

SOCIAL AND HISTORICAL

International cooperation in support of homeopathy and complementary medicine in developing countries: the Tuscan experience

Elio Rossi^{1,*}, Mariella Di Stefano¹, Sonia Baccetti², Fabio Firenzuoli³, Marco Verdone⁴, Mario Facchini⁴, Vuk Stambolovich⁵, Martha Perez Viña⁶ and Maria José Caldés⁷

¹Homeopathic Clinic, Campo di Marte Hospital, AUSL 2, Lucca, Tuscany Network for Integrative Medicine, Italy

²Acupuncture and MTC Clinic, "Fior di Prugna", AUSL 10, Firenze, Tuscany Network for Integrative Medicine, Italy

³Clinical Centre of Natural Medicine, S. Giuseppe Hospital, AUSL 11, Empoli, Tuscany Network for Integrative Medicine, Italy

⁴Association "Raphael", S. Giuliano Terme, Pisa, Italy

⁵Public Health Association of Serbia, Belgrade, Serbia

⁶Dirección Nacional Medicina Tradicional y Natural, Ministerio de Salud Pública, Cuba

⁷International Health Cooperation of Tuscany Region, Italy

Health is a fundamental human right which contributes to reducing poverty, and encourages social development, human safety, and economic growth. International initiatives have fallen far short of their goals. This paper describes collaboration between the region of Tuscany and Cuba, Western Sahara, Senegal and Serbia. These have introduced various forms of Complementary and Alternative Medicine, including homeopathy and Traditional Chinese Medicine into primary healthcare particularly obstetrics, and into veterinary medicine.

Complementary and traditional medicine can represent a useful and sustainable resource in various fields of health care. Inclusion in the public health system must go hand in hand with scientific evaluation. Homeopathy (2010) 99, 278–283.

Keywords: International cooperation; Tuscany; Cuba; Western Sahara; Senegal; Serbia

Introduction

Health is a fundamental human right which contributes to reducing poverty, and to encouraging social development, human safety, and economic growth. In 1978, around 2000 million people in the world had no access to primary healthcare; there was a considerable gap between wealthy and poor nations and between the different social classes in each country. The Declaration of Alma Ata¹ issued in that year was to some extent revolutionary, it stated that an

inappropriate and unfair healthcare system was no longer tenable at an economic, social, and political level.

Unfortunately, the objective of 'health for all' has not been attained, numerous hypotheses have been advanced to explain this failure. The concept of primary health care is in itself politically unacceptable for some countries; priority has been given to new threats to human health (for example no one could imagine the devastating impact of pathologies such as AIDS), and healthcare priorities have been shifted towards objectives of development for the Millennium Development Goals (MDGs).²

Since 2000 the world's governments have been engaged in achieving a series of economic and social objectives by the year 2015. In health care, these goals include the reduction of child mortality, improvement of maternal health, war against HIV/AIDS, malaria, tuberculosis and other illnesses. Now, half-way through that programme, the Objectives of

*Correspondence: Elio Rossi, Ambulatorio di Omeopatia, Padiglione B – Ospedale Provinciale Campo di Marte, 55100 Lucca, Italy.

E-mail: omeopatia@usl2.toscana.it

Received 3 March 2010; revised 24 August 2010; accepted 24 August 2010

Development of the Millennium (ODM) for health care still seem distant. Despite the progress made in some countries, there has generally been a lack of concrete results, with devastating consequences on the life and health conditions of millions of people in the developing countries.

The global economic crisis that broke out in 2008 is destined to further widen the already large gap between the north and south of the world and to increase the difficulties of those who are most in need such as women and young people, the poor and outcast.³ In this respect, the principles laid down in Alma Ata in 1978 assume additional importance, in contrast with the selective approach which has dominated the history of healthcare cooperation in the last decades. The intervention programmes currently operating seem to have finally become aware of the fact that health promotion cannot be limited to medical action only, but should also be considered as a multi-sectoral approach.⁴

Integration of traditional and complementary medicine

The WHO World Health Report published in 2008⁵ focussed on the need to return to primary treatment to bridge the gap between the rich and the poor in terms of access, effects and costs of health assistance, addressing important themes such as child mortality in developing countries; the life expectancy gap between the northern and southern countries of the world and Western and Eastern Europe; the costs of health care, which contribute to the impoverishment of 100 million people each year; coverage of maternal, newborn and child health interventions (4 out of 10 women are excluded from basic prevention and treatment interventions).

Chronic diseases, difficulty in responding to complex needs, disparity of treatment, the relationship between socio-economic conditions and health, between individual fragility and social exclusion, require a common effort in order to guarantee universal access to health treatment, and to ensure sustainability of public health systems. The Alma Ata Declaration, sponsored by WHO and UNICEF, strongly requested that the international communities support the inclusion of scientifically validated traditional medicine and of complementary medicine into the national health systems.

In May 2009 the 62nd World Health Assembly of WHO adopted a resolution that is relevant for homeopathy and other therapies in the field of Complementary and Alternative Medicine.⁶ The resolution notes the progress that many governments have made to include Traditional Medicine, as well as Complementary and Alternative Medicine, into their national health systems, and that progress in this field has been achieved by a number of Member States through implementation of the WHO traditional medicine strategy 2002–2005. The resolution refers to the Beijing Declaration on Traditional Medicine of November 2008⁷ and the 2008 WHO world health report: “*Primary health care – now more than ever*”. It recognizes traditional medicine as one of the resources of primary healthcare services that could contribute to improved health outcomes.

Rational and appropriate use of complementary and traditional medicine resources can contribute to reducing drug consumption and therefore public healthcare costs.⁸ Furthermore, these therapies can help diminish the side-effects of synthetic drugs, a world-wide and growing. Finally, the production and use of traditional remedies can foster the development of local economies, adding value to important aspects of indigenous cultures and generating economic activities optimising local resources.

Healthcare international cooperation in Tuscany

The Tuscany Region of northern Italy is involved in over 150 international projects for healthcare cooperation in more than 30 countries. The principles inspiring the strategies of the Region for healthcare cooperation state that health is a fundamental human right and that the attainment of health is an important world-wide social goal whose realization requires the action of many social and economic sectors in addition to the healthcare sector.

The main goals of the Regional Cooperation Programme consist in promoting sustainable human development within an integrated approach, at both the local and global levels, in order to strengthen civil society and create partnership networks.⁹ Health cooperation initiatives of the Tuscan Region are sustained by integrated, functional and mutually supportive referral systems: intersectorial interventions, use of appropriate and sustainable technologies, promotion of local autonomy by means of political support for the development of national health systems; support of local health systems and primary health care, development of human resources.

Inclusion of Complementary Medicine into the Regional Health System started in Tuscany over 10 years ago.¹⁰ A regional survey, promoted by the Health Regional Agency in 2003, noted the use of CAM by the population and great interest by family doctors and paediatricians.¹¹ To date, there are more than 75 public services of acupuncture, herbal medicine and homeopathy in the Tuscan Network of Integrative Medicine, distributed among all the Healthcare Centres of the Region.¹² Legislation defines the criteria for providing specialist training in Complementary Medicine through an agreement with the Professional Orders of Surgeons, Dentists, Veterinarians and Pharmacists.¹³ Since 1999 there has been a chapter entitled originally non-Conventional Medicine, then Complementary Medicine, and now Integrative Medicine, in the Healthcare Plan of the Region; there are many regional projects for the inclusion of CAM in: third age care; oncology, mother-child interventions, rehabilitation, pain, etc.¹⁴

This situation has helped to develop an important synergy between themes of international health cooperation and support for the inclusion and development of Traditional and Complementary Medicine in public healthcare systems. Some of these programs support the development of natural medicine in the southern countries of the world; projects for decentralized cooperation have been realized in Cuba,

Senegal, Serbia and the Western Sahara, with the cooperation of local bodies, international Institutions, associations and Non-Governmental Organizations (NGOs). What follows is a brief outline of these cooperation activities.

Natural and homeopathic medicine in Cuba

Health cooperation of the Tuscany Region with Cuba, within the framework of natural and conventional medicine, and particularly of homeopathy, was launched in 1994. Various social and health institutions have contributed to different cooperation projects. The results of these activities have generally been evaluated very positively by the participants, and offer possible solutions to problems of sustainability of public health systems in the developing countries.

In Cuba a model of public assistance entirely financed by the State has been in place since the 1970s. The system is based on a programme of primary health care through General Practitioners (*medicos de familia*). This system provides the population with total and direct primary health care, and a remarkable doctor/patient ratio of one doctor for every 200 inhabitants.¹⁵

In the 1990s, the range of therapies available in the Cuban public health system was increased, as the Health Ministry introduced a more open healthcare policy and set up the first 'alternative medicine' centres (especially acupuncture) in the main cities. In 1992 homeopathy was included in the programme of 'non-conventional' therapies, and in the following years non-conventional medicine was recognised by the Ministry.

The first cooperation project between the Pharmacy Faculty of Santiago de Cuba and the Homeopathic Association "*Homeopathia Europea*" started in the summer of 1994. It was aimed at providing homeopathy in Cuba to allow a rational use of primary healthcare resources, to support homeopathic training of physicians, dentists, veterinarians and pharmacists, and to create a homeopathic centre and laboratory for the production of medicines. This activity was carried out by the associations Lycopodium of "*Homeopathia Europea*" and "*Raphael*" of San Giuliano Terme (Pisa); and the Homeopathic Clinic of "*Campo di Marte*" Provincial Hospital – Health Local Unit no. 2 of Lucca, with the support of the Decentralized Cooperation Committee of Viareggio with funding from the Municipal Administration of that town. In February 1996 the first homeopathic seminar was held for physicians, pharmacists and veterinarians of the country. Three other seminars were held at Guantanamo, Santiago de Cuba and Havana (for veterinarians) in November 1996.

In 1997 a project in the province of Guantanamo was co-financed and included in the emergency programme for water supply improvement promoted by WHO. Another project, approved by the Tuscan Region and co-financed by the Municipality of Viareggio made it possible to open a Natural and Homeopathic Medicine Centre at the "*Hospital Clinico Quirurgico 10 de Octubre*" in Havana in May 1998. Health care was provided to more than 100,000 patients.

Since 1998 activities supporting the development of natural and homeopathic medicine have been realized within the framework of the Local Human Development Program (PDHL) – Cuba Programme.¹⁶ This multilateral initiative for local human development, promoted by the United Nations, was funded by the Italian Foreign Affairs Ministry until the year 2003. A three-year project designed to set up a laboratory for the national production of homeopathic drugs financed by the European Union was completed in 2002. Within the PDHL – Cuba framework programme, a national seminar in collaboration with the United Nations Development Programme (UNDP) and United Nations Office for Project Services (UNOPS) agencies Italian cooperation in Cuba and SIVTRO (the Italian branch of Vets without Frontiers) was held. 80 Cuban physicians and vets participated and hundreds of homeopathic books were distributed.

A subsequent project supported the reconstruction of the Centre for Natural and Traditional Medicine (CNTM) located in the historic centre of the capital, old Havana. The aims of the project were to develop traditional and natural therapies, especially Homeopathy and Traditional Chinese Medicine (TCM), provide information tools, homeopathic medicines and tests for health professionals and for the central library. In July 2000 a national seminar on homeopathic clinical practice for physicians, veterinarians and pharmacists was held by the Italian Non-governmental organization (NGO) CISP (with European Union funding) and by the *Sociedad Cubana de Medicina Tradicional y Bioenergética* (mdm@infomed.sld.cu), in collaboration with PDHL Cuba and the Centre for Natural and Traditional Medicine.

An innovative project supporting the Centre for Natural and Traditional Medicine (CNTM) of San Isidro, inaugurated in November 2003, was supported by the Municipality of Old Havana and the Oficina del Historiador with the contribution of the Municipality of Viareggio and the Province of Lucca. The aim of the Centre is to improve the health of the inhabitants of the area by sustainable therapies at both the economic and environmental levels. The Centre offers acupuncture, homeopathy, herbal medicine, aromatherapy, and other natural methods, particularly to women and children. The clinical activity is accompanied by a training programme for the doctors and healthcare professionals. A total of 102,845 visits (with an average of 70 patients a day) were made between the end of 2003 and early 2007. The Centre was visited in April 2007 by Enrico Rossi, Tuscany Regional Minister for Health.

Veterinary and human homeopathy with Saharawi people

Part of the Algerian Sahara Desert has, for 35 years been inhabited by Saharawi refugees who in 1975 left their land of origin, Western Sahara, after it was abandoned by Spain and immediately occupied by Morocco. Within the project "*Animal Health*" (Sanità Animale), affiliated to SIVTRO International Cooperation a training programme was organised for technicians and veterinarians of the Saharawi Veterinary

Department, promoted by the Raphael Association of Pontassierchio (Pisa) in collaboration with the Municipality of S. Giuliano Terme (Pisa), the Homeopathic Clinic of Health Local Unit no. 2 of Lucca, the Lycopodium Association – Homeopathia Europea (Florence), and the Association Rio de Oro (Marche Region). In April 2001 the first course was held, followed by 1–2 week seminars in the following years. The course ended in April 2006, participants were awarded a diploma issued by the “Mario Garlasco” School of classical homeopathy in Florence.

In 2005, at the request of the doctors and the local Health Ministry, a homeopathic training course in human medicine was organised, also an attempt to re-evaluate traditional Saharawi medicine. The course attended by 15 health workers, was completed two years later.¹⁷ A training course on natural and homeopathic medicine in 2007–2008 was attended by healthcare workers at Dakla Hospital. The course lasted 8 weeks, 4 of which were led by the Raphael Association and 4 by local personnel. Homeopathic medicines, software, Spanish and Arabic texts were distributed for the Dakla Hospital.

Acupuncture and TCM in Senegal

In 2001 the project “*Fight against maternal and child mortality in Senegal*” was launched, coordinated by the city of Florence with the economic support of the Tuscan region and participation of the Tuscan Hospitals and Local Health Services. This intervention was chosen because in Senegal maternal and child mortality rates are very high (mortality rate 0–5 years 143 per thousand; neonatal mortality 510/100,000). The project was coordinated by the NGO Matraia Lucca in collaboration with the local partners of the regional Hospital of Thiès and the Health District of Mbao. It had three principal goals: primary prevention in the maternal and child sector; prevention of nosocomial infective diseases; maintenance planning and management of infrastructures, equipment, sanitation, environment, and surgical facilities; definition and application of protocols for maternal and child health care. Alongside the aim of reducing neonatal mortality and improving health care of the newborn, TCM methods to favour physiological delivery were also investigated. The potential of this has been recognized by WHO. The low costs of TCM make this type of medicine particularly suitable for integration with other medical therapies.

Midwife training is focussed on:

- Newborn health care.
- Maternal education.
- Early diagnosis of foetal malformation.
- Use of therapeutic CAM tools to reduce foetal malpositions, to induce labour, improve uterine dynamics, to increase contractions to reduce haemorrhages, and control labour pain.

The professional training course led to the achievement of TCM competences in obstetrics and gynaecology. Theoretical and practical teaching was given at the TCM Centre Fior di Prugna, and the Acupuncture School in Florence.

Integration of complementary medicine in Serbia

In 2005 the Tuscany Region Healthcare Referral Centres for Complementary Medicine went on a mission to Serbia within the framework of the IDEASS programme and in cooperation with “*City to City*” programme of the United Nations. The scope of the mission was to introduce moxibustion in cases of breech presentation of the foetus in order to avoid caesarian section; a number of contacts and projects for the development of homeopathic medicine were also started. The experience led to the project “*Support to the Integration of Complementary Medicine into the Serbian Regional and National System*”, approved by the Tuscan Region in July 2007 and promoted by the “Fior di Prugna” Centre, in collaboration with the Regional Homeopathy Referral Centre in Lucca, the Institute of Social Medicine, the Faculty of Belgrade. A law regulating the practice of non-conventional medicine was approved in Serbia in 2007.

Cooperation with the Tuscan Region is aimed at supporting the introduction of complementary practices into the Serbian Health Service, based on the Tuscan model. The Tuscan Region Referral Centres for Complementary Medicine have proposed the project of international cooperation “*Support to the Integration of Complementary Medicine in the National and Regional Health System of Serbia*”, approved by the Tuscany Region. The aim of the project is to support a strategy of inclusion of complementary medicine in the public health system, to finance a survey on the use of these therapies and to support their inclusion in obstetric, oncology, assistance to the elderly and palliative treatment. The Serbian partner is the Association for Public Health.

The second mission of the regional Tuscan Centres was in November 2009. A central moment was the Congress, held in Belgrade, of the Serbian Association for public health “*Integrated Medicine – experiences in clinical practice*”. The Congress was opened by Tomica Milosavljevic, Minister of Health of the Serb Republic. Around 200 doctors and tutors from the Faculties of Medicine and Pharmacy participated.

The Tuscan speakers presented the results of the inclusion process of complementary medicine in Tuscany illustrating in detail the experiences of acupuncture and TCM in Florence, of herbal medicine in Empoli and of homeopathy in Lucca. During the meeting with the directors and managers of the hospitals and Healthcare Centres in the province of Belgrade, the results of the process of inclusion of complementary medicine in the Tuscan public health system were presented, including regulation of bio-natural disciplines¹⁸ and complementary medicine.¹²

International seminar on integration of complementary and traditional medicine

An international seminar “*Innovation and Development in the Health System: Inclusion of Complementary and Traditional Medicine in the Public Health System*” was held in

Florence in October 2008, with the participation of delegates from Afghanistan, Albania, Austria, Bolivia, Chile, Cuba, Ecuador, El Salvador, France, Gabon, Germany, Guatemala, India, Iran, Italy, Lebanon, Mali, Morocco, Mozambique, Dominican Republic, Serbia, Syria, Sri Lanka, Switzerland, South Africa, Venezuela, Agencies of the United Nations, and various international and decentralized cooperation bodies.¹⁹ The event ended with a Declaration²⁰ focussing on a factors including: the intercultural approach for health, respect of human rights, protection of natural resources, principles of complementarity, reciprocity, inclusion and respect for nature and the environment.

The Declaration states that complementary and traditional medicine is a method that can enrich, strengthen the public health system and improve the quality of life; contribute to the quality of economic and social development; improve the health and development of local communities; safeguard cultural differences; focus attention on healthcare centres intended as physical, mental, spiritual and social well-being of people, nature and environment.

In line with the resolutions of WHO, National Governments and Health Ministries were also recommended to strengthen their health systems with the resources of complementary and traditional medicine; to foster and support research for the efficiency and safety of these therapies; to evaluate and protect medicinal plants and traditional remedies, defending them from speculation and exploitation by commercial interests; to encourage initiatives for the training of healthcare staff within the framework of traditional and complementary medicine. Local institutions were advised to systematically include complementary and traditional medicine in the public health system within the framework of projects of cooperation, as integrating part of the development of the territory. Finally, it was recommended that the World Health Organization, the agencies of the United Nations and international cooperation bodies support the creation of an international network of integration.

Conclusions: towards an integration strategy

Complementary and traditional medicine can represent a useful and sustainable resource in different fields of health care including chronic disease, physiological delivery, allergies, tumours, pre- and post-operative rehabilitation, epidemics, paediatrics, third age care, dentistry, veterinary medicine. Their inclusion in the public health system must go hand in hand with an adequate process of scientific evaluation to control the efficacy, safety and quality of the health services and products by means of case/control observational studies, as well as randomized, blinded clinical trials. Initiatives and actions are aimed at achieving inclusion of complementary and traditional medicine in the public healthcare systems and the introduction of these disciplines into healthcare planning, in the programmes of public health structures, and specific regional and/or national standards. Particular attention should also be given to programmes

for the training of public healthcare workers and continuing professional development. Finally, information for the public is important for the development and success of integration.

Conflict of interest

No conflict of interest declared. All the costs of the international cooperation projects were supported by the Public Health System of the Region and Complementary medicine associations named in this article.

Acknowledgement

We are very grateful to Dr Laura Cignoni for the English translation.

References

- 1 Declaration of Alma-Ata International Conference on Primary Health Care. Alma-Ata, USSR, 6–12 September 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf [accessed December 2009].
- 2 United Nations General Assembly Resolution 2 Session 55 United Nations Millennium Declaration on 8 September 2000. <http://www.un.org/millennium/declaration/ares552e.htm> [accessed December 2009].
- 3 Cfr. OECD. Economic outlook: flash file – quarterly projections. Italy – key economic projections, Paris, 19 November 2009. <http://www.oecdepublishing.org/Keygraphs/Italy-frame.html> [accessed December 2009].
- 4 World Health Organization. Health Policy, Development and Services. WHO's Work on the Millennium Development Goals. <http://www.who.int/mdg/goals/en/index.html> [accessed December 2009].
- 5 World Health Organization. The World Health Report 2008 – Primary Health Care (Now More Than Ever). http://www.who.int/whr/2008/whr08_en.pdf.
- 6 World Health Organization. Resolution about Traditional Medicine. WHO 62nd World Health Assembly May 2009. http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R13-en.pdf [accessed January 2010].
- 7 World Health Organization. Beijing Declaration on Traditional Medicine of November 2008. http://www.wpro.who.int/NR/rdonlyres/A0AB4D18-5B18-4513-BC4C-2FF15369C6FE/0/TRM_BeijingDeclarationEN.pdf [accessed January 2010].
- 8 Smallwood C. The Role of Complementary and Alternative Medicine in the NHS. www.freshminds.co.uk [accessed December 2009].
- 9 Tuscany Regional Health Plan 2008/2010. International Cooperation. Chapter V – 5.6.1.5, p. 108. http://www.regione.toscana.it/regione/multimedia/RT/documents/1216825956079_5_nuove_opportunita.pdf [accessed January 2010].
- 10 Rossi E, Baccetti S, Firenzuoli F, Belvedere K. Homeopathy and complementary medicine in Tuscany, Italy: integration in the public health system. *Homeopathy* 2008; **97**: 70–75.
- 11 Giannelli M, Cuttini M, Arniani S, Baldi P, Buiatti E. Non-conventional medicine in Tuscany: attitudes and use in the population. *Epidemiol Prev* 2004; **28**(1): 27–33.
- 12 Tuscany Region. Census of Complementary Clinics in Regional Health Care of Tuscany. http://www.regione.toscana.it/regione/multimedia/RT/documents/2009/08/06/e3a17c4fabc66f196ee6fa20c272f2a7_censimentoregionalemc42009.pdf [accessed January 2010].

- 13 Regional Law of Tuscany no. 31/2007 of 25/05/2007. The regional law regulating the practice of complementary medicine (Modalità di esercizio delle medicine complementari da parte dei medici e odontoiatri, dei medici veterinari e dei farmacisti). http://raccoltanormativart.mediamind.it/toscana/index.php?vi=all&urn=urn:nir:regione.toscana:legge:2007-02-19:9&urn_t1=d1&urn_t=text/xml&urn_a=y&urn_d=v&urn_dv=n [accessed January 2010].
- 14 Tuscany Regional Health Plan 2008/2010. Complementary (MC) and Non Conventional Medicine (MNC): the Network of Integrative Medicine, Chapter V -- 5.6.1.6, pp. 110–113. http://www.regione.toscana.it/regione/multimedia/RT/documents/12168259-56079_5_nuove_opportunita.pdf [accessed January 2010].
- 15 Senate of Canada, Subcommittee on Population Health. *Maternal health and early childhood development in Cuba: second report of the Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology*. Ottawa (ON): The Senate. www.parl.gc.ca/39/2/parlbus/commbus/senate/com-e/soci-e/rep-e/rep08feb08-e.pdf, 2008 [accessed January 2010].
- 16 Programa de las naciones Unidas para el Desarrollo. El PDHL en Cuba. <http://www.undp.org/cu/pdhl/index.htm> [accessed January 2010].
- 17 Verdone M, Facchini M, Emamhed A, Rais A, Pistelli E, Taranto C. Homeopathy in Sahara desert: DEMHOS Project with Saharawi people. Acta VII F.I.A.M.O Congress – Roma 10–12 November 2006.
- 18 Regional Law of Tuscany no. 31/2007 of 25/05/2007. Well-being and bio-natural disciplines. http://www.regione.toscana.it/regione/multimedia/RT/documents/2009/08/06/ea83ah7fc7dc8915a59169-bcbe0f3f74_legge22005.pdf [accessed January 2010].
- 19 International Workshop Innovation and Development in Health: Integration of Complementary and Traditional Medicine in Public Health Systems 28–31 October 2008, Florence, Italy. <http://www.art-tuscany.org/pages.php?event=medcom&lang=it> [accessed January 2010].
- 20 Florence Declaration Complementary and Traditional Medicine in Public Health: Towards an Integral Health System. International Workshop Innovation and Development in Health: Integration of Complementary and Traditional Medicine in Public Health Systems, Florence 28–31 October 2008. http://www.art-tuscany.org/documents/reports/MedCom_DeclarationEng.pdf [accessed January 2010].