



Internationale Vereinigung Anthroposophischer Ärztgesellschaften  
International Federation of Anthroposophical Medical Associations  
Fédération Internationale des Associations Médicales Anthroposophiques

## PROMOTING HEALTH AND FIGHTING ILLNESS

### AS MAJOR POLITICAL CHALLENGES IN THE EU

Comments in response to the reflections of Commissioner David Byrne  
for the future EU health strategy (15.7.04)

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President:	Giancarlo Buccheri, Dr. med., Via Vincenzo Monti 79/4, I - 20145 Milano		
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	Frank Mulder, Dr. med., Park Attwood Clinic, Trimpey, Bewdly, GB-DY 12 1 RE-Worcestershire		
	Madeleen Winkler, General Practitioner, Krugerlaan 79, NL - 2806 EC Gouda		
Accounting-Office:	Gesellschaft Anthroposophischer Ärzte in Deutschland, Roggenstr. 82, D-70794 Filderstadt Phone: +49 711 7799711, Fax: +49 711 7799712 - E-mail: ges.anth.aerzte@t-online.de.		
Bank-Accounts:	UBS, Arlesheim CH-4144 Arlesheim IBAN CH910023323392748740W	Deutsche Bank AG D-79004 Lörrach IBAN DE14683700240068851500	Postscheckkonto: CH-Basel 40-14 197-5

## 1. Basic information

The main field of activities of the IVAA is the representation of anthroposophic medicine worldwide with respect to medico-legal matters. In this capacity the IVAA is part of the Medical Section of the School of Spiritual Science at the Goetheanum (Switzerland).

As a corporate body the IVAA functions as umbrella organisation for the national anthroposophic doctors associations worldwide. Until now, anthroposophic medical associations, comprising more than 2000 trained medical doctors (General Practitioners and Specialists), exist in fifteen Member States (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Italy, Latvia, the Netherlands, Poland, Spain, Sweden, United Kingdom) as well in Norway, Switzerland and other European countries. Anthroposophic medicine is practised in hospitals, clinics and other in-patient facilities in Austria, Germany, Italy, Netherlands, Sweden, Switzerland and the UK, including both teaching hospitals and district general hospitals. All specialities are represented, including Internal Medicine, Obstetrics, Psychiatry, Surgery, Intensive Care Units and Accident & Emergency Units, with a total of 2200 beds.

Website: [www.ivaa.info](http://www.ivaa.info)

E-mail: [contact@ivaa.info](mailto:contact@ivaa.info)

## 2. Changing paradigm in health policy

In his reflections on a new EU health strategy, Commissioner David Byrne focuses on the central role of promoting health and maintains that “*Achieving good health for all means not just reacting to ill-health*”.<sup>1</sup>

The IVAA, International Federation of Anthroposophical Medical Associations, welcomes and supports this new orientation of European health policy.

Fighting illness is quite different from promoting health, just as conducting a war is quite different from keeping the peace. A modern state, and a modern medicine, has to develop both abilities. In former times the policy of European countries was focused on conducting wars and fighting illnesses. It is high time for peace-keeping and health promotion to become the most important political goal in Europe.

From a political point of view the medieval idea of an “ethical state”, which provides, like a father, for the wellbeing of his subjects, has become obsolete in Europe. In accordance with the principle of subsidiarity, each modern state and the European institutions have to encourage all European citizens to become increasingly responsible for their health status, and guarantee their freedom of choice in the medical field. It is not the task of a political institution to side with dominant scientific approaches, but to ensure the development of a variety of medical approaches. As the biologist would say, evolution is not enhanced by uniformity, but by diversity.

### 3. Fighting illness and promoting health in Europe

The paradigm of waging war efficiently is different from that of a lasting policy of peace. In the same way, in medicine, the paradigms of combating illness (pathogenesis) and health promotion (salutogenesis) are different and distinct. Modern medicine defines illness as object of combat, as a destructive process in the patient, and attacks it with its technical resources in the form of intelligently managed interventions. It standardises its processes, tests its efficacy through randomised, double-blind trials, and tries to suppress the symptoms of illness and eliminate processes of illness.

Modern clinics are often still hierarchically structured organisations whose aim is to combat illness speedily and effectively. The health and medical security of EU citizens, e.g. in the case of injuries caused by accident, acute, life-threatening illnesses etc., is inconceivable without this efficient, high-tech medicine. Its strength is “swift warfare” against acute illnesses and also against some of the severe, life-threatening and chronic illnesses, e.g. myocardial infarct in coronary heart disease. At the same time, however, this gives rise to a growing need for “peace work”, for promoting health within medicine.

In the EU today, medical advances mean that children only seldom die (0.7% in Germany) due to birth complications; and very rarely due to acute infections, in contrast to many poorer countries outside Europe. On the other hand, many more children suffer from chronic illnesses such as bronchial asthma and disorders with multiple consequences such as obesity or anorexia/bulimia. Obesity arises through a disorder and weakness of self-regulation, an eating disorder, but also from the digestion of emotional conflict, a lack of self-esteem, and inadequate exercise, due for instance to excessive TV watching and disturbed eating patterns in parents and carers. The capacity for self-regulation is even more disturbed in patients with bulimia and anorexia. Allergies in childhood also derive from self-regulation disorders within the immune system: studies have shown for instance that children who receive fewer antibiotics and antipyretics, and are given organic food to eat<sup>2</sup> (*anthroposophic lifestyle*), develop far fewer allergies.

Common to these children and adolescents is that they can be helped not only through technical interventions, through increased and more skilful activity on the part of medical science, but also through stimulus and changes to patients’ own activity, to their style of education and also through medical prophylaxis, as decisive means of preventing and healing these chronic illnesses. Thus there are many indications that acute illnesses which the child overcomes with the help of his own immune system assisted and monitored by the doctor and supported by his parents, can make a positive contribution to maturation of the immune system and a capacity for self-regulation.

Long-term health is based largely on the healthy individual activity of each individual citizen. “*This means that citizens’ health is, to a great extent, determined by individual choices on what people eat, smoke, drink and do*”.<sup>1</sup> But what do these decisions depend on? The citizen aspires to health largely where it becomes important as a means: a means of being capable and fit for work, but above all as a means to develop and sustain satisfying social relationships, and as a means to be creatively active so as to experience and realise cultural values. Health is more than the avoidance of harmful conduct, but depends on positive values and their realisation, on a “*sense of coherence*”; on the feeling as expressed by Antonovsky, that at least some of the problems and demands posed

by life are worth investing energy in, committing oneself to, that they are welcome challenges rather than burdens one wishes to be rid of.<sup>3</sup>

These statements do not spring solely from one-sided idealism but from empirical research on victims of concentration camps, which inquired into who survived these appalling conditions and who succumbed. This gave rise in salutogenesis research to discovery of the importance of this “sense of coherence”, which represents an emotional and mental reality that each person must develop himself, one that cannot be objectified, measured and quantified.

Europe is distinguished by diversity, by a developed and creative pluralism of education styles, nutritional methods, cultural and creative activities, scientific approaches (also in medicine) and religious values. Through enlargement of the European Union to 25 member states, this pluralism, which embodies Europe’s spiritual and cultural wealth, will increase still further. The corresponding aspect of this in medicine is the wide variety of complementary medical procedures alongside conventional medicine. The former pursue a holistic approach or intentionally integrate their complementary approach with scientifically-based medicine, promoting above all the self-regulation resources of patients. It is likely that this cultural and medical diversity can lead to the development of rich salutogenesis potential, if the community of EU countries resolves to form its own autonomous health-promotion policy. However, this diversity can also be obstructed and suppressed through legislation focusing in a one-sided way on the combating of illness (short-term efficacy). Here a conscious decision about the direction of health policy for the EU will be decisive for all involved. Currently there is a particularly acute problem of pharmaceutical legislation. Due to lack of appropriate regulations, one-sided development of pharmaceutical guidelines since 1965 now threatens whole categories of complementary medicines with the tangible risk of disappearing from the European market.

#### **4. Health and human dignity**

Health promotion must try to create conditions in which as many people as possible develop motivation for a health-enhancing lifestyle. Where medicine sees itself as the sole discipline involved in combating illness, its epistemological foundations mean that it is incapable of developing an understanding of how positive motivation for health arises and can be nurtured. Health promotion is peace politics in the field of medicine. For this it needs the development of a new professional competence and autonomous research focusing on this aim, which can develop its own methods and standards and will not be narrowly measured according to the criterion of efficient warfare on illness. Such innovative research cannot be funded by pharmaceutical companies, which understandably only develop medicines for interventional, combative approaches to illness. It needs instead an independent social basis and support.

For human beings and for society, health has a significance that extends far beyond its economic aspects. For the development of positive social relationships, for society’s creative, cultural development, and citizens’ quality of life, health has an importance which cannot be calculated in economic terms. The IVAA sees in the strategy paper by David Byrne<sup>1</sup> a danger that health-promotion investments will be measured solely according to the criterion of narrower economic efficiency. In this case there is a risk that health becomes, in turn, a state-regulated instrument in a strategy of

global economic competition. In contrast, health is clearly rooted in human dignity and the value of each individual. It therefore occupies a superior position in policy considerations.

Peace is not just the absence of conflict, nor can it be guaranteed in the long-term through suppression of conflict. In the same way, health does not consist of the absence of illness, but of a new relationship to illness. Health promotion must include everyone:

- **Children, who have still to develop their physical, emotional and mental health**

Here we must differentiate between combating illness and developing health: for instance, prophylactic vaccinations serve to combat illnesses, and often rare complications of these illnesses; as has been demonstrated, however, they contribute nothing to health development, e.g. to a reduction in allergies, obesity, eating disorders etc. In the context of children's health development, acute infections also have a positive value as challenge and training of their immunological capacity.

- **Children and adults, even when they suffer from a chronic illness**

Health is also an important standard for chronically sick people. Promoting the health of, for instance, a child with diabetes, an adult with high blood pressure or coronary heart disease, is more and other than merely combating the illness. This has been shown by the studies of Dean Ornish<sup>6</sup> on patients with coronary heart disease: Ornish's health-promoting therapy approach (which, for example, includes work with patient groups), often achieved a measure of health which they had not experienced for a considerable period prior to this. This also gave rise to unexpectedly positive changes to the diseased coronary vessels and had an impact on survival statistics. Yet the route which led to the development of Ornish's concept was quite different from that leading to the development of cholesterol inhibitors and other medicines used in modern cardiology. The strategies of health promotion involve an autonomous scientific discipline in medicine, which can certainly be developed alongside and complementary to medicine's efforts at combating illness.

- **Disabled, dementia and dying patients**

The study by Verghese et al.<sup>7</sup> clearly shows that even in illnesses such as Alzheimer's-related dementia, quality of life can be markedly improved, and the progress of the disease slowed, through promotion of activity and creativity based on the concept of salutogenesis. Fundamentally one can say that it is of particular importance for disabled and dementia patients that the aim of salutogenesis is clearly distinguished from purely economic objectives. Events in German during the Third Reich period have shown that a policy of health promotion has inhuman consequences if it extends the elimination of illness to the elimination of sick people, e.g. through the murder of disabled patients. The Third Reich first waged an internal war, against disabled people among others, before it directed the war outwards and devastated Europe. Through techniques of pre-implantation diagnosis, the ascertainment of genetically determined diseases in embryos and the question of their abortion, but also in discussion of active euthanasia, contemporary medicine participates in a range of vigorous ethical debates in which the concept of health (and the right to health which is often formulated) plays an important role.

That is why it is important to develop an appropriate concept of human health: health is a concept that must be individually determined, not defined solely by the absence of illness, economic functioning or intellectual capacity. Health relates essentially to human dignity, to our ability to lead our lives within the bounds of what is possible for us – not just in the form of our own actions, decisions and experience, but also through the fact that society accords each person social respect and support in the areas in which, due to age, illness or disability, we are dependent on the help of others, so as to be able to attain the quality of life possible for us, irrespective of the benefit to society.

This also applies to the dying. Death is not, in itself, something pathological, but human! Here too we need to distinguish between suffering and human beings' last experiences. Combating suffering never justifies the killing of a sufferer, but demands the support of medicine and all fellow human beings. Disabled, demented and dying people make an indispensable contribution to society when this compassion, as expressed in health-orientated support, is practised in relation to these people.

This idea lies at the heart, for instance, of anthroposophic special needs care (Camphill Movement), which is particularly esteemed in the English-speaking world.

A long-term EU health strategy must distance itself consciously from a health policy focused on economic advantage. Health policy must first be peace policy, a policy of respect and fairness towards a variety of lifestyles, motivations and values, of respect and fairness towards all citizens and also towards all the different medical therapies and approaches orientated to health promotion. The way it handles health issues also determines a society's social and cultural climate. Positive commitment to the health of others represents an important positive value for society, an important motif not only for medicine but also, equally, for the activity and autonomy of patients, relatives and voluntary carers.

## **5. Promoting health as major challenge for medical research**

Medicine as the combating of illness emphasises intelligent intervention using technical – e.g. surgical – procedures, medicines and inoculations. Medicine as health development places the prime emphasis on self-regulation, and the autonomous activity of each citizen or patient. Human motivation to develop an active, health-promoting life-style is decisive for the success of this approach. Those who wish to promote health have to communicate, tackle and understand things differently from those who specialise in combating illness. In this field, human emotional, social and mental/spiritual development, our tasks, opportunities and problems, as well as the physical, emotional and mental resources we draw on, are decisive. In medicine an integrative approach is needed which extends beyond a scientifically-founded medical approach but remains compatible with it.

Since 1920, anthroposophic medicine has been pursuing the aim of combining pathogenesis and salutogenesis. The study by Alm und Swartz<sup>2</sup> referred to, which is currently being repeated in five EU countries with EU research funding (PARSIFAL study, publication in preparation), shows that an anthroposophic lifestyle, which consciously links health-promoting nutrition, medicine and education, can significantly lower the incidence of allergy in children.

The AMOS study<sup>4</sup> published in July 2004 shows that an integrative medical approach to the care of long-term, chronically sick patients can increase health in the long-term and significantly reduce the number of hospital admissions (including overall costs for medical care of these patients).

In the development of new study designs for complementary procedures, as well, (e.g. in relation to homeopathy), anthroposophical medical researchers based at independent research institutes have made important contributions and been accorded international recognition.<sup>5</sup>

The IVAA welcomes the initiative of EU Commissioner David Byrne. There is still a great need for research in the field of health promotion. In setting standards and passing extensive legislation, there is still a great lack of proven knowledge about how individuals' health-promoting conduct can be achieved, or adequate support for the health of even chronically sick and disabled people can be realised. For this reason the IVAA regards the most important current task of the EU as being its promotion of appropriate research and enquiry, and its support and scientific evaluation of trial models.

Pluralism of lifestyles and medical therapy approaches in Europe is an important precondition for a swift and productive growth in knowledge: historically, pluralistic societies have always developed fastest, both socially and scientifically.

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