



The Challenge of Complementary and Alternative Medicine After Austerity: A Response to Recent Commentaries



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Abstract

Complementary and Alternative Medicine (CAM) is frequently used in Portugal and it contributes to the improvement of people's health. CAM and Western Medicine (WM) are taken as complements both in the diagnosis and the treatment stage. The Portuguese health system is able to generate certified CAM professionals but the provision of CAM care and services is not included in the national health system. In times of austerity, this is not expected to change and access to CAM care continues to be out-of-pocket health expenditure. But the future for health in Portugal may well involve including CAM therapies in an integrated health system.

Keywords: National Health System, Complementary and Alternative Medicine (CAM), Western Medicine (WM), Austerity

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Citation: Tavares AI. The challenge of complementary and alternative medicine after austerity: a response to recent commentaries. *Int J Health Policy Manag.* 2016;5(1):77-78. doi:10.15171/ijhpm.2015.194

Article History:

Received: 15 October 2015
Accepted: 25 October 2015
ePublished: 26 October 2015

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A previous work by Tavares¹ showed that complementary and alternative medicine (henceforth CAM) and Western medicine (henceforth WM) tend to be complements, both in the diagnosis and the treatment stages. This means that people do not replace one with the other but access both and use them together. The work also explored the factors explaining the choice of CAM in Portugal, using data from the last available National Health Survey, from 2005–2006, before the economic and financial crisis and before the bailout of 2011.

The work provides a quantitative approach to an under-explored area of research, in particular in southern European countries.² The Portuguese health system is a mixed health system which is financed by taxes, and it coexists with (i) public and private insurance schemes for some professions (called subsystems), and with (ii) voluntary private health insurance, which is the major co-payer for CAM care services.³ The health system provides universal coverage with WM to all residents, but CAM is not generally included in the delivery of the health system.

The subsystems cover around 20%–25% of the population and voluntary private health insurance is purchased by 20% of the population.³ Out-of-pocket expenditure accounted for 27.3% of the total health expenditure in 2011,⁴ and total hospital debt was about €1596 million in 2012.⁵

This general exclusion of CAM from the health system, justified by scarce scientific and evidence-based data and by the additional expenditure it may represent, fails to meet the functions expected of the health system,⁶ in particular provision, since it does not supply all the health services that people would like to be available to improve their well-being and health. Inequity is then created, both on financial and on provision grounds, mainly because CAM services are provided in the private sector, co-paid by private health insurance or paid fully by the patient. Unfortunately, data from the National Health Survey is used in classes of income,

which precludes the finding of statistical significance for relationship between income and CAM use in Tavares¹ work. There is, however, one exception, a CAM treatment may be reimbursed if it is provided by an (allopathic) doctor in the health system. But doctors in general have no training in CAM subjects and are skeptical about its benefits.

Nevertheless, the Portuguese health system has been fulfilling the function of resource generation of non-conventional professionals. In 2013, a law regulating the professionals who practice non-conventional medicine,⁷ such as acupuncture, phytotherapy, homeopathy, Chinese traditional medicine, naturopathy, osteopathy and chiropraxis, was approved. This was a major step in the recognition and certification of the human resources responsible for providing CAM services. The traditional training of physicians, mainly carried out by the public education and health systems, does not include subjects on CAM. In spite of this, at the moment the Portuguese health system is able to create and certify CAM professionals, even though this training is minimally financed by public resources and students pay for it privately.

The social and economic impact of the measures imposed by the financial rescue plan offered by the European Union (EU) Commission, IMF and ECB (the Troika) are significant. The impact on health and access to health services is also relevant and it has not been favorable to people.^{8,9} However, the future for health in Portugal has been reviewed by a set of experts invited by the Gulbenkian Foundation, an international charitable foundation with cultural, educational, social and scientific interests and the largest such institution in Portugal. The final report of these experts includes twenty recommendations covering seven lines of improvement.¹⁰ Of these seven, two strands of recommendations are worth mentioning: (i) the person-centered and team-based health system, and (ii) the new roles and strengthened leadership at all levels. Thus, the need to introduce new service models that provide integrated care and the need for professionals to work

together across organizational and societal boundaries create and fertilize the ground for the future incorporation of CAM in the national health system.

This view of a global and integrated Portuguese health system not only avoids extra diagnosis by CAM and additional costs,¹¹ it also attempts to provide the means for people to look after their health. The concept of health was defined in the Preamble of the Constitution of World Health Organization (WHO) in 1948 and it has not been amended since. Health is “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity,” and health is, therefore, the final and main goal of any health policy-maker.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author's contribution

AIT is the single author of the manuscript.

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