

ARTICLE

The latest demographic surveys on Traditional, Complementary and Alternative Medicine commented by Italian scientific societies of the sector

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Abstract

Background, aims and objectives: The debate on Traditional, Complementary and Alternative Medicine (TCAM) is as topical as disorienting. The continued misunderstanding of the field where a comparison is performed, be it epistemological, ethical, ontological, logical, often creates chaos and uncertainty. In an effort to clarify and respect the principal protagonist of any treatment, that is the person as an unbreakable psychic, physical and spiritual unity, we felt an urgent need to consult the presidents of the Italian TCAM associations by asking them specific questions about what they perceived to be the current problems and prospects in this context.

Methods: All the major Italian TCAM scientific societies were invited to participate. Each society that responded to our invitation received the same questionnaire, composed of 5 questions. After 30 days the completed questionnaires were sent back to the electronic address of the Charity Association for Person Centered Medicine-Moral Entity. None of the scientific societies participating were aware of the answers given by the other colleague associations.

Results: In Italy the issue of Traditional, Complementary and Alternative Medicine is highly complex. Despite heterogeneous points of view, all of the Italian societies believed that accurate information, patient safety and high-quality training are basic requirements that must be guaranteed for the future of TCAM in Italy.

Conclusions: Even if 'person-centered' healthcare appears pleonastic, we must keep in mind that he/she who expresses the need to be cured is a person and thus to be considered in his/her physical, psychic and spiritual unity. A Cartesian reductionism is therefore no longer the appropriate paradigm the healthcare and paradigm shift has become urgently required.

Keywords

ISTAT statistics, person-centered healthcare, person-centered medicine, roundup, Traditional, Complementary and Alternative Medicine

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Accepted for publication: 6 September 2016

Introduction

Churchill famously said of the attitude, typically Italian, that football matches are lost as if they are played as wars and wars are lost if they are waged like football games. A propensity so ingrained, that also seems to characterize the nature of the debate between Traditional, Complementary and Alternative Medicine (TCAM) and Biomedicine, where the battlefield moves from Waterloo to women's magazines, science almanacs and academic journals. This runs the risk of turning the ends into the means and losing sight of the very purpose for which medicine came into being and continues to exist. In fact, as illustrated by the

vision set out in Table 1, the use of TCAM both in Europe [1] and in Italy [2-6] remains an extant reality.

It is true that debate is always the antidote for authoritarianism and intellectual dictatorship, but we support the idea that it is first necessary to agree on the framework in which we intend to focus discussion, to have the certainty that, if not the results, at least the intentions of the parties were shared. Is the debate semantic, epistemological or ontological? Is it an issue that concerns the adjectives (e.g., complementary, alternative, integrated, *etc.*) through which TCAM is not only defined, but also categorized and legitimized? Or does the problem lie in the

Table 1 Use of Traditional and Non-Conventional Medicine in Italy 1996-2012 (updated from Roberti di Sarsina, P. & Iseppato, I. (2011). *EPMA Journal* 2 (4) 439-449 [7].

ISTAT (1996-99)	9 million Italians use NCM (15.5%)
ABACUS (2003)	30% of Italians are familiar with the term Non-Conventional Medicine
DOXA (2003)	23% of the population use NCM
ISPO (2003)	65% of the population are familiar with the term Non-Conventional Medicine and know something about it
FORMAT (2003)	31.7% of Italians have used NCM at least once; 23.4% use NCM regularly
CENSIS (2003)	50% think NCM useful; over 70% claim it should be passed by the National Health Service; 65% would like more monitoring by the national health authorities
Menniti-Ippolito <i>et al.</i> (2004)	3-year follow-up on 52,332 families (140,011 persons): 15.6% use NCM (homeopathy 8.2%, manual therapy 7%, phytotherapy 4.8%, acupuncture 2.9%, other NCMs 1.3%)
ISTAT (2005)	8 million Italians use NCM (13.6% of the population)
EURISPES (Rapporto Italia 2006)	10.6% of the population choose NCM
Osservatorio Scienza Tecnologia e Società, Centro Ricerche Observa-Science in Society, Nova Il Sole 24 Ore 24 07.12.2006	One Italian out of three adopted, at least occasionally, homeopathic medicinal products to cure and treat illnesses.
CENSIS (2008)	23.4% had adopted to TM/NCM medication therapies and non-medication therapies in the previous year (especially homeopathy and phytotherapy)
EURISPES (Rapporto Italia 2010)	More than 11 million opt for NCM medication therapies and non-medication therapies, i.e. 18.5% of the population
Health Monitor CompuGroup Medical-II Sole 24 Ore Sanità (2011)	About 52% of general practitioners suggests homeopathic therapies to patients
EURISPES (Rapporto Italia 2012)	14,5% of the population adopt NCM
Doxapharma (2012)	82,5% declare to have been informed about homeopathic medicinal products; 16,2% adopted, at least once in the year, homeopathic medicinal products

methodology of research? We assert that it is no longer appropriate to think in extremes, in presenting sensational data with which to win over public opinion. Criticisms of TCAM as nothing more than as “healing with fresh water” or statements such as “there is no evidence that TCAM is effective” are of little help for the public and serve only to perpetuate ongoing misunderstanding. In a typically colonial mentality a distinction of the various epistemes is missing, as if Ayurvedic Medicine [8], Traditional Chinese Medicine or Tibetan Medicine were interchangeable, just because they can conveniently be labeled as “Oriental”.

In an attempt to clarify and respect the principal protagonist in any course of treatment, that is, the person [9], we felt an urgent need to consult the presidents of the major Italian TCAM scientific societies by asking them to comment on what these societies perceived to be the most salient critical issues and perspectives.

Methods

All of the major Italian TCAM scientific societies, 14 in total, were invited to participate in this research. With the

aim to facilitate the reading, we decided to report the position of each associations that responded to our invitation, articulating questions and corresponding answers. The listing order is alphabetical.

Seven societies consented to take part in this research (response rate 50%) and these were as follows: AMIOT (Associazione Medica Italiana di Omotossicologia, President Santi Cesare, MD), FIAMO (Federazione Italiana Associazioni e Medici Omeopati, President Ronchi Antonella, MD), LUIMO (Libera Università Internazionale di Medicina Omeopatica Samuel Hahnemann, President Rodriguez Adele Alma, MD), SIFIT (Società Italiana di Fitoterapia, President Giacchetti Prof. Daniela, MD), SIMA (Società Italiana di Medicina Antroposofica, President Borghi Dott.ssa Laura, MD), SIOMI (Società Italiana di Omeopatia e Medicina Integrata, President Bernardini Simonetta, MD), SSIMA (Società Scientifica Italiana di Medicina Ayurvedica, President Morandi Antonio, MD). Each society received the same questionnaire, composed of 5 questions. After 30 days the completed questionnaires were sent back to the electronic address of the Charity Association for Person Centered

Medicine-Moral Entity [10]. None of the scientific societies was party to the answers of the other associations. The societies that were invited to take part but failed to do so were Associazione Italiana Chiropratici; Associazione Italiana Fitoterapia e Fitofarmacologia; Associazione Nazionale Medici Fitoterapeuti; Federazione Italiana Società di Agopuntura; Società Italiana di Agopuntura; Scuola Italiana Medicina Omeopatica Hahnemanniana; Registro degli Osteopati d'Italia.

Results

We present here, in sequence, the individual questions we posed to the Italian societies followed immediately by the answers given by the presidents of the individual Italian societies. Each society has sent us both the Italian and the English version.

1. How do you interpret the trend of access to TCAM by citizens?

AMIOT: Among the different definitions of medicine and, more precisely, of medical performance, I wish to ask the following: 'Is a response a need?' 'Why do people look for TCAM in order to seek a resolution to a need?' The answer, in my opinion, is cultural and regards the anthropological aspect of the need. In the 'holistic' conception of the human being and of the reality that surrounds him (*οίκος*), the response to the need will necessarily include a much broader view of elements and be much more comprehensive, especially in the medium to long term (the immediate effect of allopathic medicine as symptomatic is indisputable!). In terms of the TCAM diagnostic and therapeutic approach, this can be accessed through the 'grapevine', as a fashion, even for curiosity, but in any case it is understood that there is a different requirement for a solution to the need, especially in relation to chronic degenerative diseases.

FIAMO: We are witnessing decreasing access to all healthcare services and TCAM is no exception. But since patients increasingly end up paying for services that are part of the NHS as well, they either give healthcare up altogether or they have fewer qualms about paid treatments, thus access is relatively holding up; this means there clearly is a sustained interest in TCAM.

SIMA: The data of the latest ISTAT research of 2013 [11,12], carried out between September 2012 and June 2013 looking at the previous 3 years, showed that 4,858,000 people, that is 8.1% of the Italian population, made use of CAM. This is a significant decrease compared to the 7,900,000 people, that is 13.6% of the population, that utilized TCAM as shown by the 2005 research which investigated the 3 years previous to 2005. The decrease in the number of people who use TCAM has to be related to the economic crisis that has caused a distinct and parallel decrease in consumptions. As the use of TCAM is not reimbursed by the Italian national healthcare system, apart from sporadic exceptions in a few regions and is only marginally reimbursed by private health insurances,

increasing population groups have had to reduce their private medical expenditure in TCAM.

LUIIMO: Data are discordant. On the one side, ISTAT statistics show a high diminution between 2000 [13,14] and 2013 in the percentage (and absolute number) of population using TCAM in the last 3 years, with a 40% reduction. The data arising from pharmaceutical companies, between 2000 and 2013, appear practically to show the contrary. There is a 35% increase in medicine sales. Very strange. One may think that, due to the reduction of subscriptions to homeopathic medicine courses and of homeopathic physicians active on the national territory, the increase in medicines sales may be attributed to non-physician prescriptions. Through the LUIIMO on-line forum and www.medicofuturo.org, we have realized that many citizens write to ask for this or that homeopathic therapy, bypassing the physician. They seem to base their choice on self-prescription, based on suggestions from the Internet or naturopaths, personal trainers and others and hope to gain our consent and approval. We are speaking of about 90% people participating actively to the www.medicofuturo.org forum.

S.I.Fit: The Italian Society of Phytotherapy (S.I.Fit.) considers the success of herbal food supplements as the result of a desire of people to focus on of prevention rather than cure; people choose products that are above all able to maintain good health. A different matter is phytotherapy which employs drugs used in other continents, such as Chinese traditional medicine or Indian Ayurveda [15]. S.I.Fit. interprets the popularity of Eastern traditional medicines in terms of the specific expertise of skilled physicians who propose a diagnostic and therapeutic approach focused on the personal history of patients.

SIOMI: There has undoubtedly been a fall in the demand for complementary and alternative medicine (CAM) in comparison with previous surveys, namely ISTAT 2005 (published in 2007) and above all ISTAT 1999 [16]. However, it should be noted that ISTAT 2013 differs significantly from the Eurispes 2012 survey [17] (which was conducted in the same period). According to Eurispes 2012, users of TCAM dropped from 18.5% in 2010 [18] to 14.5%, of whom 70% used homeopathy. Homeopathy users thus amount to 10% of the population, not 4.1% as found by ISTAT. We believe that Italy's recent economic crisis has particularly penalised the public's use of private medicine as part of its healthcare.

SSIMA: The access of people to TCAM shown by recent statistical evidence is polluted by economic recession that has led to the reported decrease. The intention of cure with TCAM is surely increasing. It is to verify the quality of the TCAM service that is a necessity. The problem of epistemology and education is very important and the percentage of professionals have adopted an integrative approach is surely very high.

2. What do you think are the main barriers impeding public access to unconventional medicine and how could they be removed? (Answer both for unconventional medicine in general and for your specific speciality). Reflection on current situation, requirements, critical issues and prospects

AMIOT: TCAM is suffering from a kind of inferiority complex due to the fact that to date TCAM is not fully recognized within the scientific community. The terms to describe them - as 'alternative', 'non-conventional', 'non-official' - denotes a very important cultural ghettoization. Furthermore, they do not represent a proposal for the users yet, be it diagnostic and / or therapeutic, presented by the doctor as a possibility of conventional approach and sustained by the National Healthcare System. It follows that any 'non-conventional' option is all borne by the patient, even in terms of responsibility. The solutions that can be implemented to break down these barriers can be summarized in what already Professor Luigi Oreste Speciani called 'people awareness' [19]. Greater widespread and shared awareness on the part of the community that the problem of health is not only a matter of administrative-bureaucratic health management, the task of an executive management, but affects every citizen and must make him more and more involved in free choices, is required.

FIAMO: As far as homeopathic medicine is concerned, the main issues are the lack of information and the delegitimization by the so-called scientific world. Lack of information means, firstly, that patients are often not aware that homeopathy is a medical act and that when you go to a homeopath, you are entrusting your health to a doctor who is going to act based on science and his/her conscience [20]. Secondly, they do not know the features of homeopathic medicine, what they can expect, which timing, which outcomes. This also originates from the confusion within the "homeopathic" world itself, which is characterized by the confluence of epistemologically different disciplines. Furthermore, the continual attacks by scientists serving as opinion leaders against homeopathy, which go as far as writing it off as a fraud, are spreading a climate of distrust.

LUIMO: A disparity exists between private and public services provided by Regional and Province departments. There is also a barrier due to insufficient information provided by the Public Health Service (Tuscany and a few other Regions are exceptions), even if this situation is changing and many Regions are legislating based on the Stato-Regioni Conference [21]. Unfortunately, the hostility of mass media attempting to discredit homeopathy, educating a series of physicians trying to manipulate public opinion, discourages patients choices and puts homeopathy in bad light. Our experience confirms that educational meetings with patients are very much appreciated occasions for those that approach homeopathy for the first time. Another critical issue, revealed in this last year, is the difficulty to place homeopathic remedies on the national

territory, due to the medicines registration process handled by AIFA.

S.I.Fit: S.I.Fit. considers that the limited knowledge of public institutions and politicians on TCAM is a barrier for their use. In the last decade, scientists, scientific associations and some physicians and companies have intensively promoted phytotherapy and herbal products and advocated high skilled training and a knowledge of the scientific literature. In contradistinction, the legislation and consequent transposition and implementation into public services of phytotherapy are very slow and far from being a reality in practice. Thus, phytotherapy in Italy is currently used by high skilled physicians in private practices, while in public healthcare facilities and hospitals, with the exception of two or three small centers, phytotherapy surgeries do not yet exist.

SIMA: The main barrier in accessing TCAM is economic. Having to pay for both a clinical consultation and medicines is an expense that increasing groups of the population cannot afford, including people who used TCAM in the past. Another factor that has discouraged people from using TCAM in recent years is the increasing difficulty in obtaining homeopathic, anthroposophic and herbal medicines. Another barrier is cultural in nature. We live in a time when patient demand that their symptoms are resolved as quickly as possible. Here, symptoms that are part of a physiological self-healing response, such as fever, have to be suppressed as soon as they appear. A long time and a lot of patience are needed to promote a system of care that requires the respect of each illness and each symptom in the context of the individuality of each person [22,23].

SIOMI: The recent economic crisis explains the fall in demand for TCAM, as demonstrated by the fact that there is no such drop - especially for homeopathy - in the paediatric population. Furthermore, the more serious the condition is (chronic diseases and comorbidities), the greater is the recourse to TCAM. Where consultations are available under the public health service, the use of more than one type of TCAM (in this case homeopathy plus acupuncture) is more common, rather than just one type as found by ISTAT. The only way of removing this barrier to access to TCAM, which, as shown, is in high demand, is to expand their availability in the public health system also because another impediment is the difficulty of accessing information, with general practitioners generally being unwilling to inform their patients about the possibility of using TCAM. This could be encouraged in particular through suitable training courses based on the concepts of integrative medicine, involving as many practitioners of traditional medicine as possible to inform them and perhaps train them in specific topics.

SSIMA: The barriers experienced are the result of widespread ignorance about TCAM within the general population as well as among doctors/health professionals. They are also economic nature. The practice of TCAM, being private, is costly for the population. These costs could be lower than those of Conventional Medicine if TCAM was provided by Italian SSN.

3. Are the existing educational opportunities (including Master's degrees at public and private universities, other degree courses, *etc.*) adequate to meet the needs of millions of citizens wishing to use unconventional medicine? (if YES, state why, if NO, state why. Reflect on current situation, requirements, critical issues and prospects)

AMIOT: Over the years there has been a gradual improvement and refinement in teaching strategies even if much remains to be done, especially in terms of "alliances". By this we mean the opportunity to open up a dialogue with the academic world and hospitals; especially where we rarely see an opening to dialogue and discussion. Certainly, the lack of hospitals, public or private, where non-conventional medicine can be practised complementarily to traditional medicine, places important limits on its dissemination, understanding and practice. It would be interesting, in my opinion, to develop a more lively and active inter-associative activity creating also joint initiatives and especially common informative moments, both for physicians and citizens.

FIAMO: Let me refer to Homeopathic Medicine again. We do have high-quality educational courses available, mostly provided by independent private schools, which would be able to meet the training needs of doctors according to international standards (see the 2012 Chianciano Protocol). What seems 'dangerous' to me, currently, is the involvement of universities, because they do not have the necessary competencies internally, so there is the risk of non-professionalizing teaching, too restrained to personal initiatives, often based on criteria that have little or nothing to do with the goal of such programs. There are some exceptions, of course, but that is precisely what they are.

LUIMO: In the homeopathy field, every action is due to the good will of homeopathic physicians that, most of the time freely teach and experiment in addition to their own work. Homeopathic schools are strongly dependent on their director self-obsession that often impoverishes scientific and methodologic rigour.

S.I.Fit: Regarding training in phytotherapy, S.I.Fit. was born precisely with the aim to create a high-quality competence on the use of medicinal plants at both professional and users levels. Without doubt, postgraduate programs cannot be the only training possibilities in disciplines such as phytotherapy and, especially in medicine and surgery programs, S.I.Fit. is aware of the need to include at least basic courses on the subject, in order to allow the future doctor to approach phytotherapy with a firmer footing

SIMA: Current training programs are inadequate for the needs of the population. There is no teaching of TCAM in the university curriculum of medical, dental, veterinary and pharmacy students at bachelor level. If we take into consideration that the training for each discipline has to be given by Master's degrees of two years duration, we can

understand the lack of professional training at the Italian university level when we compare it to what happens abroad and in the private courses held by the single associations where the courses last at least three years not including a period of additional and compulsory practical training.

SIOMI: In degree courses in medicine, just a few elective training credits are dedicated to TCAM, while Master's and advanced training courses in TCAM are offered disjointedly and independently by some faculties, with the drawback that some of them do not reach the currently required total of hours. What is more, training in TCAM must be completed by qualified practical training, such as in the 2nd level Master's in Homeopathy, Acupuncture and Phytotherapy offered by the University of Siena since 2009 or in the 1st level Master's in Complementary Medicine and Integrated Therapies for non-medical healthcare professions offered since 2012, both of which can make use of practical training internships at the Pitigliano Integrated Medicine Centre. Fortunately, a good number of the private medical schools in Italy are structured so as to be suitable for training activities (notwithstanding the need for adequate practical internships), but some issues remain:

- the current scope of training is not to professionalise doctors, but only to qualify them for registration with the medical associations;
- the five disciplines considered, even if they could be defined as being the most representative of the sector, were not selected on the basis of shared criteria, thus prejudicing possible future requests to regulate other disciplines.

SSIMA: Absolutely not adequate, especially regarding quality. Universities do not have the competence in TCAM to provide a sufficient education in TCAM, which, conversely, are present in the private sector where TCAM has been developed.

4. Would you be in favour of a national framework law on unconventional medicine (if NO, state, why, if YES, state why)

AMIOT: It is fundamental to place NCMs into a professional medical practice, making them depart from the dangerous 'do it yourself' approaches which are all too common today, also because of the absence of a legislative regulation. The absence of a law on NCMs and their acknowledgement as an expression of a vision of health, has created a 'no man's land'. In this legislative void anyone, even if not in possession of a degree in medicine and surgery or professional license, may prescribe (and treat) using these drugs.

FIAMO: We have been working to pursue such an outcome for over 20 years, so the answer is 'yes'. You cannot leave a topic that is related to the definition of these medicines and the professional competence of those who

practise them to local initiatives, as the State-Regions Agreement established. Even the idea of regulating each single discipline tends to fragment the world of TCAM and to weaken its strength.

LUIMO: Better no law than a bad law. A coherent and precise description is necessary which can protect citizens. The law should be able to discipline, educate and professionalize the health professionals. Courage, coherence and a sense of responsibility towards a medicine that has to be protected and offered to future generations without opportunism contaminations must be achieved.

S.I.Fit: S.I.Fit. endorses the hypothesis of a national law on TCAM, especially if considered as an integration and implementation of the experience gained by our and other associations involved in TCAM.

SIMA: A national law that overcomes regional fragmentation could be needed. In our view the document on training approached by the State-Region Conference in February 2013, currently under reception, is only a step towards this. This document on training in acupuncture, herbal medicine, homeopathy, anthroposophic medicine and homotoxicology does not recognise any of the characteristics peculiar to each discipline and therefore undermines the epistemological autonomy of each one. Moreover, this document of the State-Region Conference of February 2013 does not include other anthropologically-based medical systems such as Ayurvedic medicine and traditional Chinese medicine, to name but a few.

SIOMI: Considering the current situation in Italy, the development of a national framework law on TCAM would be a good idea. The lack of a framework law continues to permit anomalies, which cannot be corrected through the establishment of professional registers alone, which do not have any professionalising value, but serve only to certify the training received. Nor is it worth identifying the minimum criteria for an adequate training pathway (see State-Region conference document). In Italy there is a series of laws (training criteria, registration with professional associations, product marketing rules, etc.) without any underlying coherence or coordination. It is necessary to examine all the issues pertaining to the spread of the various types of TCAM in Italy, taking into consideration those of significance due to their diffusion and evidence of their efficacy and bringing up to standard the criteria for their incorporation in the Italian NHS and their fitness for prescription by doctors, the parameters for access to their use by members of public and the regulations for the control of their manufacture, in the case of products for pharmacological use.

SSIMA: Yes, mainly to regulate the education of doctors and health as well as non-health-related personnel and professionals in the field of TCAM.

5. What is your assessment of the official position of the permanent conference of the Presidents of degree courses in medicine (CPPCLM) [24,25]?

AMIOT: The available documents clearly show the net closure of the University to all teaching forms concerning

NCMs. It is astonishing to note that, since the 1980s, when NCMs started to be more diffused (in Italy as well as in other European countries), the attitude of academic medicine has changed little. It appeals to a principle of 'scientific', that finds its principal expression the Evidence-Based Medicine (EBM) model. This reveals how far we are from the idea that the spread of NCM implies a paradigm shift, it is primarily a cultural process.

FIAMO: Quite negatively: medicine is not a science, but a practice, a technique (*iatriké téchne*) that employs all sciences and it must revolve on clinical practice. Instead, the position you mentioned restricts itself to an objectivistic ideal; calling attention to the need to humanize medicine is not enough, since university students are denied the tools for such humanization.

LUIMO: Universities, perched in their ivory towers, do not consider what is going on in Society. Even if we accept the last ISTAT statistics, we are in the presence of a phenomenon: 5 million people using homeopathic medicine should be taken into consideration. To appreciate the extent of the issue, it is sufficient to ask to specialists such as pediatricians and gynecologists how many times during their day-by-day work, they encounter patients asking for a specific homeopathic treatment. The raising of their hands shows their incompetence, which in turn is a disastrous defeat for the university system. Homeopathy and TCAM, at least in the epistemological meaning, should constitute a mandatory subject of examinations both for medicine and pharmacy faculties. The position of the conference of the presidents of faculties of medicine is, in its obstinate mechanistic paradigm, absolutely incoherent with reality.

S.I.Fit: The need for including phytotherapy in the medicine and surgery program is considered of strategic importance by S.I.Fit. This is precisely due to the fact that S.I.Fit. fully agrees with the development of Evidence-Based Medicine as the training basis for medical class. It cannot be ignored that phytotherapy is already part of EBM in many pathophysiological areas, nor the fact that EBM could be critically faced and developed by doctors by solely providing them with solid foundations enclosing the different therapeutic options at their disposal.

SIMA: In 2004 in Alghero at the Joint Conference of the Medical School Deans and of the Specialist School Deans, Professors Lechi and Vantini concluded that TCAM as disciplines will not be included in the curriculum of the bachelor degree in Medicine and Surgery even as teaching content within seminars or elective courses. In 2011 in Genoa at the Permanent Conference of the Medical School Deans, Professors Vantini Caruso and Craxi concluded that:

- Acquiring competencies in TCAM is not a didactic objective of the bachelor degree in medicine and surgery. Therefore, this kind of teaching cannot be included with the aim of achieving specific competencies or abilities in any type of TCAM in integrated courses, disciplines, modules, until we have unambiguous evidence about TCAM.

- Notions about TCAM must not enter surreptitiously into the professionalising didactic objectives until we have unambiguous evidence about TCAM.

In 2004 and 2013 during the Permanent Conference of the bachelor degrees in Medicine and Surgery, Professors Caruso, Rizzo e Vantini reaffirmed that during the bachelor degree in medicine and surgery giving space to acupuncture or herbal medicine teaching is unthinkable as it is beyond the scope of the formative aim of the degree course.

In the same year the State-Region Conference issued a regulation to certify the quality of training and practice of acupuncture, herbal medicine, homeopathy (homeopathy was then differentiated into homotoxicology and anthroposophical medicine in the clarifying note of the Ministry of Health on 25th July 2014) thus getting into the issue of the quality of training in order to safeguard the population. Up until now there has been a lack of will to start an open unprejudiced discussion with the cultural groups where different TCAM disciplines originate from. As a consequence, the only medicine considered scientifically valid is positivistic Cartesian medicine and no space is left for approaches that are as scientific but anthropologically based.

“The theoretical premises, the methods, proofs and ways of interaction are often incoherent with the founding principles of both medical knowledge and university education in the context of a medical training project. TCAMs do not pursue the fundamental aim of science, they do not strive to build consensual knowledge, founded on empirical experience and on rational discussion and thus they make up a body of assertions and practices not scientifically demonstrable because they are not falsifiable.”

This statement by Caruso, Vantini and Lenzi illustrates what has been stated above [26]. We should not be discouraged by the correct, rigid positions and continue periodically to propose a discussion on such an important theme.

SIOMI: For this assessment it suffices to report the positions expressed by the CPPCLM on the topic since 2011. The 2011 document signed by Vantini, Caruso and Craxi gave some very restrictive indications. This 2011 document was followed by another in 2013, signed by Vantini and Caruso. This cautiously opened the door to TCAM, indicating phytotherapy and acupuncture as disciplines which, having obtained some kind of scientific credibility, are the only types of TCAM to have the dignity of being taught in degree courses in medicine. Finally, in 2014, the CPPCLM identified the didactic tools to be used in elective training activities, namely:

1. Identification, including on historical bases, of the epistemological differences between alternative/unconventional medicine and evidence-based medicine
2. Discussion of the anthropological, sociological and philosophical aspects that favoured the development of alternative medicine

3. Description of the impact of complementary medicine on the current Italian health scenario. There thus seems to be a significant opening in comparison with the past, although some important aspects remain unresolved, above all the following two

a. The lack of any verification of the didactic activities pertaining to TCAM in individual degree courses in medicine (see results of the 2013 University of Milano-Bicocca survey, especially given its enormous discrepancy with respect to the results of a similar survey conducted by the CPPCLM);

b. Once any form of education in the TCAM sector has been approved, the parameters used to identify the lecturers capable of teaching it must be standardised and the didactic content harmonised nationwide (taking account especially of the two cultural currents of homeopathy, classic and clinical), thus avoiding the risk of inadequate training due to the teaching provided or the influence of personal opinions.

SSIMA: It is a mixture of incompetence and arrogance.

Discussion and Conclusions

As reflected by the answers of each association, in Italy the issue of Traditional, Complementary and Alternative Medicine is highly complex. Even if we were aware of the fact that through this study we would not be able to cut the Gordian knot, our intention was aimed at bringing out the most salient points of the ongoing debate in a country in which, although it represents the third European market in homeopathic products sales, appropriate legislation has not been passed. This is a major and dangerous contradiction in relation to the safety of patients. Indeed, if on one hand the government and the permanent conference of the Presidents of degree course in medicine do not recognize TCAM as part of medical science, on the other hand they indirectly allow abuses of the medical profession. Furthermore, given that in Italy the healthcare system is administered on a regional basis, only a few regions, such as, Tuscany and Emilia Romagna, have decided to include TCAM in their Essential Levels of Assistance, through the creation of structures that integrate health services into public structures. The legislative question therefore becomes an ethical one and a cause of health inequalities between patients who happen to live in Tuscany instead of, for example, Calabria.

As stated by most part of participants in this study, the trend of access to TCAM of citizens ‘is the response to a need’ in terms both of prevention and of chronic disease care, which together represent the two most important challenges for healthcare systems in our contemporary age. Even if it could seem axiomatic, we must keep in mind that he/she who expresses the desire to be cured is a person, who should be considered in his/her physical, psychic and

spiritual unity and, for this reason, a Cartesian reductionism is no longer the appropriate paradigm for modern healthcare [27-29]. But how are we to implement a different model?

A paradigm shift is strongly needed, given that the most widespread diseases in contemporary Society cannot be controlled and managed using the current positivist paradigm. In fact, contrary to common sense and despite the wide availability of drugs scientifically proved, the number of people with mental disorder and chronic diseases is on the rise. Considering then the participants' answers, the present economic condition and especially the patient's needs and his/her centrality in healthcare [30,31], it becomes clear that the only feasible and effective integration can only be epistemological. The time is now.

Acknowledgements and Conflicts of Interest

The authors gratefully acknowledge the presidents of the responding societies who have responded with genuine enthusiasm and commitment to our invitation. The authors declare no actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations that could inappropriately influence, or be perceived to influence, their work.

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