Rule by Brussels: liberation or liquidation for natural medicines?

by Tom Huggon

The programme to establish the single market is a result of the 1957 Treaty of Rome and the Single European Act, signed in December 1985. This called for the progressive elimination of all restraints to trade within the member states of the European Community to ensure the creation of a single market.

Originally the deadline set for the creation of this single market was 1 January 1992 but somewhere along the way someone moved the goalposts. The current deadline is 31 December 1992. Effectively, therefore, talk of 1992 is misplaced. The year when changes are most likely to be visible is 1993.

The aim of the single European market is to create a 'home' mega-market of more than 320 million of some of the most affluent people on Earth, all governed by the same trading rules from John O'Groats to Athens and Torremolinos. The ultimate aim, of course, is full economic, financial and political union in a sort of 'United States of Europe'.

Much of this is concerned with matters which will only peripherally affect natural medicines, such as competition or the 'harmonisation' of taxation. Many other measures will have a profound impact - not only on natural medicines as such, but on many products associated with natural or holistic healthcare, like dietary supplements. These are often sold as 'foods' in Britain but other member states have much more restrictive attitudes towards them, considering them medicines which should be subject to full-scale scientific tests and trials. Nevertheless a common position on all medicines – 'natural' or not – is considered essential for the single market to work.

Herein lies the essence of the term 'harmonisation' – as well as the host of problems.

One consequence of the 1992 programme is that a large quantity of legislation is emerging from Brussels. EC procedure invites consultation at a number of levels, but organizing responses is often difficult and frequently takes place under considerable pressure of time. In any case, the most effective consultation takes place at the earliest stages of drafting legislation, long before its formal proposal. Good information, derived only by frequent visits to Brussels and good contacts there, is necessary for this.

Proposing, and influencing, legislation is one thing. Ensuring member states comply with whatever law is passed is a further complication with a direct bearing on the future of natural medicines in Europe as well as Britain itself.

Many states are slow at translating directives into national law, Unlike regulations, the force of directives on their own is limited and they need states to incorporate them into national law to be fully effective.This often does not happen and, despite procedures to prevent it, states sometimes adopt laws in conflict with actual or prospective EC laws.

Review of herbal medicines

In the UK, the implementation of EC directives by the British government can have a very significant effect on the availability of natural medicines. One highly topical example is the current review of 'licences of right', granted to herbal medicines in 1971, to enable them to be issued full product licences and so to fall into the legislative framework of EEC directive 65/65.

Only 40 percent of those herbal medicines already reviewed which had licences of right have received full product

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licences. Since the review began, in mid 1987, more than 2,500 herbal medicines, many of them on the market for 30 years or more in Britain, have ceased to be available. The same fate is likely to await the remaining 1,000 herbals waiting for review by December 31 this year.

The basis of the 'failures' seems to be evidence of slight toxicity if taken in massive doses. The problem has been largely created because none of the banned herbs have undergone the sort of costly clinical trials recognized by the government's leading herbal expert, pharmacognosist Dr Linda Anderson, formerly of the London University's School of Pharmacy.

Her view is identical to that taken by the EC's experts. EC legislation is based on the belief that all remedies, whether 'natural' or allopathic, should be treated as pharmaceutical medicines subject to standard pharmaceutical testing and trials. It is a view which encompasses all medicines legislation, of which there is a great deal, from advertising to labelling.

Not all proposals are surviving the current scrutiny process – the EC has recently dropped plans to establish a single community list for prescription-only medicines for example – but the important point is that Brussels, not London, is now the place where most of the policies which will affect, or are likely to affect, natural medicines are now being made.

The most important issue, so far as Britain at least is concerned, is that emanating from our well-established usage under common law and existing statutory recognition. Four categories of natural medicines are already implicitly recognized in UK law: herbal, homœopathic, anthroposophic and biochemic medicine. The recognition they are accorded is in a 1978 statutory instrument (1978 S141 Schedule 5) on the advertising of medicines which specifically exempts them from many of the restrictions to which conventional medicines are subject (ie testing), accepting that different 'standards' must be applied.

Schedule 5, as the law is popularly known, is therefore considered to be official recognition of the principle of plurality of choice in medicines in Britain. Elsewhere in Europe, however, the position is very different.

In France and West Germany, for example, natural medicines are supported, at least in part, by state health insurance schemes but only so long as they are prescribed by state-registered medical practitioners. Conversely, West Germany has separate state commissions for homœopathic, anthroposophic and herbal medicines which advise the government on the licensing of medicines. Members of the commissions are recognized specialists in their field, able to apply their own standards, and they have the same status as similar commissions for allopathic medicine. Britain, as yet, has nothing approaching this system.

Aware of the importance of impending EC legislation to natural medicines, and of the difficulties of safeguarding the interests of natural medicine within the UK – where natural medicines often continue to be assessed by inappropriate so called 'scientific', standards – a group of manufacturers got together in 1985 to protect and promote the cause of natural medicines in Britain. Members of the 'Schedule 5 Committee', as they originally called themselves, were Potters, Weleda, Lanes, New Era (now Seven Seas), English Grains, Bookers and Gerald House.

Their aim was to protect freedom of choice by seeking to ensure that licensed natural medicines – that is, those medicines licensed under Schedule 5 – would continue to be made available nationally. They believed this would only be possible if a legal system of licensing was established in Europe to take account of natural medicines.

Quickly renaming themselves to Natural Medicines Group (which in turn spun off the Natural Medicines Society for members of the supporting public), the manufacturers called for the formal recognition of licensed natural medicines, including proper classification (distinguishing between them and health foods and dietary supplements), for more 'appropriate' standards of assessment and for the widest possible range of sales outlets (to maximize consumer choice).

So far, however, their efforts have met with only limited success as well as earning them a measure of hostility from other domestic remedies suppliers, notably of essential oils, who appear to feel they are being ignored or otherwise excluded by the leading lobbyists. The manufacturers insist this is merely because they are concerned only with existing 'licensed' remedies, which essential oils are not.

A key issue, and a further example of the importance of the EC, is the definition of what constitutes a medicine. This was defined very broadly in the 1965 directive as a substance or combination of substances presented for treating or preventing disease, or with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions. A plain reading of this would define as medicines many natural products presently available in Britain as 'foods'.

In 1983 a Dutch court referred a case involving the sale of high-dosage vitamin tablets to the European Court of Justice. In its judgement[1], the European Court said that the presentation of a product as a tablet did not necessarily make it a medicine. While such tablets might be medicines, the decision has to be made separately in each case.

The same issue is currently under examination in another case in front of the European Court brought by the French National Council of the Order of Pharmacists against a Nice healthfood shop owner. The society claims the shop owner is 'criminally' guilty of supplying as 'food supplements' a range of medicines without licences that he has imported[2].

This again raises the question of what a medicine

is, and whether the importation of a product classed as a food in one country but as a medicine in a second may be blocked. It may well be that products sold in the UK as food supplements but which have a medicinal effect will have to change their status, and be recognized and licensed as medicines. This need not be harmful to consumers or therapists if they are nonetheless freely available.

For this reason, the question of the route of sale of natural products is important. It is in the interests of manufacturers, retailers and consumers alike to be able to buy these products over the counter in as many outlets as possible. Yet it is already common practice on the continent for all products defined as medicines to be available only in pharmacies.

This likelihood in Britain is no more than a possibility at present but its administrative simplicity is known to make it attractive to the European Commission. Lobbying will be necessary to make the Commission aware of the many harmful consequences of such a course of action. But, again, it must be lobbying conducted essentially in Brussels rather than London to be at all effective.

Directive on homœopathic medicines

One of the most important measures affecting natural medicines under consideration in Brussels is a draft directive on homœopathic medicines which will probably also encompass biochemic and anthroposophic medicines. This is due to be submitted early this year and must be implemented by the end of 1992. The directive envisages a two-tier system for licensing homœopathic medicines at EC level. A simplified registration system will allow 'dilute' homœopathic medicines for oral or external use, sold without indications, to be retailed. Registration would require proof of safety and quality control, but not of efficacy.

For a full marketing authorisation, medicines would have to demonstrate efficacy by, in the words of the directive, 'the appropriate criteria'. Such an authorisation would be required for all injectable medicines and those of low potency (below 6x). States which chose not to have a system of their own for registering medicines would have to allow the sale of those registered under either procedure from other member states.

There are a number of problems with the draft as it presently stands. It relies heavily on the European Homœopathic Pharmacopœia, which is currently being discussed by the official Strasbourg-based European Pharmacopœia Commission (EPC) which is part of the larger 22–member state Council of Europe, not the EC.

This would provide a single comprehensive framework for homœopathic, biochemic and anthroposophic medicines and provide a standard point of reference for all pharmacists and medicines' manufacturers within the community.

Negotiation has been slowed by disputes, in particular between the French and Germans. Many of these have now been resolved, including details of the selection, preparation and formulation, and the only remaining areas of dispute concern the preparation of mother tinctures.

Unlike other EC members, the British government has declined to be involved officially in this process, claiming that to do so is a wasteful 'diversion of effort' and because of the need for economy'. The result is that decisions are imminent which will affect the future availability and use of homœopathic, anthroposophic and biochemic medicines based on the assessments of those either not properly qualified to do so or with only partial knowledge of the UK situation. Nowhere will these decisions have greater impact than in Britain which has not been involved officially at any stage.

Thus it is already more than likely that a range of remedies, notably the various flower and gem remedies now on the UK market, will find themselves totally excluded from the list of approved, and therefore registered, medicines by 1993.

Already legislation on technical standards requires advance notification to the EPC of any measure which might alter technical standards in the interests of access to the single market. A recent Italian law on homœopathic medicines which requires homœopathic medicines to be sold only through pharmacists to a doctor's prescription, and at high (above 6X) potencies (nosodes are banned altogether), appears to be in breach of this directive – illustrating the problems of 'harmonisation' as well as the pressures against natural medicines.

The Italian development is particularly, and significantly, serious. It means not only that all over-the-counter sales of remedies such as those on offer from companies like Nelsons and Seven Seas are banned but also those from direct mail suppliers like Bach Flower Remedies.

Attitude of the British government

None of this is to say that British policy is altogether irrelevant. EC laws often have to be implemented and administered at national level. However, British policy itself is often deeply harmful to natural medicines' interests.

The British government is represented on many bodies at EC level by civil servants. Reluctant to admit to their political masters that their powers are no longer supreme, they consult neither their ministers nor interest groups within Britain. As a result, British interests are often simply ignored at a European level.

More worrying, however, are signs of the British government's positive discrimination against natural medicines, most evident in the question of representation for natural medicines on the committees which advise the government.

Although many experts in natural medicines, including members of the Natural Medicines Society Medicines Advisory Research Committee (MARC) were nominated for recent vacancies on the Medicines Commission, the Committee for the Review of Medicines and the Committee for the Safety of Medicines, the government declared as lately as December 4 it would have none of them. Nominees included former council member of the Faculty of Homœopathy, Dr Geoffrey Douch, homœopath Dr David Taylor Reilly and herbalist Simon Mills.

In a written parliamentary answer, the new health minister, Mrs Virginia Bottomley, gave the government's reasons bluntly: 'A member of the Medicines Commission (Dr Patrick Pietroni) has a special interest in holistic medicine. His term of office continues until December 1991. We understand the Natural Medicines Society to be interested in herbal and homœopathic medicine. No practitioners in these fields have been added to the advisory bodies either on the instance of the society or of any other organisation consulted.

'We are aware of public expectations of access to such remedies with, of course, adequate assurances as to their safety and as to the basis of any curative claims. Their safety and quality can be determined in the normal way. Criteria for assessing the efficacy of herbal preparations are set out in the published 1985 information sheet which was accepted by the herbal industry. There is therefore no general need for herbalists on the advisory bodies'.

'Homœopathic products are not currently subject to European Community pharmaceutical directives. A directive is, however, expected to be submitted to the Council of Ministers early in the New Year. It would have been inappropriate to have anticipated this directive in decisions about UK statutory bodies. However, officials are in touch with the Natural Medicines Group and similar organizations to prepare for the directive'.

Moreover, at the same time the government is claiming it has everything under control, it is enforcing the most swingeing restrictions on small manufacturers with a large number of licences through a new basis of calculating licence fees introduced earlier this year. This is in addition to the review of licences of right which it is carrying out at the EC's behest.

Although the present scheme – designed entirely to ensure the UK's new Medicines Control Agency is self-financing – is experimental and a review of fees has been promised, the promised review threatens to increase rather than reduce manufacturers' costs. Leading herbalists Potters, for example, estimates its licensing costs will rise from £4,500 a year to £28,000 – an increase of 620 percent, while Weleda, another leading supplier specialising in both herbal and homœopathic medicines, claims its costs will rise from £4,000 to just over £21,500– a jump of more than 500 percent.

The result is that these and other manufacturers in the same or a similar position will either drastically reduce the range of medicines they produce or simply go out of business.The choice available to both practitioners and consumers will decline and jobs will be lost – both to no beneficial end whatsoever.

Swingeing though it is, however, it is also clear this second blow to manufacturers – on top of the safety and efficacy review mentioned earlier – is not the central issue. The central issue is who is really now in charge of Britain's future.

The answer is it is no longer Britain – even over matters which we may feel concern only those living in the UK. The truth is the days of our freedom to use whatever remedies we like are already numbered. As in every sphere of activity, we are no longer masters of our own destiny. Brussels is now the effective legislator.

But whether it is a liberator or liquidator only time will tell – and one of the most telling factors is likely to be the extent to which those with an interest in preserving the availability of natural medicines manage to co-ordinate their activities to influence the new European technocrats in the Belgian capital. For this is the source of the real power in the Europe of the future.

Brussels post 1992: Protector or persecutor?

There are two questions which affect the legal status of practitioners in the UK: who may lawfully practise medicine? And how can patients obtain treatment – that is, whether a particular therapy is available through the National Health Service?

Doctors and lay practitioners

Under English common law, anyone has the right to practise therapy or medicine subject to the consent of the patient (and the position under Scottish law is comparable). However this freedom is considerably restricted by statute law and in particular by the Midland Act 19956. Those who are registered as practitioners under it – meaning apothecaries and doctors with medical degrees or comparable qualifications conferred on them by one of the Royal colleges – are at a considerable advantage over those who are not registered.

Without registration people may not use any title or description implying that they are registered; they may not take posts reserved for those who are registered; they may not recover charges for their attendance or advise trough the courts; and they may not possess or supply controlled drugs, directly or by prescription.

Qualification as a practitioner also involves acceptance of a code of professional behaviour. This may restrict the practitioners but it also provides protection if he or she is accused of misconduct as well as giving patients a guarantee of the practitioner's behaviour. For doctors, this is implemented through the

General Medical Council, a statutory body first established in 1858 and now regulated by the Medical Act 1978.

There are certain other restrictions on what a practitioner may do if unregistered. The Venereal Disease Act of 1917 prohibits anyone treating venereal disease in certain localities. No-one may practise as an apothecary if not specifically registered to do so. (Apothecaries formerly both treated patients and dispensed medicines, but now apothecaries are treated as registered practitioners and are permitted to use the title of 'doctor' so this has become rather academic.)

Anthroposophic medicine is exceptional in that it is a principle of the Steiner movement that all its practitioners should have orthodox medical qualifications as well as learning the anthroposophical approach. In general, however, natural medicine in Britain is legally practised by a mixture of registered and unregistered practitioners.

This state of affairs enjoys the protection of English common law, based on court judgements over many years and an ancient safeguard of the rights and freedoms of the inhabitants of these islands. The choice of practitioner this grants has helped to ensure the survival of natural medicine in the face of the suspicion or hostility of the medical profession – which often has regarded natural medicines as old wives' cures.

This system has many advantages for all involved. It enables patients to choose the sort of care they wish. Holistic healthcare, as it is becoming known and used in Britain, depends on this freedom of choice, a freedom which means that patients can benefit from the different skills and outlooks of both doctors and other practitioners.

The status of doctors creates the irony that doctors may practise natural medicine with little or no formal training, while many 'lay' practitioners with considerable knowledge and experience are at a disadvantage to them, if only because all their patients must come to them privately. It is essential for all to recognize the distinctive skills of doctors, particularly in diagnosing patients' problems, and of lay practitioners. Each has its place in treating patients and each complements the other.

Homœopathy is the school of natural medicine with arguably the most recognition from registered practitioners. Medical doctors who practise homœopathy are often members of the Faculty of Homœopathy, which shares the premises of the Royal London Homœopathic Hospital. 'The Faculty' provides the system of training and examination in homœopathy for doctors with orthodox medical qualifications together with a forum for research and the discussion of matters which affect homœopathic doctors.

Practitioners of other schools of natural medicine have their own institutions, the status of which varies. Herbalists are represented mainly by the National Institute of Medical Herbalists, lay homœopaths mainly by the Society of Homœopaths, aromatherapists mainly by the International Federation of Aromatherapy, and so forth.

In fact, herbal practitioners have a special legal status under the Medicines Act 1968. Herbalists who use these powers must notify the enforcement authority (which is the Secretary of State and the Pharmaceutical Society) of their intentions. They may prepare remedies for particular patients who ask them in person to do so, provided that these remedies consist only of crushed, dried and mixed herbs with no ingredient added other than water or another inert substance. The herbs which may be used and the quantities of them are prescribed by the act, and this list includes herbs usually considered toxic, such as *Belladonna* (deadly nightshade).

Access to natural healthcare

Besides the question of who may practise medicine, there is the question of how accessible it is to patients. Many people rely on the National Health Service for their healthcare, and this makes it much harder for them to obtain treatment using natural medicines.

The NHS has, as readers will be aware, a considerable bias toward allopathic medicine. There is no statutory basis for this. The 1948 National Health Act does not specify what sort of treatment should be available on the NHS. It guarantees the independence of doctors to prescribe what treatment they see fit for their patients.

The parliamentary debates about the National Health Bill – before it finally becomes law (in 1948) – make interesting reading. An amendment to the bill was tabled which would have given people the right to receive the care they chose under the NHS. But the then Minister of Health, Aneurin Bevan, rejected this, calling it 'an impossible suggestion' and adding that 'any Tom, Dick or Harry would be able to prey upon the credulity of any citizen and could call upon the state to provide the money for that service'[4].

In the same debate Mr Bevan justified the reliance on qualified doctors, 'who are people who have passed the examinations and acquired the right to give whatever form of treatment they conceive to be necessary'[5]. He described conventional medicine as being scientifically ascertainable, in contrast to natural medicine, which would become an accepted form of medicinal therapy 'if it was capable of systematisation, codification or verification'[6].

Nonetheless, homœopathic treatment remained available on the NHS, perhaps because of the well-known use of it by the Royal Family. The NHS continues to support the Royal London Homœopathic Hospital, and treatment at the homœopathic hospitals in London, Liverpool, Bristol and Glasgow is covered by the NHS. But to benefit from it you first have to find

a homœopathic doctor, or one who is sympathetic to homœopathy.

It is the reliance of the NHS on doctors which places lay practitioners at such a disadvantage. Natural medicine is not presently taught in any British medical school, though a department specializing in it should open next year at Glasgow University. Few doctors are introduced to natural medicine during their training and it is hard for many to accept by the standards they are taught.

As a result it is often difficult to obtain other than allopathic treatment on the NHS. Administrators of the service are often reluctant to support unorthodox schemes for treating patients. Even Dr Nixon's holistic cardiology clinic at the Charing Cross Hospital in London relies heavily on donations of money and time from outside the health service.

Doctors may prescribe any treatment or medicines they see fit for their patients. This includes medicines which do not have product licences for use in the UK, but which manufacturers or pharmacists are able to supply or obtain on request. However, the facilities of the NHS are only available to registered practitioners, that is doctors. There is no way others can use the service except through a doctor. This creates great problems for others to use the service and prevents patients enjoying the freedom of choice of therapy they are supposed to enjoy.

Despite this, holistic clinics have enjoyed great growth in recent years, even though individuals have to pay for much if not all of the treatment they receive through them. Examples of such places as the Hale Clinic or the Marylebone Healing Centre in London may be well known to readers.

The impending reforms of the NHS offer the opportunity to improve this situation. Natural medicines and therapies are often cheaper than allopathic ones, as well as gentler. They also avoid the dangers of drug-induced, or iatrogenic, disease. They are frequently used by many people, and limiting their use to those who can afford to pay for them directly out of their pockets, rather than financing them out of taxes, is manifestly unfair. The government and MPs should be lobbied and encouraged to recognize natural medicines formally as part of the NHS when the service is reformed.

The Continental Situation

In other European countries the situation is rather different to Britain. In general, only doctors may practise medicine or treat patients. There is therefore a great contrast with British practice. Doctors often have a broad range of skills which they publicise, and patients may consult specialists in whatever sort of medicine they choose.

There are some exceptions to the doctors monopoly, of which the best known are probably the German Heilpraktikern (health practitioners). There is, moreover, great reluctance among doctors generally, especially among those from Latin countries, to accept the credentials of those without a formal medical training.

The situation is made worse by the great variety of sorts of practitioners that exist. Some of the German Heilpraktikern specialize in certain sorts of therapy, others do not. There are also differences in the quality of training they receive. It is consequently very hard to demonstrate the value of these sorts of practitioners to the policymakers who will have to be convinced – and to whose ears doctors have easier access.

The reluctance to accept properly-trained lay practitioners as having comparable status to doctors has been a problem with the formation of a European doctors' body for natural medicines, the ECPM (European Council for Therapeutic Plurality in Medicine). This formally came into being in October last year. It aims at ensuring plurality of choice in therapy, rather than representing the interests of any particular school of medicine. Many Continental doctors and their organizations have been reluctant to accept lay practitioners, such as members of the British Society of Homœopaths.

Another problem with this body has been the divisions among doctors. They have had difficulty accepting that the only successful way to deal with the EC is to form a single European body to represent their interests. The European Council for Integrated Medicine was formed early last year and is based on the Dutch and Belgian Akademien voor Integrerende Geneesswijzen (AIG).

The main aim of the ECPM is to share information with the aim of promoting integrated healthcare. While this is an admirable goal, there are more pressing matters which require the existence of a doctors' body – of which representation to the European Community, and in particular to the EC Commission, is the most important.

Although Britain is somewhat unusual in the freedom which exists for unregistered practitioners, it is not unique. The Society of Homœopaths is well aware of the dangers in its present situation. To deal with this it is forming links with similarly-placed groups elsewhere in Europe, particularly in Germany and the Netherlands. It is even helping to establish such groups where necessary.

The question of the availability of natural medicines is also important on the Continent. The situation there is somewhat different from Britain because other EC countries have insurance-based reimbursement systems rather than an all-encompassing health service. Reimbursement for natural medicines takes place in most countries to some extent but nowhere is this coverage complete and this makes it hard for many people to be treated as they wish.Britain therefore has an opportunity to lead Europe in its recognition of natural medicines – if the opportunities of the NHS reform bill are used to the full.

EC law and medical practitioners

The EC is based on its own 'four freedoms'. Two of these are the free movement of goods and capital. The others are the free movement of people and services, which also covers the right of establishment. These are covered by articles 48-66 of the EEC Treaty.

The 'right of establishment' means the freedom of a business or individual to carry on their business or professional activity (which is usually classed as a 'service') in another member state without hindrance. There should be nothing to prevent, say, a shopkeeper moving to France and trading there. On the contrary, various community rules have been introduced to guarantee this right and to ensure that anyone moving for this purpose may take with them their family and other dependents.

These rights are better-established for workers than they are for professionals or the self-employed. Community legislation exists to ensure that in practice doctors and other medical professions may move about the community. The main concern of EC legislation has been the mutual recognition of diplomas and other formal qualifications, and directives to ensure this have been approved for doctors, dentists, nurses, midwives, veterinary surgeons and pharmacists.

Provision has already been made for removal of many of the legal obstacles to free movement of people. Few measures connected with this have therefore been included in the single market programme but some connected with it have taken place. In particular, there have been persistent rumours of a directive concerning those who may practise medicine or therapy, and what qualifications they will need. My attempts to discover whether this actually exists or what it might involve have indicated that the EC Commission has no such plans at present (and with the single market it has a great deal of work already).

Ultimately some action at EC level is, however, likely. The different standards are inconvenient in themselves, but that does not give the basis to act. What are more likely to force it to act are the way these different standards distort economic activity in the community, and the effects of uneven standards on consumer protection. Consumer protection has become a major force in EC law and policy[7] and this concern is likely to force the community to act at some point.

The question, therefore, is how to ensure that natural medicines and holistic therapies continue to be available while satisfying the needs of EC policy. The easiest and, overall, the most satisfactory way is to ensure that all non-registered practitioners belong to organisations which have strict codes of conduct and high standards of membership. This means they can protect themselves and their members from accusations of malpractice and can demonstrate to the EC (and in particular, to the Commission) that there is no need for intrusive regulation from outside. The code of practice of the Society of Homœopaths is an admirable example of the sort of standards which are necessary to achieve this.

Conclusion

The arrival of the single market heralds great changes for the future of natural medicines in Britain. Policy for Britain in very many areas now comes from Brussels rather than London. Increasingly what happens in the Commission's Berlaymont building is more important than what happens in Westminster or Whitehall.

This alarms many, but it does not necessarily threaten natural or alternative medicines as much as some fear. It is necessary to adapt to the new situation and to accept the ways of thinking which are common in the EC. The opportunities that the present situation creates – both in Europe through the single market programme and associated changes, and in Britain through the reform of the NHS – are considerable. It would be appalling if these were to be lost because of reluctance to adapt to these circumstances or an assumption that changes in either direction were necessarily harmful because of their source.

To be able to do this, above all, it is necessary to organize. Only groups which are organized on a European level can hope to influence EC policy. This is not easy to achieve and requires considerable tact and willingness to compromise. However it brings considerable rewards and is well worth the effort. Avoiding such action will unquestionably lead to the interests of alternative medicine being neglected and leave both users and practitioners out in the cold.❑

References

1 Case 227/82, van Bennekom (1983) ECR 3883, para 19.

2 Case 369/88, Jean-Marie Delatre, 89/C25/10.

3 Letter to Mr Huggon from WG Robertson, office of the Medicines Commission, Department of Health, 5th May 1989.

4 See Hansard 23 July 1946, at col 1902

5 *Ibid*, at col 1902

6 *Ibid*, at col 1903-1904

7 See for Example, Richard Eccles and Julian Maitland-Walker, *The European Community and the Consumer*, The Law Society's Gazette ; 41 15-11-1989