Norwegian Law Brings Alternative Medicine to the Mainstream

On New Year’s Day, a groundbreaking new law took effect in Norway that legalizes alternative therapy for cancer patients as long as an oncologist approves the regimen beforehand. The law makes Norway the first Scandinavian country to accept and fully integrate alternative treatment into its nationally funded health care system.

The new law also establishes a voluntary public registry of alternative practitioners, an information clearing-house of non-traditional treatments, and guidelines that propose honest and factual marketing of alternative therapies.

The legislation replaces the Medical Quackery Act, which had long been a thorn in the side of the nation’s alternative therapists. Passed in June 1936, the Medical Quackery Act mandated that only trained medical doctors may treat people diagnosed with cancer, diabetes, contagious diseases, and other so-called “serious” ailments. It also stipulated that only dentists and medical doctors could prescribe drugs, perform surgery, deliver injections, and offer local and full anesthesia to patients.

Government health officials say the new law marks an important victory for Norwegian consumers, of whom nearly four of every 10 have used non-traditional therapies. The health officials also say the integration of alternative treatment into their national health care system will lead to greater oversight of these therapies and ultimately to greater consumer confidence and well being.

“Consumers must have an opportunity to make enlightened and informed choices with protection against risk,” said Norwegian Health Minister Dagfinn Hoybråten, a proponent of alternative therapy, who announced a new law shortly before the law’s passage.

For conventional doctors, the main bone of contention is how to exercise most responsibly their new role as the “gatekeeper” to alternative care. “We stand behind the idea that patients in very difficult situations should do what they like,” said Terje Risberg, M.D., an oncologist at the University of Tromsø, who is well versed on the state of alternative therapy in the country. “We know that many of them are already treating themselves with alternative medicines. So, this law is really a case of just facing reality.”

“But, still, we are very much upset over the new law, because our government gave us a huge new responsibility,” continued Risberg. “We will get those forms that ask us to say yes or no to a therapy that we don’t know anything about. It’s a lot more paperwork, and it requires a lot more knowledge. We also might come into a situation where we will say to our patients, ‘No, you can’t have that treatment.’ How will that affect them?”

Risberg said that the government has provided no training courses for conventional physicians to get up to speed on the ABCs of alternative therapy. Even if these courses were offered, Risberg said he worries that there is no way to reconcile his absolute obligation to protect his patients from harm and the known variability of some alternative treatments. “I’m very much worried about the Chinese herbs,” he said. “Sometimes, they are not pure at all. We’ve found some strange things in them.”

Such inherent variation could become a major issue when coupled with the power of advertising in driving patient demand. Although the new law lays down seven guidelines on the marketing of alternative therapies, many say its language is too general and subjective, stating, for instance, that the marketing of these products should be “sober” and “factual.” As is the case with adjectives, they are often open to wide interpretation.

“Unfortunately, the new law is rather vague when it comes to marketing of alternative medical treatments,” said Terje Vigen, M.D., general secretary of the Norwegian Physicians Union.

“Whether this will indeed be a victory for the patients/consumers very much seems to depend on the ethics of the alternative medicine practitioners and future case law.”

Indeed, many practitioners on both sides of the aisle say they believe that is exactly where the law is headed in the coming months. “This law is very much a work in progress,” said Vinjar Fonnebo, director of the National Research Center for Complementary and Alternative Medicine, known by the Norwegian acronym NAFCAM. “When I speak to groups, I always say that this is going to be decided by two or three court cases. Then, the courts will have to decide how to interpret the words in the legislation.”

Sour Taste

For many alternative practitioners, the new law is bittersweet. On the plus side, their integration into the Norwegian health care system gives them greater legitimacy after years of lobbying Parliament to repeal the Medical Quackery Act and grant them a
more prominent role in the state health care system.

However, after putting their best foot forward and participating in a comprehensive, bipartisan national review of alternative medicine in the 1990s, many alternative medicine practitioners say their autonomy has been reduced. At issue is the “gatekeeper” mechanism that places conventional doctors in a position of omniscience and alternative practitioners below them in a subservient and beholden role. “The [law’s] perspective is completely based on the premises of conventional medicine,” Else Egeland, a healer from Bergen, told the online Alternativt Nettverk last December. “The law claims to contribute to the peace of mind of patients who seek or receive alternative treatments. But, if you become seriously ill, it’s the doctor who decides how to treat the sickness. Here, freedom of choice becomes a choice between the doctor’s treatment or no treatment.”

For Egeland and others, the proof is in the pudding. As they frequently state, the reasons so many Norwegians have turned to alternative medicine in the first place is that their emotional and therapeutic needs are not being met by the state-run health care system.

Although many applaud in theory the law’s attempt to establish a voluntary registry of alternative practitioners to build patient confidence, most realize the directive doesn’t touch the tougher issue of quality control. To register, a practitioner must only be a member of a government-recognized organization involving alternative care. Because there are no uniform membership or competency standards among organizations, the registry becomes little more than an incomplete member list. For patients, it provides no insight into a practitioner’s training or skill.

Interestingly, as health care organizations—conventional and unconventional—weighed in on the drafting of the new law, the media and public largely ignored the debate. “It was a very strange thing,” said Risberg.

However the new law plays out in the coming months, the Norwegian government clearly has put its money where its mouth is. In 2004, the Health Department increased funding for medical and health research by 10.5 million kroner (US $1.5 million). Of this increase, 7.7 million kroner (US $1.1 million) went to alternative treatment—a boost of 5 million kroner in just 1 year. For conventional cancer researchers, this increase has not come at their expense. The majority of the nation’s cancer research is supported by the independent Norwegian Cancer Union.

In addition, the Norwegian Research Council established the aforementioned National Research Center for Complementary and Alternative Medicine, which saw its budget doubled to 5.6 million kroner (US $812,500) in 2004. The center is located at the University of Tromsø.

According to its director Fønnebø, NAFCAM has made tremendous strides in building a research infrastructure to more systematically study alternative treatments. He said his center has begun funding grants, collecting interesting case histories, and developing a four-step strategy to more realistically evaluate alternative treatment. As he noted, before the founding of NAFCAM in 2000, there was no organized research presence in alternative medicine in the country.

In the debate leading to the passage of the new law, Norwegian Health Minister Høybråten said, “There is a clear lack of balance in what people want and what the health system has to offer right now.” The question is: Will Norway’s admirable attempt to strike a balance ultimately result in the greatest benefit for conventional doctors, alternative therapists, and patients? —Robert Longtin