# **ΕΛΟΤ ΕΝ 16872**

# ΕΛΛΗΝΙΚΟ ΠΡΟΤΥΠΟ HELLENIC STANDARD



# Παροχή υπηρεσιών Υγείας από Ιατρούς Ομοιοπαθητικής (MDQH) - Απαιτήσεις

Services of Medical Doctors with additional qualification in Homeopathy (MDQH) - Requirements for health care provision by Medical Doctors with additional qualification in Homeopathy

#### **ΕΛΟΤ EN 16872**

Εθνικός Πρόλογος

Αυτό είναι το Φύλλο Επικύρωσης του εγκεκριμένου Ευρωπαϊκού Προτύπου

EN 16872:2016

ως Ελληνικού Προτύπου.

Το πρότυπο αυτό διατίθεται στην αγγλική, γαλλική ή γερμανική γλώσσα από τον Ελληνικό Οργανισμό Τυποποίησης.

**National Foreword** 

This Endorsement Sheet ratifies the approval of European Standard

EN 16872:2016

as a Hellenic Standard.

This standard is available in English, French or German from the Hellenic Organization for Standardization.

#### © EAOT 2018

Όλα τα δικαιώματα έχουν κατοχυρωθεί. Εκτός αν καθορίζεται διαφορετικά, κανένα μέρος του παρόντος Προτύπου δεν επιτρέπεται να αναπαραχθεί ή χρησιμοποιηθεί σε οποιαδήποτε μορφή ή με οποιοδήποτε τρόπο, ηλεκτρονικό ή μηχανικό, περιλαμβανομένων φωτοαντιγράφησης και ανάρτησης στο διαδίκτυο ή σε ενδοδίκτυο, δίχως γραπτή άδεια από τον εκδότη.

ΕΛΛΗΝΙΚΟΣ ΟΡΓΑΝΙΣΜΟΣ ΤΥΠΟΠΟΙΗΣΗΣ Κηφισού 50 • 12133 Περιστέρι

# **EUROPEAN STANDARD**

NORME EUROPÉENNE

# EN 16872

# **EUROPÄISCHE NORM**

October 2016

ICS 03.080.99; 03.100.30; 11.020

### **English Version**

# Services of Medical Doctors with additional qualification in Homeopathy (MDQH) - Requirements for health care provision by Medical Doctors with additional qualification in Homeopathy

Services de santé des docteurs en médecine ayant une qualification complémentaire en homéopathie -Exigences relatives aux prestations de soins de santé fournies par les docteurs en médecine ayant une qualification complémentaire en homéopathie

Dienstleistungen von Ärzten mit Zusatzqualifikation in Homöopathie - Anforderungen an die Gesundheitsversorgung durch Ärzte mit Zusatzqualifikation in Homöopathie

This European Standard was approved by CEN on 6 August 2016.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the CEN-CENELEC Management Centre or to any CEN member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and United Kingdom.



EUROPEAN COMMITTEE FOR STANDARDIZATION COMITÉ EUROPÉEN DE NORMALISATION EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

#### **Contents** Page Introduction \_\_\_\_\_\_4 1 2 Terms and definitions ......5 3 3.1 Required knowledge and understanding......7 3.2 3.3 Required abilities and skills ......8 Relationship between conventional and homeopathic approaches......8 3.4 Clinical practice ......8 4 4.1 Homeopathic case taking ......8 Homeopathic case analysis......9 4.2 4.3 Follow-up and case management......9 Requirements for documentation of medical records ......9 4.4 5 5.1 Principles for the practitioner's attitude ....... 10 5.2 5.3 **5.4** 6 6.1 Basic requirements of the Homeopathic Education Programme (HEP) ......14 6.2 6.2.1 Requirements of the Homeopathic Education Programme (HEP)......14 6.2.2 6.3 6.3.1 6.3.2 6.3.3 6.4 Continuing professional development (CPD) .......15 6.5 6.5.1 6.5.2 **A.1 A.2** A.2.1 A.2.2 The care process 17 A.2.3 **A.3** A.3.1 Annex B (informative) Guidelines for examinations......22

# **European foreword**

This document (EN 16872:2016) has been prepared by Technical Committee CEN/TC 427 "Project Committee - Services of Medical Doctors with additional qualification in Homeopathy", the secretariat of which is held by ASI.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by April 2017, and conflicting national standards shall be withdrawn at the latest by April 2017.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

According to the CEN-CENELEC Internal Regulations, the national standards organisations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

#### Introduction

Homeopathy was developed over 200 years ago by a German physician, Dr. Samuel Hahnemann, and has since evolved into a sophisticated practice of case-taking, diagnosis, prescription and long term care management. It is based on the principle of similars – "let like cure like" – which has been recognized by some physicians and philosophers for centuries, but it was Hahnemann who recognized the universality of this principle and made it the basis of a complete system of medicine with an own concept of health and disease described in his standard work *Organon of the Medical Art* [1]. Homeopathy which has evolved from and within the science of western, and particularly European, medicine, is practiced nowadays in more than 70 countries worldwide.

This European Standard was developed to specify minimum quality standards for homeopathic care in a medical context, ensuring high standards in the education, training and practice of homeopathy by medical doctors. Patients who choose homeopathy should be ensured of the quality and standard of care they will receive.

In addition, this standard aims at harmonizing professional standards in homeopathic practice by medical doctors across Europe and integrating high-quality homeopathy into European healthcare. It will help health care leaders to develop solutions that contribute to a broader vision of health and patient autonomy as recommended by the WHO *Traditional Medicine Strategy 2014-2023* [2].

## 1 Scope

This European Standard specifies the minimum requirements for medical doctors with additional qualification in homeopathy and their services.

This European Standard is not applicable to services provided by persons not being medical doctors, nor to the preparation of homeopathic medicines, nor to the methodology and practice of homeopathic provings.

#### 2 Terms and definitions

For the purpose of this document, the following terms and definitions apply.

#### 2.1

#### acute disease

rapid pathological process which has a tendency to finish its course more or less quickly, but always in a moderate time

[SOURCE: Hahnemann, The Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure]

#### 2.2

#### chronic disease

disease, often with an imperceptible beginning, which dynamically affects the living organism to gradually deviate from the healthy condition

[SOURCE: Hahnemann, Organon of the medical art, §72]

#### 2.3

#### constitution

pattern of physical and psychological characteristics that identify an individual, including physical and psychological reactions to stimuli and circumstances that occur in everyday life

#### 2.4

#### direction of cure

progressive improvement in the patient's state indicated by directional changes in the disease process, namely from above downwards, from within outwards, from more important to less important organs and from the mental level to the physical level, and symptoms resolve in reverse order of their onset

Note 1 to entry: Direction of cure may be determined by changes in the disease process.

### 2.5

#### general symptoms

### generals

phenomenon of a disease concerning the patient as a whole relating to more than one area or aspect

EXAMPLE Fever, sweat or weakness.

#### 2.6

#### homeopathic medicine

homeopathic medicinal product prescribed according to the principle of similars

[SOURCE: 2001/83/EC as amended by 2004/27/EC, Art. 1(5)] [3]

#### 2.7

#### homeopathic medicine selection

comparison and differentiation of the homeopathic medicines in question in order to find the most appropriate homeopathic medicine for each patient based on the principal of similars

#### 2.8

#### homeopathic proving

method used in homeopathy by which the symptom profile of a homeopathic medicine is determined by the administration of doses of the substance in homeopathic potency to healthy volunteers that can elicit symptoms

Note 1 to entry: Corresponds to homeopathic pathogenetic trial.

#### 2.9

#### homeopathy

medical approach aimed at improving the patient's health by the administration of homeopathic medicines

#### 2.10

#### materia medica homeopathica

body of collected knowledge about the therapeutic properties of any substance used for healing in homeopathy

#### 2.11

# Medical Doctor with additional Qualification in Homeopathy MDQH

medical doctor additionally trained in homeopathy and qualified to integrate homeopathy into patient care within the context of general medical practice, conventional specialist practice or full-time homeopathic practice

#### 2.12

#### miasmatic theory

Hahnemann's theory explaining the aetiology and development of chronic or recurrent disease states which may be acquired or inherited and which may bring about a predisposition to a particular disease

#### 2.13

#### modality

factor which aggravates or ameliorates a symptom or the whole clinical state of a patient

#### 2.14

## potency

degree to which a homeopathic medicine has been potentized

#### 2.15

#### potentization

#### dynamization

method of preparing a homeopathic medicine by means of trituration or succussion in between each serial dilution

#### 2.16

#### principle of similars

therapeutic use of substances to treat symptoms similar to those which they can induce in a healthy person

#### 2.17

#### repertorization

technique of using a repertory to identify the homeopathic medicines whose materia medica corresponds most closely to the totality of the symptom picture of the patient

#### 2.18

#### repertory

systematic cross reference of symptoms and disorders to the homeopathic medicines

#### 2.19

#### repertory rubric

heading in the repertory that links the symptoms or signs or clinical diagnosis to the corresponding homeopathic medicines

#### 2.20

#### suppression

treatment against the direction of cure

#### 2.21

#### totality of symptoms

complete clinical picture including the mental, general and local symptoms of the patient

## 3 Competences

#### 3.1 General

Homeopathy offers a different approach to the concept of illness and its relationship to the patient. MDQHs work in the same way as their conventional colleagues but integrate homeopathy into patient care. The MDQH shall bring to the consultation all the ethical and professional values, competence and responsibilities that are expected of a medical practitioner; forming an all-round assessment of the patient's needs, and cooperating with other health care practitioners whose care the patient is already receiving or may need.

#### 3.2 Required knowledge and understanding

In addition to their conventional training the MDQH shall have knowledge and understanding of:

- a) the scope and value of homeopathy, and the ability to understand and integrate its contribution into patient care,
- b) health and of the dynamics of illness, together with an extended comprehension of chronic disease,
- c) communication skills, especially with regard to the characteristics of homeopathic case taking,
- d) the patient as an individual,
- e) the individual's capacity for self-regulation and self-healing, and the possibility of stimulating these processes,
- f) the importance of the therapeutic encounter itself,
- g) the scientific implications of the subject, its evidence base, and the arguments that underpin it,
- h) the limitations of homeopathy,