

EDITORIAL

## The Swiss Program for the Evaluation of Complementary Medicine (PEK)

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**B**ack in 1998, the then Swiss secretary of Health and Interior Affairs in Switzerland, Ruth Dreifuss, decided to include five complementary therapies in the public reimbursement scheme on a national scale for a limited period of 7 years and use this period for a thorough evaluation. Included were homeopathy, phytotherapy, anthroposophic medicine, neural therapy, and Traditional Chinese Medicine. A comparatively large sum of approximately 7 million Swiss francs (\$5.5 million U.S.D.) was set aside to finance the research. Considering that Switzerland has a population of roughly 7 million people, this meant quite a lot of money.

During a rather prolonged planning phase, a small task force tried to figure out how the implementation of complementary medicine via a national scheme should be evaluated, held consensus meetings, and methodological planning conferences. Finally, an evaluation scheme was agreed and a call for application was put out. The understanding of the whole process was that, at the end of the evaluation process, some new knowledge should have been gained regarding the usefulness, the economic viability, and the effectiveness of the interventions chosen. The data should then be the basis of a political decision process deciding whether all or some of the complementary and alternative medicine interventions should be part of the public reimbursement scheme also in the future.

Owing to the long preparation period, only slightly less than 4 years were available to conduct the evaluation studies, which was quite an ambitious goal for anybody, let alone for the group that finally won the job of conducting the evaluation. Because this group was new to the field, and also probably because doctors in Switzerland perceived the study to be intricately connected with the regulatory authorities, enthusiasm for collaboration was initially small, and the study had to face several practical difficulties. Not all of the

anticipated component-studies could be conducted, and not all data were collected in a way one would ideally have wished for. But, still, in the end a reasonable body of data was amassed that would have allowed a clear political decision.

However, before the end of the evaluation process the political regime in Switzerland changed, the department was taken over by Pascal Couchepin, who as a liberal democrat confessed publicly, before even looking at the data, that he did not have much favor for complementary medicine, and that saving costs would probably demand a cut in public expenditures at the cost of complementary medicine. Thus, political observers were not really surprised when they learned that Mr. Couchepin had actually decided to remove all five complementary therapies again from the public reimbursement scheme even before the data were fully analyzed and known, let alone publicly discussed.

What had happened, briefly, was that some groups of the complementary therapists in Switzerland had leaked out bits and pieces of the data to the public before the final report was compiled. The leakage implied that some aspects of complementary medicine were cheaper than expected and, in fact, probably even cheaper than conventional care. After that, the authorities demanded a full blockage of all public communications about this topic; prohibited the researchers to make any statements; and closed up all data, files, and reports connected to the research for a period of time just before the political decision was made. Also, the international review board, which was meant to discuss the results of the evaluation program, comment on the products, and make some recommendations, was not reconvened as initially intended. Instead, an already set meeting was cancelled and no discussion took place before Mr. Couchepin announced his public decision.

I protested on behalf of the international review board whose membership was against this highly unusual procedure. I had an interesting exchange of e-mails and letters with the vice-president of the Swiss federal health agency, which told me a lot about the irrelevance of scientific data in the face of political decisions.<sup>1</sup> What I basically learned was that the data gathered by the researchers were absolutely irrelevant to the decision. The vice-president, in an e-mail to me, literally called the data “waste products which do not bear any relevance to the political decisions.” It is important to highlight this situation in the face of editorials and information in the public press, which seem to imply that the Swiss decision was based on *evidence* about the higher costs and ineffectiveness of complementary medicine. Very likely, the opposite was true: The data probably suggested some cost effectiveness and they certainly did not imply zero effectiveness. But this information was held back from the public in order to veil the political nature of the decision, I assume.

I backed my protest with a public information campaign, driven by the Swiss daily *Tagesanzeiger*, which finally led to the Swiss health authorities giving in to inviting the review board, after the fact, to discuss the products and the process of the evaluation program. The review board then produced a consensus statement, which is published in this issue (pp. 347–348), and which briefly highlights the unsatisfactory nature of the evaluation process, and the fact that the products produced by the evaluation process were actually in places quite favorable for complementary medicine. This is certainly true for the five health technology assessment reports, which were produced and which are probably the most comprehensive piece of literature in the

respective fields.\* But it is also true for part of the primary data collected which, no doubt, leave a lot of information still to be desired. What is very unfortunate is that the cost-effectiveness analysis was prematurely stopped and, to my knowledge, did not reach a final conclusion.

This is a very interesting, informative, and, in fact, very sobering piece of recent history in the evaluation of complementary medicine. Public authorities, health systems researchers, and, in fact, all CAM researchers should at least take some note of this process in order to understand the complexities of the issues at stake and of the power-plays of different stakeholders in the game.

## REFERENCE

1. Walach H. Economy chased medicine: economisation of health—chance or threat to CAM? [in German]. *Forschende Komplementärmedizin und Klassische Naturheilkunde* 2005; 12:188–189.

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