

Review article

Non-Conventional Medicine in Italy: The present situation

Paolo Roberti di Sarsina^{a,*}, Ilaria Iseppato^b^a*Italian High Council of Health, Ministry of Health, Rome, Italy*^b*Department of Sociology, University of Bologna, Italy*

Received 26 March 2009; received in revised form 19 April 2009; accepted 29 April 2009

Abstract

This article provides a brief overview of the current situation in Italy regarding the diffusion and regulation of Non-Conventional Medicine (NCM). In Italy the use of NCM is spreading among the population as in the rest of Europe. Sales of alternative remedies are growing, and likewise the number of MDs who practice NCM. However, in Italy, unlike in other countries of the European Union, at the present time the juridical/legal status of NCM is not well established, mainly due to the lack of any national law regulating NCM professional training, practice and public delivery, not to mention the absence of government-promoted scientific research in this field. After procrastinating for 20 years, the Italian Parliament is therefore urged to legislate without further delay and approve a full-scale national law on Non-Conventional Medicine to protect citizens' safety and freedom of choice.

© 2009 Elsevier GmbH. All rights reserved.

Keywords: Non-Conventional Medicine (NCM); Complementary and Alternative Medicine (CAM); NCM legal status; Italian healthcare system

Epistemological bearings: Why we prefer talking about Non-Conventional Medicine

For years the World Health Organization has defined Non-Conventional Medicine (NCM) as “Traditional Medicine” in deference to the nations and cultures where such forms of medicine are an integral part of the cultural and medical heritage (for instance, China's and India's cultural traditions) [1]. Traditional Medicine is the sum total of indigenous knowledge used in the maintenance of health in these countries; however, wrongly, in Western countries the terms “Traditional Medicine” and “Non-Conventional Medicine” are often used interchangeably. So, paradoxically, in Western countries indigenous biomedicine and alternative medicine may come to coincide.

The term adopted by the Cochrane Collaboration and by international literature is “Complementary and Alternative Medicine” (Consensus Conference, United States Office for Alternative Medicine of the National Institutes

of Health, Bethesda, USA, 1997). The multi-dimensional meaning of this definition is immediately obvious: it applies at the same time to both exclusively first-choice treatment (alternative medicine) and second-choice or associated therapy approaches (complementary medicine) [2]. Moreover, Western biomedical culture usually tends to identify “alternative medicine” in a negative way, as something outside the mainstream, unsupported by scientific explanation or academic legitimization [3].

For the reasons stated above, we chose to keep the term “Non-Conventional Medicine”, which is generally socially more widespread, better known and understood in Italian parlance, as well as already employed by the (FNOMCeO (National Council of the Italian National Federation of Colleges of MDs and Dentists) in the Terni Document (2002)) [4], by the European Parliament (1997), by the Council of Europe (1999) and in the Consensus Document on NCM in Italy (2003).

The Italian sociologist of health Guido Giarelli clarifies this epistemological point in unmistakable terms as regards the Italian scene: “Non Conventional Medicine is the definition we prefer and have chosen to keep in the current Italian situation, for at least three reasons: it seems as little laden as possible with positive or negative ideological

*Corresponding author. MD, Expert for Non Conventional Medicine Italian High Council of Health, Ministry of Health, Rome, Italy.

Tel.: + 39 335 8029638; fax: + 39 051 442039.

E-mail address: p.roberti@fastwebnet.it (P. Roberti di Sarsina).

connotations, and is hence scientifically more neutral. At the same time it has the merit of marking the conventional nature of official orthodox medicine and its historical path to legitimacy. It affords a dynamic and relative definition for a series of medicines that can only be identified in opposition to conventional medicine. These forms of medicine are currently excluded from formal healthcare organization or medical faculty teaching. In that sense “non-conventional” is synonymous with “non-orthodox” and “different” vis à vis biomedicine” [5].

In other words, this term is scientifically neutral and alludes to the conventional status appropriated by biomedical orthodoxy: in Italy, unlike in a number of EU countries, these medicines and respective health systems are neither part of compulsory medical degree curricula nor contemplated in the prevailing national health system. The fact is also that NCM may be the first choice of people looking for well-being and health, and it is not necessarily something posited against the dominant paradigm [6].

As the WHO urges, it is both necessary and ethical to protect and safeguard, promote, study, pass on and apply the cultural heritage of western and eastern medical and anthropologic health systems and knowledge, in full respect of the original traditions behind each order and paradigm.

Diffusion of NCM among patients and practitioners in Italy

On 21st August 2007, the Italian National Institute for Statistics (ISTAT) published the results of its latest multi-purpose survey, “Non Conventional Therapies in Italy” [7,8]. The survey related to the year 2005 and took a cross-section of some 60,000 families. The macroscopic finding was that 13.6% of the Italian population (around 8 million) said they had used NCM in the past three years. This means that five years on from the previous ISTAT poll (1999) no less than eight million Italians confirmed the worth and utility of such treatment. The typical Italian user of NCM is an adult between 35 and 44 years of age with post high school qualifications; there is a greater percentage of women; and the most used Non-Conventional Medicines and therapies are homeopathy, acupuncture, herbal remedies, anthroposophic medicine and chiropractic. Most users admit to having gained amelioration or healing without side effects.

Incidentally, the economic burden on families is an important factor to be taken into consideration. As its purchasing power has been whittled away in recent years, the family budget has found it increasingly onerous to cover the full cost of non-conventional healthcare (doctor, medicines, supplementary therapy), because the Italian healthcare system in most cases does not cover these expenses and the offer of NCM inside the national health service is concentrated in the north of the peninsula. It is those employed in professions where such treatment is refunded (e.g. journalists, managers, etc.) that head the list of users highlighted by the statistics. More and more

frequently one hears of cases of families where the parents reserve alternative treatment for their children and cannot afford it for themselves.

Another survey carried out in 2003 by ABACUS (Institute for market research and opinion surveys) tells us that 30% of Italians made regular use of NCM with good results. In the same year, DOXA (Institute for statistical research and public opinion analyses) revealed that 23% of the Italian population, that is 11.5 million people, consulted homeopathic MDs. The same result was confirmed by EURISPES (Institute for political, economical and social studies) in 2006.

A study carried out on a sample of 52,332 families, to a total number of 140,011 people, and published in 2004 by Menniti-Ippolito and colleagues in the *Annals of the Italian National Institute of Health* [7,8], reports that at least 15.6% of the Italian population used NCM over a three-year period (homeopathy 8.2%, manual treatments 7.0%, phytotherapy 4.8%, acupuncture 2.9%, other NCM 1.3%).

Moreover, according to CENSIS Foundation’s research “Forum per la Ricerca Biomedica” (Forum for Biomedical Research issued by the Italian Foundation for Social Investments), 23.4% of Italians used NCM during the year 2007 (especially homeopathy and phytotherapy).

Even the number of NCM practitioners is on the increase. Many MDs and medical students share their patients’ uncertainty about conventional medicine and over the last 15 years have moved from a position of silent interest to one of open enquiry and growing use [9,10]. In Italy today there are almost 3000 MDs using acupuncture, more than 8000 homeopaths, about 20,000 MDs with homeopathic training and approximately 160 MDs who have completed the three-year residential course on anthroposophic medicine. There are over 20,000 Italian practitioners (physicians, dentists, veterinarians) prescribing homeopathic and anthroposophic medicines. Many are doctors and veterinarians who have completed years of post-graduate training to acquire specific skills in homeopathy, anthroposophic medicine and homotoxicology, which are the three sectors that use homeopathic medication.

Homeopathic and anthroposophic medicines are found exclusively at the chemist’s and are offered by most Italian chemist’s shops. By 2000, 7000 chemist’s shops out of 16,000, that is 43%, had a section for homeopathic remedies. Contextually, the importance of training for health care providers (not only doctors but also pharmacists) and the need of informational programs for consumers have increased considerably [11,12].

In 2005, Italy was the third European country after France and Germany in terms of HAMP (acronym used by homeopathic and anthroposophic medicinal products) sales. NCM was used by 49% of French people, 46% of Germans and 35% of British people [13]. Homeopathic medicine has existed for over 200 years and in Italy offers a range of more than 5000 medicines. Italy has some 30 companies operating in the homeopathic field and

together these employ more than 1200 people. In 2007, the Italians spent some 300 million Euros on homeopathic medicines. In the same year, the total state income from IVA (VAT), IRES (corporate income tax) and IRAP (regional tax on productive activities) was 40 million Euros. Since neither homeopathic therapy nor examination by homeopaths is a burden on the State budget, homeopathy thus brings the State a net revenue of 40 million Euros, not counting the saving on doctors' consultations.

The role of Professional Associations and the need for professional training

Seven years have elapsed since the National Council of the Italian National Federation of Colleges of MDs and Dentists (FNOMCeO), taking cognizance of Resolution 1206 of the Council of Europe, 4th November 1999, "On the status of Non Conventional Medicine", recognized nine such NCMs for their social importance: acupuncture, traditional Chinese medicine, ayurvedic medicine, homeopathy, anthroposophic medicine, homotoxicology, phytotherapy, chiropractic and osteopathy. These practices are seen as falling exclusively under the professional responsibility of medical doctors and dentists; they are "to all effects medical practice" (Guidelines of the FNOMCeO on non conventional medicines and practices, Terni, 18th May 2002). In the Professional Code of Medicine an article (art. 15, Section 3) is devoted to NCM. It reads as follows: "Recourse to non conventional practices forms an inseparable part of the profession's decorum and dignity and belongs exclusively to the direct non-delegable professional responsibility of the doctor. Recourse to non conventional practices must not divert the citizen from specific, scientifically consolidated therapies and always calls for properly informed consent. Doctors are forbidden to collaborate in any way with, or promote the practice of, third parties not of doctor status in the sector of so-called non conventional practices."

The conclusion of this pinnacle of the medical profession is that the only people empowered to practice NCM are doctors and dentists who have undergone strict and specific training. Nevertheless, at present, Italian universities have only non-professionalizing post-graduate courses in the NCM field, not necessarily activated in medical faculties. All qualifying professionalizing education in the NCM field has hitherto been a result of the praiseworthy efforts of private tuition [14]. (It was Prof. Antonio Negro who started up the first post-graduate school of Homeopathic Medicine in 1947.) Currently, the scientific societies of each discipline transmit knowledge and control the quality of procedures, courses and teachers.

Similarly, research is mostly limited to preclinical and clinical studies, and is carried out in a few university departments (for instance, at University of Florence) or under the supervision of some public agencies.

In 2003, the National Federation of Veterinarians (FNOVI) issued a similar document recognizing five

disciplines as part of the veterinary art (acupuncture, traditional Chinese medicine, homeopathy, homotoxicology and phytotherapy). Again, the Professional Code of Veterinarians devotes an article (art. 30, Section 2) to NCM, which reads: "Recourse to non conventional medicines in veterinary practice is exclusively the prerogative of veterinarians. It is to form part of the professional duties and dignity and belongs exclusively to direct non-delegable professional responsibility, subject to duly informed consent being obtained from the client."

In 2003, after the Consensus Conference on NCM in Italy, the Consensus Document on Non Conventional Medicines in Italy was signed, and in the presence of the then acting vice-president of the FNOMCeO, the Permanent Committee of Consensus and Coordination for NCM in Italy was constituted [15]. This was to be open to all health units, organs of the medical profession and Italian national, regional and community institutions, as well as citizens' associations to safeguard NCM and promote the advancement and national recognition of NCM disciplines in the spirit of the Terni Document of the Italian Federation of Colleges of MDs and Dentists (FNOMCeO). It represents about 12,000 medical doctors and veterinarians, and is Italy's most representative non-profit, independent, multidisciplinary NCM inter-organisation. More specifically, the Committee for NCM in Italy is committed to implementing all the initiatives agreed upon in the Consensus Document, awakening public opinion to NCM and becoming the most authoritative interlocutor of public institutions with regard to NCM. It operates at medical, social and institutional levels, free from profit and conflict of interest, and carries out the following activities: information and training on health-genesis, legal recognition, information and relations with the media, training of all medical staff, informed consensus for a free choice by the individual health programme, quality, safety and efficacy criteria of all the disciplines represented, and support for patient associations. It is open to dialogue with all health authorities, including local, regional and national institutes, as well as with citizens' associations.

A course in "Sociology of Health and Non Conventional Medicine" – the first ever held in Italy – targeting professionals (MDs, dentists, veterinarians, pharmacists, biologists, sociologists, psychologists, instructors, statisticians) was run by the University of Bologna (Department of Sociology) in 2007, with the collaboration of the Committee and was supported by the College of Medical Doctors, Surgeons and Dentists of the province of Bologna, that is, one of the 103 Colleges comprising the Italian National Federation of MD and Dentist Colleges (FNOMCeO). This initiative formed an excellent stimulus to research and an opportunity to spread exact information about NCM.

Legal status of non conventional medicine in Italy

The Italian Republic protects health as a fundamental right of the individual, safeguards the principle of scientific

pluralism and ensures that the individual is free to choose treatments and that health providers are professionally qualified, with special focus on the independence of MDs as regards the choice of treatment (Suprema Corte di Cassazione, the Italian Supreme Court of Justice, 4th Section, Sentence no. 301, February 8th, 2001). The Italian national health service was established in 1978 to provide uniform and comprehensive care and is financed by general and regional taxation (97%) and patient co-payments [16]. Under the Italian Constitution, responsibility for health-care is shared by the State and the twenty regions; the State sets healthcare standards known as LEAs, which apply as of right to all residents throughout the country, while the regions have the responsibility of organising and administering public funds (hence the many regional disparities in fiscal capacity, in distribution of public facilities and in appropriateness of care).

The government and Parliament have been invited to pass a law acknowledging and regulating the practice of NCM. No such law has yet been passed. During the last twenty years, some twenty draft bills about NCM have been tabled without results. It can be said that Italian institutions have not yet responded to public demand; similarly, knowledge of NCM among MDs, especially general practitioners, is not as widespread as patient demand would require [17,18]. However, a “dual freedom” must be recognized: the individual’s choice of therapy and the doctor’s choice of approach, in full accordance with the spirit of the Constitution of the Italian Republic. After procrastinating for twenty years, Parliament is urged to legislate without further delay and approve the basic national law on NCM.

What little has been done is extremely cautious and at times even contradictory. The Supreme Court (Corte di Cassazione) has ruled (1982, 1999, 2003, 2005, 2007) that acupuncture is a medical practice; that whoever prescribes homeopathic products must be a doctor; and that it is an abuse of the medical profession for anyone to practice NCM if they have not attained a degree in medicine. The Supreme Court clarified once and for all that public health is to be safeguarded, ruling that all NCMs may only be practiced by doctors. Practice is thus subordinate to proof of attainment of the state qualifying examination, membership of the professional register and possession in the first instance of a degree in medicine.

The Constitutional Court (2005, 2006, 2007, 2008) has ruled that regions may not pass laws on the recognition of professional figures or establishment of new registers; these offices are reserved for the State, that is, the regions may not legislate upon new health profiles that are not sanctioned and recognized by previous national law. On the question of the constitutional legitimacy of regional legislation to regulate professional activity, the Constitutional Court ruled that such regional legislative power in matters pertaining to the “professions” must abide by the principle whereby the recognition of professional figures and respective qualifications is reserved for the State for

necessary reasons of uniformity; it falls to the regions to discipline features that have a specific connection with the region itself.

This principle applies not only to establishing particular specific norms but also as a general limit beyond which regional law may not step. It thus follows that such laws as have been submitted for approval by the judge are constitutionally illegitimate [5].

Regional initiatives

Important initiatives have recently been taken by many regions after the reform of clause V of the Italian Constitution, to the effect that the regions should bear joint legislative jurisdiction with regard to the “professions”. Since the lack of a national law governing NCM makes access to these practices unequal, some regions such as Tuscany have included a chapter on NCM in their regional health plans: acupuncture is guaranteed as an approved regional healthcare standards (LEA), patients are to pay a basic contribution for homeopathy, phytotherapy, acupuncture and traditional Chinese medicine services, and these are already available in 63 regional welfare centres at specially low controlled prices [19].

In Campania by resolution no. 3589, dated December 2003, and with guidelines as to the allocation of research funds and the form of support by the ASLs (local health agencies-public enterprises which are legal offshoots of the region) and by private centres already operating in the regional territory (D.P.G.R. no. 1182, dated 15/11/2001), the region allocated a restricted fund of 3,000,000 Euros to NCM, which was later increased to 4,000,000 Euros. The fund covered NCM services offered as Basic Levels of Regional Assistance (LEAs) and training activity on NCM. Later, via Managerial Decree no. 190, dated 21st September 2004, the region allocated this restricted fund to ASL projects and hospitals involved in research, updating and training on NCM and drew up a list of acceptable and unacceptable projects for financing as contemplated by Managerial Decree no. 1209, dated 22nd December 2003.

The Lombardia region, one of the five WHO Collaborating Centres for Traditional Medicine (in collaboration with Milan University and the regional government) started its activity in 1997, while in 2008, the Piemonte region instituted the first regional reference centre for acupuncture and the regional scientific coordination for NCM.

In the Emilia-Romagna Region, resolution no. 297, dated 23rd February 2004, established an official health board Regional Observatory for NCM responsible for setting up and promoting experimental projects to be run by the local health agencies, focusing in particular on acupuncture, homeopathy and phytotherapy, the aim being to find solutions for the integration of NCM within biomedicine. On 16th February 2005, resolution no. 334 of the Regional Executive Board of Emilia-Romagna retained the Observatory for two more years and approved the

“Experimental programme 2005 for the integration of NCM in the Regional Health Service of Emilia-Romagna”. Subject to approval by individual ethical committees, the local health agencies directly involved will be responsible for implementing this programme and improving the definition of operative procedure. In 2006, the region of Emilia-Romagna sent Parliament a proposed a national bill to regulate Complementary and Alternative Medicine. This is the first time a region has used the prerogative foreseen by art. 121 Section 2 of the Italian Constitution. Among those involved in this initiative is the Permanent Committee of Consensus and Coordination for NCM in Italy. By its latest regional Social and Health Plan (2008–2010), the Emilia-Romagna region continues on its course towards integration of NCM in the Regional Health Service, even though this does involve a considerable risk of clouding the epistemological self-identity of NCM. Separate epistemological identities require mutual recognition and collaboration, not mere integration into the prevailing paradigm.

The region of Umbria focuses on training for MDs who practice NCM in public surgeries and has defined specific tariffs and access pathways. With a slightly different emphasis, the Lombardy region’s past “legislatures” have seen more than ten experimental and observational studies and clinical audits on NCM, promoted by both public services and private institutes in collaboration with the WHO, which have now reached the operating stage.

Tuscany, as said before, has approved a third Regional Health Plan by which NCMs are introduced in the Regional Health Service Programme. With Tuscany’s new Regional Health Plan, homeopathy, acupuncture, phytotherapy and manual medicine have become part of the regional LEA and budget items have been allocated to NCM [20]. New NCM service centres are being created and the three reference centres appointed by the region have been reinforced. They are Lucca’s ASL no. 2, Empoli’s ASL no. 11 and Florence’s ASL no.10. The last of these is the reference centre for acupuncture and traditional Chinese medicine and has a coordinating role. Over the whole of Tuscan territory the number of SSR centres providing NCM services has increased from 31 in the year 2001 to 63 on 31st January 2005.

In the years 2002–2004 the Tuscan Region allocated 520,000 Euros/year to NCM, later increased to 600,000 Euros/year for the years 2005–2007. The Regional Executive Board decided (resolution no. 1391, dated 27th December 2004) to allocate specific economic resources (486,957 Euros) to NCM for the third year of the Regional Health Plan 2002–2004.

After the creation of Tuscany’s NCM reference centres, provided within the Regional Health Plan 2002–2004 and set up under resolution no. 1384/2002 of the Regional Executive Board, the Tuscan Region introduced acupuncture, homeopathy, phytotherapy and manual medicine as part of the regional LEAs under the new PSR 2005–2007, approved by Regional Council resolution no. 22, dated

16th February 2005. In February 2007 the Regional Council of Tuscany approved a law disciplining the practice of NCM by MDs, dentists, veterinarians and pharmacists, with the aim of guaranteeing the quality of the CM services and the safeness of the right of information for patients. General surgeons, dental surgeons, veterinary surgeons and pharmacists may enrol on the list if they possess the necessary qualifications and experience outlined by the Regional Committee in accordance with the medical doctors association. A document of agreement has been approved in recent months to define the necessary criteria for admission to the list of general surgeons and dental surgeons, veterinary surgeons and pharmacists practising complementary medicine and also the accreditation criteria of the public and private establishments for training in the individual disciplines of complementary medicine: 3-year courses with at least 450 h of didactic lessons and a final examination in the presence of a representative of the regional medical or veterinarian or pharmacist association. The criteria to accredit schools and professional association schools were also defined. The new Regional Health Plan 2008–2010 was recently approved, which contains a more advanced proposal of Complementary Medicine integration, such as, for instance, in cancer therapy. For at least the past 3 years, master courses in NCM have been offered at all the Universities of Tuscany, and finally, the Integrative Medicine Tuscany Network was created to coordinate the activities of 62 public NCM services situated in all Tuscan hospitals. Programs of international cooperation have been active in Tuscany for several years supporting the development of natural medicine in the southern countries of the world. Decentralized cooperation programs have been set up in Cuba, Senegal, Serbia and with the Saharawi people, in conjunction with local authorities, international organizations (United Nations), civil society associations and NGOs.

Regulation of pharmaceutical products in Italy

In 2006, Italy received the European Directive on Drugs 2004/27/CE, which contains five specific articles on homeopathy and anthroposophic medication taking account of the production and control features peculiar to these two classes of drugs. The fact that the Italian government has received the Directive means, at least, that such homeopathic and anthroposophic drugs presently on the Italian market remain legitimate until 2015. There is, however, an unaccountable failure as yet to introduce a series of norms to safeguard the citizen. For example, there is a law (only in Italy) that bans printing instructions and dosages on the packet (to the serious detriment of the consumer). Another incredible fact: for many years new homeopathic medicines have not been authorized. Ever since 1995, the administrative procedure for registering new drugs has been in abeyance. Even publicizing homeopathic remedies is banned in any form, which is further evidence of discrimination.

Finally, only in April 2009 did the AIFA (the Italian drug agency) issue the first guidelines on the quality of homeopathic products, thus even improving in this way the therapeutic opportunities in terms of pharmacoeconomy [21].

Current developments in Europe and in Italy

In Brussels on 08th November 2005 at the EU Open Health Forum for Stakeholders “Health Challenges and Future Strategy”, organised by the European Commission – DG Health and Consumer Protection, the following manifesto on NCM was signed and presented to the European Commission: “This morning we have been talking about subjects such as putting patients’ concerns higher on the agenda and protecting them from health threats. If we realise that: there is a growing demand among the European citizens for Complementary and Alternative Medicine (CAM); the clinical effectiveness of CAM is, in many cases, at least as high as the effectiveness of conventional medicine, as shown by several long-term studies involving many thousands of patients; CAM is not only effective but also very safe, and that, therefore, CAM can help to reduce the enormous burden of mortality and morbidity caused by the adverse effects of conventional prescription drugs, it is high time that the European Union included CAM in its policy”.

On 23rd October 2007, the European Parliament and Council jointly adopted the decision to set up a second Community Action Programme on Health (7th Framework Programme of the European Community for research, technological development and demonstration activities 2008–2013). For the first time it included an item on NCM [22]. In doing this the European Union institutions have given some acknowledgment to NCM (coherently with the 1997 and 1999 resolutions): “*The programme should reflect the importance of a holistic approach to public health and, where appropriate and supported by scientific and clinical evidence of effectiveness, consider complementary and alternative medicines within its scope.*” (20th November 2007 Official Gazette of the European Union L. 301/5).

In Brussels on 11th December 2008 at the European Open Health Forum 2008, organised by the European Commission – DG Health and Consumer Protection, the following manifesto on NCMs was signed and presented to the European Commission, identifying them as a top priority for EU Health Policy:

- *Complementary and Alternative Medicine (CAM) is in strong demand among European citizens reflecting a need for more holistic patient-centred care.*
- *About 70% of the European population report that they have used CAM therapies.*
- *Clinical effectiveness of CAM is, in many cases, at least as high as the effectiveness of conventional medicine as*

shown by several long-term studies involving many thousands of patients.

- *CAM has a positive safety profile and is effective, especially in individualised medicine.*
- *CAM manufacturing techniques help protect the environment.*
- *Integration of CAM in general health care can help reduce costs and the burden of mortality and morbidity caused by multiple adverse effects of many conventional prescription medicines.*
- *CAM is needed in fostering good health in Europe for the young and the old.*
- *CAM is a strong contribution to health promotion.*
- *For the benefit of all Europeans we strongly recommend that the European Union promote the integration of valid CAM and effective Medicinal Traditions in its health policy!*

In Italy’s current (16th) legislature, on the agenda of the (12th) Health Commission of the Senate is a unified draft bill on NCM, the rapporteur for which is Sen. Daniele Bosone. However, there is still much work to be done and, maybe, time is not ripe yet.

Final commentary

Looking at these data, the need for more political attention in Italy to the social demand for NCM and to the problem of regulating NCM practice becomes evident, not only to protect patients’ safety and their right to choose how to take care of themselves but also to prevent the rise of new social and geographical inequalities in the access to non conventional therapies. NCM should not remain an opportunity for the educated and rich alone but must be known and made accessible to everyone who wants to explore with alternatives to biomedicine. There are many explanations for the progressive diffusion of NCM therapies, which have much to offer, particularly in the absence of effective conventional approaches [23]. Biomedicine once served to make patients better, alleviating symptoms and healing disease; now, some people think it has degenerated into a risk-reducing, patient-stratifying, life-years-adding bioscience, disregarding individual needs. Currently it seems that NCM can often be used as a first option to treat certain problems, keeping more costly, more invasive and potentially toxic treatment as a second option. It may help prevent often long-term dependency on biomedical medication and reduce the enormous burden of mortality and morbidity caused by the iatrogenic effects of allopathic prescription drugs, people’s ever-increasing resistance to antibiotics, and the inability of biomedical drugs and therapies to cope with chronic and psychosomatic diseases. Current citizen attitudes to health include a preference for natural products over chemical drugs, a holistic sustainable philosophy and related behaviour in terms of health management, a belief in individual responsibility for achieving wellness, more attention to

relationship, dialogue and emotive needs, less unquestioning acceptance of medical authority, and anti-technology sentiment [24–26].

In conclusion, it is now an acknowledged fact at home and abroad that NCMs have come to occupy a stable role in the forefront of healthcare. That is indirectly demonstrated by the enormous theoretical and practical interest now being displayed in university, hospital and community medicine across Europe. There are many academic reports that also confirm these first concrete signs of consolidation in modern Italy where NCMs are concerned. Despite these positive signals, in Italy there is still no mature culture of NCM nor any shared awareness of the steps that should be taken to regulate this field. In the absence of national regulations the regions do not act uniformly or promote action leading to harmonisation of decisions and behaviour. Until the Italian Parliament issues a national law on NCM, the regions will remain the main actors in the process of management, authorisation and recognition of Non Conventional Medicine/Complementary and Alternative Medicine in Italy. After procrastinating for twenty years, Parliament is therefore urged to legislate without further delay and approve a full-scale national law on NCM to protect citizens' safety. Individual and collective health has much to gain from democratic discussion focusing on the issue and fostering cultural emancipation, freedom of choice, better health and sustainability.

Conflict of interest

No conflict of interest declared.

References

- [1] WHO. Traditional Medicines Strategy: 2002–2005. Geneva 2002. <<http://www.who.int/medicines/publications/traditionalpolicy/en/index.html>>.
- [2] Goldstein MS. The growing acceptance of complementary and alternative medicine. In: Bird CE, Conrad P, Fremont AM, editors. Handbook of medical sociology. New Jersey: Prentice Hall; 2000. p. 284–95.
- [3] Maddalena S. Alternative medicines: on the way towards Integration? A comparative legal analysis in western countries. Peter Bern: Lang; 2005.
- [4] FNOMCeO. Linee Guida sulle Medicine e Pratiche Non Convenzionali. Consiglio Nazionale. Terni, 2002. <http://portale.fnomceo.it/Jemsfnomceo/statico/la%20professione%20maggio-giugno_2002.htm>.
- [5] Giarelli G, Roberti di Sarsina P, Silvestrini B, editors. Le medicine non convenzionali in Italia. Storia, problemi e prospettive di integrazione. Milano: FrancoAngeli; Milano, 2007 (Italian).
- [6] Roberti di Sarsina P, Iseppato I. Looking for a person-centred medicine: non conventional medicine in the conventional european and Italian setting, Evid Based Complement Alternat Med 2009, in press.
- [7] ISTAT, Le terapie non convenzionali in Italia-Anno 2005. <www.istat.it> 2007 (Italian).
- [8] Menniti-Ippolito F, Bologna E, Gargiulo L, Forcella E, Sabbadini LL, Raschetti R. Caratteristiche individuali e familiari degli utilizzatori di terapie non convenzionali in Italia. Ann Ist Super Sanità 2004;40(4):455–61 (Italian).
- [9] Cocconi G, et al. Attitudes to, and practice of, unconventional medicine by physicians in Italy. Eur J Intern Med 2006;17:32–7.
- [10] Giannelli M, Cuttini M, Da Frè M, Buiatti E. General practitioners' knowledge and practice of complementary/alternative medicine and its relationship with life-styles: a population-based survey in Italy. BMC Fam Pract 2007;8:30.
- [11] Zaffani S, Cuzzolin L, Benoni G. Herbal products: behaviors and beliefs among Italian women. Pharmacoeconom Drug Saf 2006;15: 354–9.
- [12] Cuzzolin L, Benoni G. Attitudes and knowledge toward natural products safety in the pharmacy setting: an Italian study. Phytother Res 2009, doi:10.1002/ptr.2745.
- [13] ECHAMP. Homeopathic and anthroposophic medicine in Europe. facts and figures, 2007.
- [14] Cipolla C, Roberti di Sarsina P, editors. Le peculiarità sociali delle Medicine Non Convenzionali. Franco Angeli, Milano, 2009.
- [15] Roberti di Sarsina P. Consensus Document on NCM/CAM in Italy, Evid Based Complement Alternat Med 2005;2:233–5.
- [16] France G, Taroni F, Donatini A. The Italian health-care system. Health Econ 2005;14:187–202.
- [17] Roberti di Sarsina P. La situazione sanitaria in Italia. Med Nat 2006(16):248–51 (Italian).
- [18] Roberti di Sarsina P. Lo status giuridico delle MNC in Italia e in altre nazioni occidentali. Anthropos Iatria 2003;2(7):72–87 (Italian).
- [19] Tacchino C, Tanzi E. Le Medicine e le Terapie non convenzionali nelle politiche e nelle esperienze del Sistema sanitario. Mecosan 2006;58:71–98 (Italian).
- [20] Rossi E, Baccetti S, Firenzuoli F, Belvedere K. Homeopathy and complementary medicine in Tuscany, Italy: integration in the public health system. Homeopathy 2008;97:70–5.
- [21] Basili A, Lagona F, Roberti di Sarsina P, Basili C, Paterna TV, Allopathic versus homeopathic strategies and the recurrence of prescriptions: results from a pharmaco-economic study in Italy, Evid Based Complement Alternat Med 2009, doi:10.1093/ecam/nep023.
- [22] 7th Framework Program of the European Community for Research, Technological Development and Demonstration Activities (2008–2013). <http://ec.europa.eu/research/future/documents_en.cfm>.
- [23] Roberti di Sarsina P. The social demand for a medicine focused on the person: the contribution of CAM to healthcare and healthgenesis. Evid Based Complement Alternat Med 2007;4(S1):45–51.
- [24] Colombo E, Rebughini P. La medicina che cambia. Le terapie non convenzionali in Italia. Il Mulino, Bologna, 2003 (Italian).
- [25] Dei F. Medicine Alternative: il senso del male nella postmodernità. I fogli di Oriss 1996;5:29–56 (Italian).
- [26] Losi N. Gli amici dell'acqua. Medici, pazienti e medicine alternative. Milano: Franco Angeli; 1990 (Italian).