

Ref.: Request for opinion of 18 August 2008

OPINION BY THE ADVISORY BOARD ON HEALTH CARE ETHICS ON ALTERNATIVE TREATMENT, 16 SEPTEMBER 2008

The Working Group of the Ministry of Social Affairs and Health considering legislative provisions on alternative treatments has asked the National Advisory Board on Health Care Ethics to give its opinion relating to alternative treatments. The Advisory Board discussed the issue at its meeting on 16 September 2008 and wishes to state as follows:

Alternative therapies include many kinds of treatments and there are actors in the field with very heterogeneous education and training. These treatments are provided, not only by some health care professionals under supervision of the National Authority for Medicolegal Affairs and the State Provincial Offices, but also by a large group of other service providers. The operations of health care professionals are governed by a strict legislation. Alternative therapies include treatments that have been approved officially as a part of health care (e.g. naprapathy, osteopathy, chiropractic). Many physicians and other health care professionals use hypnosis and acupuncture as a part of the treatment of their patients. In addition to these, there is however a very heterogeneous number of operations and actors that are guided by the consumer legislation and the Consumer Agency.

The Advisory Board sees it problematic that persons seeking treatment are not able to assess, because of the great number of titles and treatments, if the treatment is good or harmless. Similar legislative provisions as apply to the treatments provided by health care professionals and units do not govern the marketing of these treatments. The marketing is sometimes fairly 'wild' and gives an unrealistic picture of the treatment, in particular when comparing treatments to the conventional, evidence-based treatments. Groups that are especially sensitive and vulnerable are children, older people and patients suffering from mental health disorders or other serious diseases, and their relatives. Many treatments can be hazardous to health since they involve combined effects for instance with pharmacotherapy and also when the diagnosis and treatment of a disease are delayed as a result of alternative treatments. Sometimes a treatment may prove dangerous in case the person seeking alternative treatment ceases to take other prescribed medication, either recommended by the care provider or because he or she believes that the alternative treatment will do wonders. A part of the treatments are ineffective, and in that case the financial harm to the patient or his or her family may be considerable.

In Sweden there is a so called quackery law (kvacksalverilagen, SFS 1960:409, revised in 1998 by Act SFS 1998:531 Lag om yrkesverksamhet på hälso- och sjukvårdens område/ Act on Professional Activities in the Health Care Sector). These have not proved to be very efficient, and Sweden is preparing new legislation for the area. It has been pondered a lot in Finland, too, if alternative treatments or those who provide them should be regulated by law. This issue is problematic since there should be a clear idea of the evidence of a treatment's effectiveness in order to make the treatment and its title official. The education and training should also be systematic and covered by the official educational system. This is not the case in practice in regard to alternative treatments.

As regards possible future measures the Advisory Board finds it important that they will protect persons and groups of people that are not themselves able to protect themselves. Because of the diversity of the area it may be a challenging task to enact legislation governing it, or that may even prove inappropriate. In the first phase it should be specified what defects there



are in the present legislation that prevent authorities from acting in an appropriate way. In principle, products may not be marketed to consumers inappropriately and it is prohibited to present such statements about products that mislead the consumer. Before taking a decision to enact a specific law it should be considered if the defects could be remedied by amending the relevant present laws and authorities' powers and by improving cooperation between authorities. The Advisory Board discussed a possible registration of providers of alternative treatments, which could facilitate the supervision of the area and the work of actors, but it was stated at the same time that it would give a false idea of the relationship between these services and actual health care.

It was also discussed whether the popularity of alternative treatments is a manifestation of distrust of conventional medical treatment. At least it tells something about the challenges faced by the health care system in meeting a person in a comprehensive way and about experiences of becoming heard.

The Advisory Board wants to thank for having been consulted and hopes that it could also express its opinion on the Working Group's report, if there is such a report.

Markku Lehto
Chairman of the Advisory Board on Health Care Ethics

Ritva Halila
Secretary of the Advisory Board on Health Care Ethics

