

# A helping hand for natural cures

The World Health Organisation has a policy of integrating traditional and complementary medicines with national healthcare systems. Medical schemes in SA are lagging behind, writes Mandy Collins



NATURAL AID: Most medical schemes would be delighted to find space for non-allopathic medicines, says an executive.  
Picture: THINKSTOCK

**M**EDICAL schemes, by and large, are in the business of funding allopathic medicine. See a doctor or physiotherapist, or pick up a prescription at the pharmacy, and your medical scheme will pay at least a portion of the cost. Pop into your local homeopath or reflexologist, however, and you'll probably be footing the bill yourself.

The irony of this situation is that use of complementary and alternative medications (CAMS) is much more widespread than most of us realise. In fact the World Health Organisation's (WHO's) Traditional Medicine Strategy 2002 to 2005 showed that in Asian and African countries up to 80% of the population depends on traditional medication for primary healthcare.

Use of CAMS is also high in the developed world, where 70% to 80% of the population reports having used alternative medical care at some point. More than 100 countries worldwide have regulations for herbal medicines and the WHO has a policy of integrating traditional medicines and CAMS

with national healthcare systems.

"Most medical schemes would be delighted to find space for non-allopathic medicines," says Grant Newton, CEO of Sanlam Health.

"Only the minority of schemes would say there was no place for them. And indeed, some schemes are innovative in their design of their policy towards CAMS.

"Schemes tend to be a bit risk averse when it comes to actually covering CAMS, though. When practitioners are registered it is reasonably easy to fund them because there's a legitimate structure. Then you can decide whether or not to pay; you can start thinking about it.

"The tough part is incorporating culturally rich, but not necessarily registered, providers because it's difficult to differentiate in the funding environment where there is no regulator — it's not a secure environment.

"If we cover those things, we need to be able to support and reassure our members. In other words, if we are paying for something it must be legitimised."

Charlene Schoeman, MD of Cape Medical Plan, says that this

lack of registration is a major challenge.

"The Medicines Control Council registers allopathic medicines, but there are many therapies and it's a huge process to register all of them — we will probably only see registration in two years' time.

"If these medicines and therapies are registered we would consider funding them. But often substances in alternative therapies are untested and can have serious side effects. So it's an area of great debate and has a lot of problems. There needs to be a balance."

Neil Kirby, of Werksmans Attorneys, points out that the question of CAMS is like asking, how long is a piece of string?

Can it be incorporated? Which CAMS do we include? Why have we never had control? And why has there been such a delay? Those are all valid questions raised by this issue, he says.

"A lot of people use these medicines, therefore it's important to have control over what people are taking because a lot of the stuff out there is snake oil, so you run the risk of taking something that is expensive, useless and

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possibly deadly.

"If we had proper regulations, it would make the question very easy because it allows you to compare apples with apples," says Kirby

Some medical schemes do pay for certain alternative health practitioners. Fedhealth is one of them. Principal officer Katy Caldis explains that the scheme pays for certain of these remedies if there are savings and out-of-hospital expenses benefits available.

"Homeopaths, naturopaths, osteopaths and so on fall under alternative healthcare and these could be payable depending on whether there are funds available," she says.

"Fedhealth does cover CAMS professionals provided that they are registered with the Allied Health Professions Council and have a valid BHF (Board of Healthcare Funders) number.

"We regard day-to-day benefits as the members' own money, so we give them the flexibility to decide how they want to spend or allocate these funds.

"Should the member therefore prefer to make use of alternative

treatment and medication they will be refunded from this benefit. These alternative treatments include acupuncture, homeopathy, naturopathy, osteopathy and phytotherapy, and cover is for consultations as well as prescribed medication."

Kirby says that in a sense medical schemes' hands are tied because they can only pay for what is legislated by law, which means it's the lack of regulation that's a problem.

"The trouble is, we are trying to apply Western regulations to products that don't necessarily fit into that box. I think the Consumer Protection Act might be the light at the end of the tunnel here, as CAMS are not controlled by the Medicines Act.

"As for the NHI, it talks about a basket of treatments but we don't know how far that basket will go in terms of what is available to the consumer. And it probably won't include CAMS because it relies on regulation and they are not regulated."

Len Deacon, executive principal officer of Topmed, says that the scale of the problem is

enormous. While some schemes have a rand benefit for CAMS, if you look at traditional healers there is no tariff code sector.

"There has been the establishment of a traditional healers' council, but while the council has been established, and people appointed, nothing further has transpired," he says.

"There are probably 250 000 traditional healers in our country, so it's a massive administrative task.

"In the case of CAMS there are many treatments that work better than allopathic medicines. Under NHI it may be easier to incorporate them in contrast to the private health system. But a lot more discussion needs to take place. In 10 to 15 years I think they're likely to be included in NHI. They are on the agenda, but there's a lot of work to be done.

"Our membership base is quite sophisticated and there doesn't seem to be a huge move in the direction of complementary and alternative medicine at this stage," says Schoeman.

"I think people are aware of the dangers of unregistered

medicines. But for us, as a scheme it's really about control — we are looking for a proper body to oversee CAMS, with regulations and testing for safety and efficacy."

Newton says: "Our hands are really tied — the limitations are created by the regulatory authorities. The standard exit price and generics have decreased the cost of medicines, but in the herbal environment a lot of stuff is imported and is therefore costly. However, most benefit designs are changing to a more all-encompassing risk environment."

Deacon says: "We live in a society where vital human needs are often ignored. We shouldn't underestimate the importance of touch and physical interaction: both of these are lost if only allopathic medicine is offered. Healthcare should be a calling, should be about caring — which is why traditional therapies and CAMS are becoming more popular. They appear to care more.

"We need to think about this issue differently, think out of the box and engage the people in CAMS to figure out how we can work together," he says.