Brexit
– the silver lining

by Karin Mont MARH

After graduating from the College of Homeopathy in 1990, Karin established her own practice in rural East Sussex, where she continues to work. In 2001 Karin, together with five like-minded colleagues, formed the Alliance of Registered Homeopaths (ARH) and she is the ARH's current Chair. Karin has worked in collaboration with her European colleagues for the last 16 years, and is familiar with the many challenges currently facing the profession, both within the EU and beyond.

At the time of writing, we are just a few weeks away from Article 50 of the Treaty of Lisbon being triggered, after which Britain can formally begin the complex negotiations which will lead to us exiting the EU. We will have to totally redefine our trading relationship with the EU, and develop new legislation to replace the EU laws to which we are currently bound. The UK Government undoubtedly has a tough time ahead, with a number of EU member countries declaring their intention to make the process as tortuous as possible, in an attempt to deter other member countries from contemplating exiting the EU at some future date. Certainly, speculation is rife, with some commentators predicting that even the most carefully considered negotiations could fall apart if just one member country decides to veto the conditions agreed by everyone else. That is how the EU functions.

In charge of our own destiny

Ultimately, the Brexit outcome depends upon what we in the UK want for our country in the future. The EU needs to retain a constructive working relationship with the UK, just as much as we need to continue to work with our friends and neighbours in Europe. There are no previous examples of an entire country withdrawing from the EU, and the UK's exit represents uncharted territory, so we have everything to play for. Rather than anticipating the problems which may arise during the Brexit negotiations, we must focus on maximising the many opportunities presented by this once-in-a-lifetime event.

All those directives

We have spent so many decades trying to integrate EU directives into our own governance, we have forgotten what it means to have autonomy over our national legislative framework. The EU has spawned literally thousands of directives, many of which are barely fit for purpose. To try to understand how a flawed directive can become part of the EU's legislative framework (to which, as a member of the EU, we are bound), we need to explore the process behind the development of EU laws.

The self-serving bureaucracy

The European Commission (EC) is the all-powerful executive of the EU, which comprises a representative from each of the 28 member states. These representatives are appointed by their respective countries. They are not directly elected by the public, which means they are unaccountable to the citizens of Europe. The European Commission, which has a reputation for its selective interpretation of the democratic process, is the only EU organisation which has the power to initiate new laws. Once it has been agreed to develop a new law or directive, the process is launched. Then, literally thousands of people, the majority of whom are based in Brussels, are drafted in to rework the original proposal. These are full-time bureaucrats, funded by the taxpayer. They work for either the European Parliament (our MEPs, who represent citizens), or the Council of Ministers (heads of government, who represent the national interests of their respective counties), and their primary remit is to manipulate the new proposal until it is deemed acceptable for ratification by all the EU institutions.

A tortuous process

Agreeing a new directive can involve the proposal being read and redrafted by both the European Parliament and the Council of Ministers on two separate occasions and, if consensus still cannot be reached, then a Conciliation Committee is convened to iron out any remaining differences. This is a convoluted process which is time-consuming, hugely expensive, and driven by the vested interests of 28 different countries, so it is hardly surprising to observe that a law or directive which may have started out as something perfectly reasonable, ends up as a travesty of its original concept. It is an environment in which compromises involving behind-the-scenes agreements favouring large corporations are commonplace, often to the detriment of ordinary citizens. It is worth reflecting that, as a current member of the EU, the UK is bound by legislation developed together with 27 other countries, in a process which involves the specific interests of 751 Members of the European Parliament

(MEPS), all subject to the tight control of the European Commission. Brexit provides us with a unique opportunity to redress the balance, regain our autonomy, and secure our fundamental rights and freedoms for the future, especially in the area of public health.

Brexit and CAM

From the CAM practitioner's perspective, the silver lining to Brexit is that an independent UK will be in control of legislation affecting our medicines, and our access to natural products such as vitamins and minerals. Brexit places us in a position to develop new legislation which protects our right to access the natural products we choose to use. For years, our basic freedom of choice has been slowly but surely eroded by a plethora of EU regulations and directives, which have (for example) placed significant restrictions on our access to many food supplements (such as vitamins and minerals), and have made it virtually impossible for practising herbalists to prescribe from the full range of herbal medicinal products.

A flawed directive

The European Traditional Herbal Medicinal Products Directive (THMPD) was ratified by the European Parliament in 2004 and became part of UK medicines legislation in 2011. This poorly considered directive has generated numerous problems, which to date remain unresolved. On the plus side, the THMPD has simplified the licensing scheme for some herbal medicines, and allows their use for specific indications based on traditional practice. However, the scope of Traditional Herbal Registration (THR) is severely limited. Only an herbal medicine which has been in continuous use for a minimum of 30 years (of which 15 years must be use within the EU), and which can be proved to effectively treat the specific condition for which it is being registered, is eligible for THR. This means that many herbal medicinal products across Europe are either unlicensed altogether, or remain parked in a limbo-land of undefined legal status. The problem created by this conundrum is that, according to EU law, only a statutorily regulated healthcare practitioner is allowed to dispense an unlicensed medicinal product. This makes it difficult for herbalists (and homeopaths) to access the full range of herbal medicinal products.

The UK 'solution' to THMPD

In the UK, our Medicines and Healthcare products Regulatory Agency (MHRA) has spent years trying to integrate the THMPD into existing legislation, and they have come up with an interim solution: Herbalists who want to prescribe unlicensed products can do so providing they manufacture and / or assemble the medicine on their own premises, and supply an individualised prescription directly to their patient following a one-to-one consultation. The irony is that this is very much how herbalists used to work before Brussels concocted the THMPD, only now practitioners can no longer select from the full range of unlicensed products because they can only prescribe medicines which they produce themselves.

Preparing for Brexit

We have a well-informed and committed ally to help guide the CAM sector through the complex process of Brexit. Dr Robert Verkerk, a former research fellow at Imperial College London, has channelled his many skills to become one of the world's leading crusaders for natural health. He founded the Alliance for Natural Health because of concerns that governments across the world were consistently manipulating both science and the law, in order to discriminate against the use of natural health products or interventions. He has been fighting the corner for natural health in Europe for the last 15 years, and he is totally familiar with the intricacies (and frequent contradictions) of EU laws and regulations. He was the key speaker at a recent meeting of the UK Parliamentary Group for Integrated Healthcare (PGIH), which took place on 6 December 2016, and was attended on behalf of the ARH by David Needleman and myself.

Planning is key

Dr Verkerk clearly regards Brexit as a positive step for the UK. He considers it to be entirely possible for us to develop a new UK legislative framework post-Brexit, which upholds our right to manage our health naturally, at the same time as supporting growth and development within the CAM sector. Whilst acknowledging that there will be difficulties, he is convinced that, if we plan ahead, we can influence our MPs and other decision makers within healthcare delivery, to determine a new legal infrastructure which truly supports and enhances health, wellbeing and disease prevention. To achieve this, we all need to become far more proactive in informing and educating the powers-that-be. Our long term objectives are laudable, necessary and of benefit to all UK residents. Brexit provides us with the opportunity to totally reevaluate our national healthcare delivery, and demand the fundamental changes needed to make us a world leader in meaningful, 'person-centred' healthcare. CAM disciplines definitely have an integral role to play in this brave new world of sustainable healthcare.

What happens next?

David Tredinnick MP, who chaired the PGIH meeting, has offered to facilitate the establishment of a small working group which can begin to scope out and prioritise the issues which need to be addressed as we start to extricate ourselves from the EU. With Dr Verkerk acting as advisor, we are in good hands, and the ARH looks forward to actively supporting and progressing this important and innovative campaign. □