TIMES OF MALTA

Complementary therapy and prioritisation of health care funding

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Alternative medicine has reached our shores and is becoming increasingly popular. We now also have such practitioners making a claim on public funding for their area, seemingly in common with `traditional` medicine (Weekender, April 27,2002).

What`s wrong with that, one might ask?

For a start, alternative medicine is unregulated and untested. It does not undergo stringent medical trials to confirm that the medicine or procedure actually works-and to exclude, as far as possible, drugs or procedures that harm. That does not mean to say that they don`t work - in fact, many of our medicines today were originally identified through observations that certain herbs or plants do. For example, digoxin, which is a commonly used medicine prescribed to cardiac patients, was originally extracted from the foxglove.

However, there is plenty of evidence that herbal medicines may also cause harm. Some years ago, a popular variety of herbal tea was withdrawn in the UK after it was found to be associated with hepatic fibrosis - a potentially fatal medical condition. They may also cause interactions with other medication the patient may be taking, causing them to work differently or not at all. So, although they may be helpful, they have not been sufficiently investigated to be considered harmless, as their suppliers very often paint them to be!

After licensing, medicines then have to gain acceptance within the broader medical community. Developed countries the world over have also introduced stringent assessment to ensure that they are really worth using. Hence the development of evidence-based medicine, which has resulted in centres being funded, initially in the US, subsequently in the UK and in most of Europe today. These centres assess new medicines and technology for effectiveness, and advise governments, the professions and also the public, appropriately.

It is only after passing these barriers that funding is enabled - and this applies both to National Health Services and insurance-based funding systems. This has been given such importance worldwide that, on being appointed to head WHO, Gro Brundtland made evidence-based health policy her first priority. For, in a scenario where money is scarce, it is paramount that it be directed appropriately.

Locally, this assumes increasing importance in the light of the current state of public funding. More so, when patients have resorted to the Law Courts to try to obtain funding for medical treatments which are not available through the national health service.

It is also pertinent to note that Malta only spends 6.4 per cent of the GDP on health care, as opposed to the European average of 8.4 per cent; and that WHO gave us second placing worldwide in providing `health per dollar spent on health care`, i.e. the little we are spending is very well targeted. If more funding were to be made available for health care, it would be more appropriate to target it to treatments and procedures that have been shown to work, and that are as yet unavailable to our population or to improve access where it is limited by waiting lists.

Evidence-based centres are appropriately involving patients in developing recommendations, both for treatment and procedures, thereby maximising patient perspectives in their recommendations.

For those considering using alternative practitioners, it is always wise to ensure that a proper diagnosis has been made - and this is really the realm of the medical practitioner only, because doctors are fully trained in making a diagnosis. There is at least one case on record locally where a serious medical condition was treated inappropriately by an alternative practitioner, with very serious consequences - it also became the subject of litigation. Others are presenting scams to the public - for example diagnosing `allergies` and prescribing inappropriate diets with potentially serious problems. (e.g. diagnosing wheat allergies without proper investigations).

The idea of regulating such practitioners has been advocated, both locally and overseas. However, this is difficult to implement if practitioners do not restrict themselves to their areas of competency, because patients will suffer if they do not do so. Enforcement would be difficult in such circumstances, not least because the law so far does not define areas of competence for different health care workers. This has also been problematic in other areas in health care.

At the end of the day, the only valid benchmark is the provision of safe and effective patient care, which should supervene the fashion of the day, so as to use our limited funds in an effective manner.

Dr Tilney is a physician, and lecturer in medicine, University of Malta; she is also international secretary for the Medical Association of Malta. The views expressed in this article represent her personal opinion and can in no way be construed to represent any organisational viewpoint.