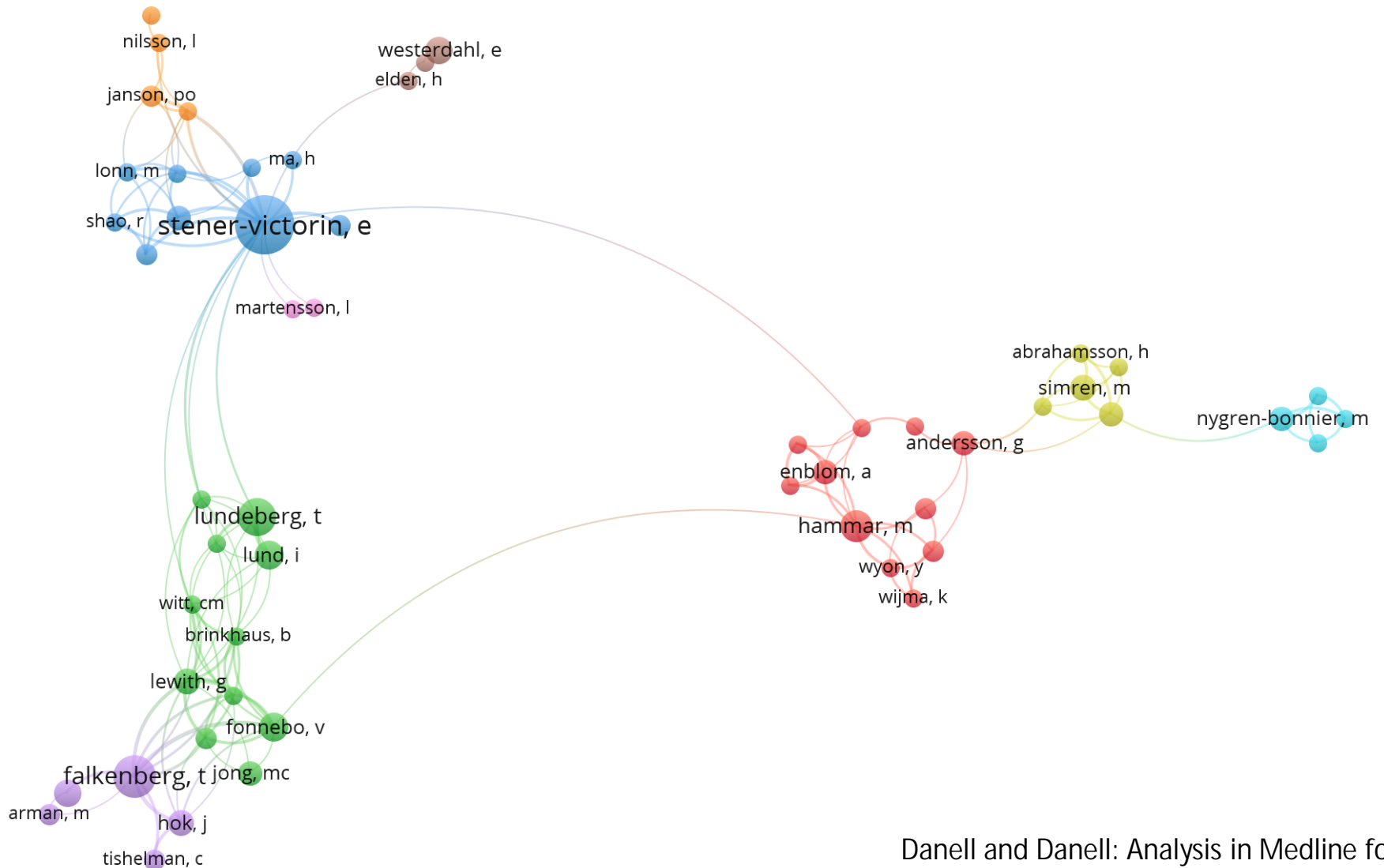
Background information

- Previous inquiries
- Present regulation
- Use of CAM in the population and in patients, including trends and driving forces
- General CAM principles as described by proponents
- Overview of CAM systems and CAM methods
- CAM practitioners and CAM educations in Sweden
- CAM proponents' criticism of healthcare
- Critics' views on CAM
- ... and much more

Our tasks according to the government's directions

- Mapping of research results and ongoing research and mapping of research methods
- Policy for evaluation and regulation of therapies that are not included in healthcare today but perhaps could be included.
- Information system for information about CAM to the public
- "Improve contacts and understanding between established and non-established care"
- "... improve patient safety", "... avoid unserious and dangerous treatment options ..."
- Mental disease a "forbidden area"?

Swedish CAM research networks based on co-authorship



Danell and Danell: Analysis in Medline for the CAM Inquiry

Mapping of Swedish CAM research

- Original studies are little cited (low impact).
- Little national or international collaboration.
- CAM proponents: Insufficient financing. Two leading funders: Swedish Research Council and Karolinska Institute. Two private foundations with earmarked funding.
- CAM proponents: Today's methods in health research not suitable for CAM research. More patient narratives and other types of qualitative research, more observational studies.

Swedish CAM research – some advices

- To researchers: More innovative research – new relevant questions, more advanced research methods. Requires redistribution of limited resources. More collaboration.
- To the CAM providers' organisations : Funding of own R&D activities.
- To the government: Financial support for including CAM variables in the existing national quality registers.
- To health care providers: If CAM projects are funded, this should include scientific evaluation.

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CAM methods partly included in healthcare in recent years

A few examples

- Acupuncture (certain indications)
- Mindfulness
- Qigong
- Music therapy
- Hypnotherapy
- Ketogen diet in severe epilepsy

Any common denominator how these methods are being introduced?

No

Policy to introduce CAM methods in healthcare

- The policy should be neutral as to origin of the method - no special track for introduction of methods with CAM background.
- Apply the basic principles of prioritization, decided by the Parliament and applied in the national priority model (human dignity, needs and solidarity, effective use of resources).
- Include also evidence from studies other than RCT.
- Commission to SBU (Swedish Agency for Assessment of Methods in Healthcare and Social Welfare): Systematic assessments of CAM methods that may be considered to be introduced in healthcare.

Our tasks according to the government's directions

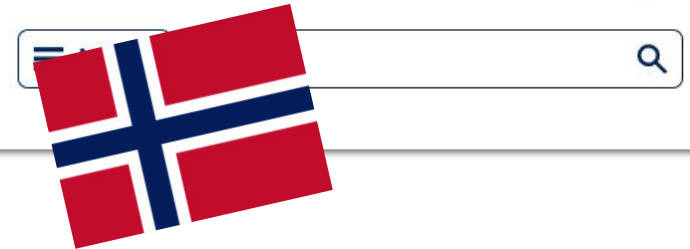
- Mapping of research results and ongoing research and mapping of research methods
- Policy for evaluation and regulation of therapies that are not included in healthcare today but perhaps could be included.
- **Public information system about CAM**
- "Improve contacts and understanding between established and non-established care"
- "... improve patient safety", "... avoid unserious and dangerous treatment options ..."
- Mental disease a "forbidden area"?

Information to the public – international examples

English

NAFKAM

Nasjonalt forskningssenter innen
komplementær og alternativ medisin



[Hjem](#) » [Behandlinger](#)

Her finner du en oversikt over alle behandlingsartikler på norsk.



STYRELSEN FOR
PATIENTSIKKERHEDS RÅD
VEDR. ALTERNATIV BEHANDLING



Behandlingsformer

Naturmedisin

Sundhed & Sygdom

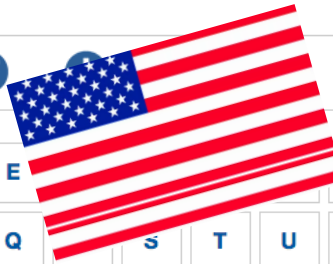
Forskning



National Center for
Complementary and
Integrative Health

Health Topics A–Z

Share:



#	A	B	C	D	E	J	K
L	M	N	O	P	Q	S	T
U	V	W	X	Y	Z		

Information on CAM to the public, patients and healthcare staff

- Independent national information system on
 - what various CAM methods are
 - what is known about their benefits and risks
 - what a consumer should find out about a CAM practitioner, e.g. education and insurance
- Special window in the present healthcare information system (1177 Vårdguiden). National Board of Health and Welfare source owner. Collaboration with Norway and Denmark.
- Information with a consumer rights' focus on the website of the Swedish Consumer Agency

Our tasks according to the government's directions

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CAM in education of healthcare staff – main proposal

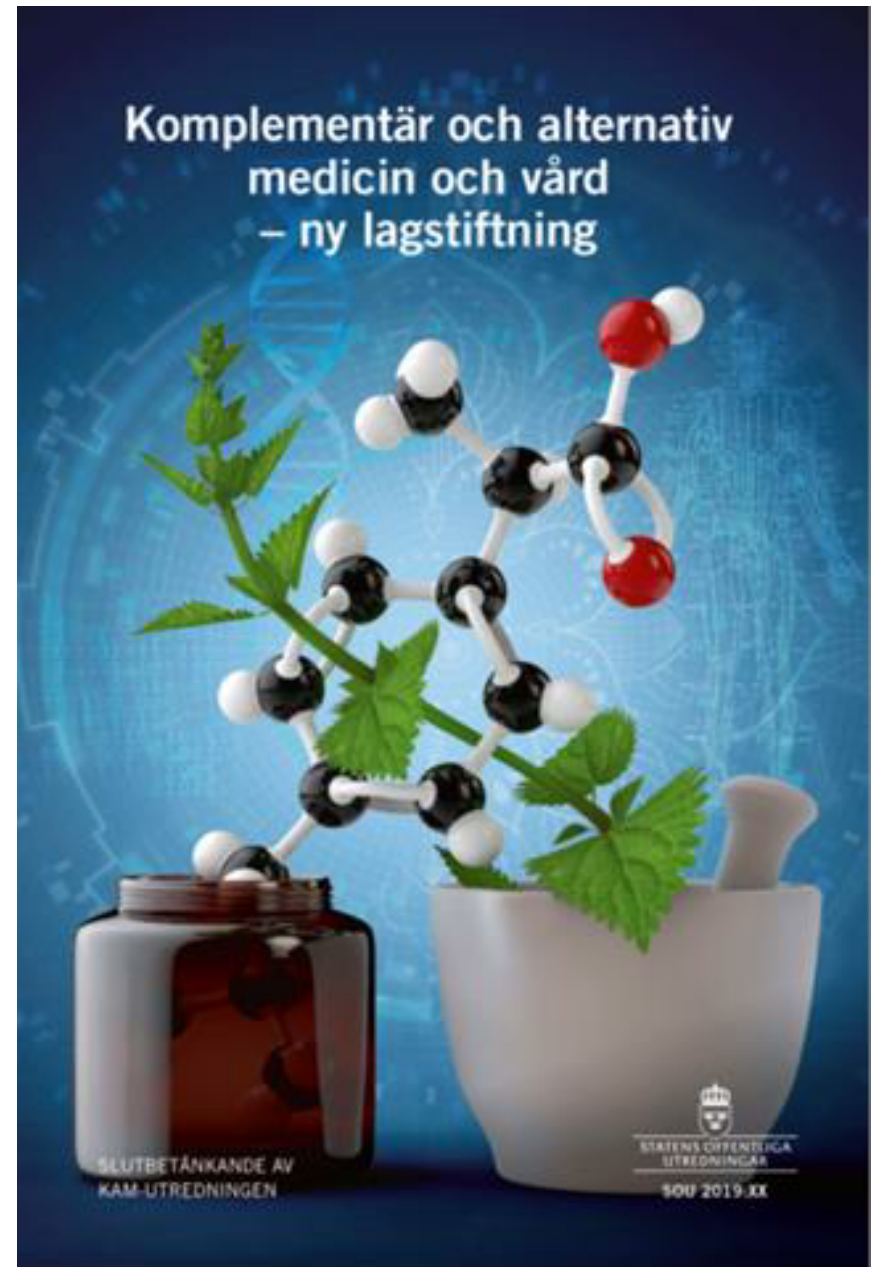
- Orientation on CAM in the education of physicians, nurses, physiotherapists, psychologists, dieticians and pharmaceuticals, corresponding to 1-2 weeks.
- Aims:
 - facilitate dialogue between patients and healthcare staff
 - improve patients' possibilities to make informed decisions
 - improve patient safety

Our tasks according to the government's directions

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Additional directive
from the government

Review the legislation on
CAM



New separate law

Today:

Regulations on CAM dispersed in the Patient Safety Act, primarily targeted to healthcare providers and staff.

Our proposal:

Regulations collected in a new separate law.

Overriding considerations

- Balance between safety concerns vs. overregulation (the CAM consumer's possibilities to make his/her own informed decisions).
- Modernization of the legislation

Safety issues

Three particularly vulnerable groups

- Those with severe disease
- Children
- Fetuses

Three particular risk domains

- Herbal drugs (and similar)
- Psychotherapies
- Advice to terminate healthcare treatment

"Forbidden diseases"

Today:

- Others than healthcare staff prohibited to treat patients with cancer, epilepsy and diabetes

Our proposal:

- General prohibition to treat severe diseases* (both somatic and mental) as such
- Treatments aimed at symptom relief permitted also in patients with serious disease
- Advice to stop healthcare therapy prohibited

* defined in the law proposal

Children and pregnant women

Today:

- Treatment of children under the age of 8 prohibited.
- Treatment of diseases in conjunction with pregnancy and delivery prohibited

Our proposal:

- Regardless of severity, prohibited to investigate and treat
 - diseases as such in children under the age 15
 - diseases as such in conjunction with pregnancy and delivery
- Treatment aimed at symptom relief* permitted for children (regardless of age) and pregnant women.

* defined in the law proposal

What has been debated the most?

- Delineations: Severe disease, treatment aimed at symptom relief
- 15-year age limit for children
- Symptom relieving therapies in serious disease + children and pregnant women
- The inquiry at large:
 - Too CAM hostile: Only cosmetic changes, the grand expectations have not been met
 - Too CAM friendly: encourages the use of unscientific methods and geschäft

What is happening now?

- June 2019: We reported to the Ministry of Health and Social Affairs
- Oct 31, 2019: End of consultation round
- Present: Compilation of consultation responses
- Decisions on commissions to governmental agencies
- Decision on law proposals
- Our proposal: New law Jan 1, 2021

What healthcare can learn from CAM

MEDICINSK KOMMENTAR

Vi kan ha något att lära av komplementär och alternativ vård

GER INSIKTER OM VÅRDMILJÖN, KONTINUITET, PATIENTMÖTET OCH OSPECIFIKA EFFEKTER

Under arbetet med den statliga utredningen om komplementär och alternativ vård (KAV), presenterad tidigare i år i två betänkanden [1, 2], hade vi täta kontakter med företrädare för KAV-sektorn och vi samlade rikligt med material om kom-



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● kjell.asplund1@gmail.com

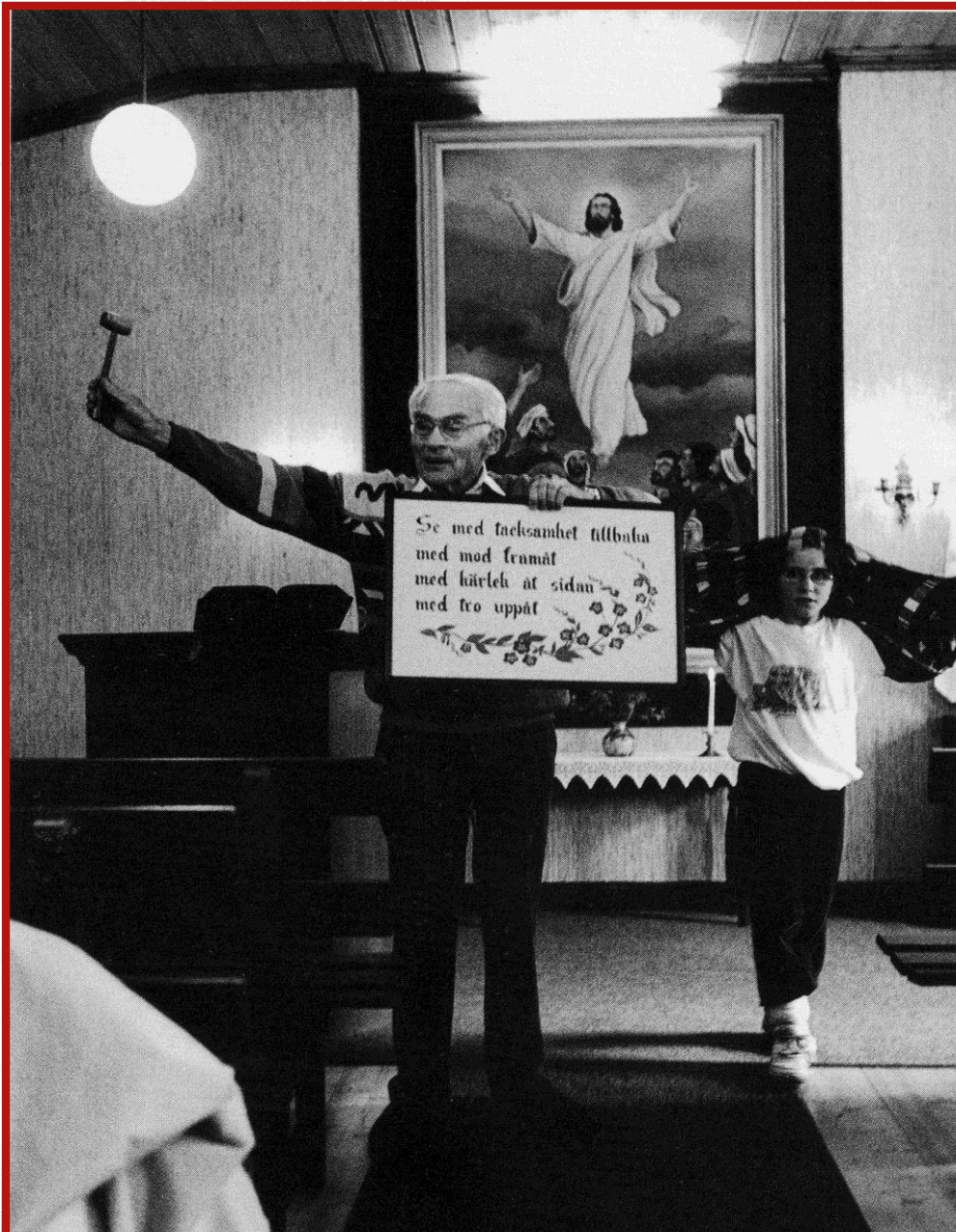
räckligt hjälpta, något som gäller såväl i Sverige [3] som i andra höginkomstländer [4]. I komplementär och alternativ vård söker de finna värden som de saknat i hälso- och sjukvården.

Två förbehåll: 1) när jag här skriver om komplementär och

om »evidence-based healthcare design« [6]. Det finns till och med arkitekter som oroar sig för arkitekturens medikalisering [7].

Om nu den fysiska miljön inom den komplementära och alternativa vården ofta är utformad för att vara kongenial med vårdens innehåll, hur är det då med ett tvärsnitt mottagningsrum i svensk häl-

- Time devoted to the patient/consumer
- Personal continuity
- Individually customised treatment
- Importance of physical environment
- How unspecific effects may be regarded as an asset in care, create trust and expectations



Look back in gratitude
with courage forwards
with love aside
with faith upwards



Regeringskansliet