

# **CAMbrella – a Pan-European Research Network for Complementary and Alternative Medicine: From the Beginnings up to First Results**

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In 2007, we started to work out an outline for the first research project on complementary and alternative medicine (CAM) intended to be funded by the 7th Framework Programme (FP7) of the European Commission (EC). This step was encouraged by the activities of an ad-hoc working group of which almost all members now can also be found as part of the CAMbrella group. Prior to this initiative, it took not less than 3 more years of intensive networking of the European CAM community to get the field of CAM incorporated into the essentials of the theme ‘Health’ for FP7.

In relation to this prehistory, the 3 years of CAMbrella’s active project runtime are a rather short period. Networking and cooperation always have been common features during this entire period. Not without any reason, we published objectives, structure and work plan of the CAMbrella under the title ‘... to build European research network for complementary and alternative medicine’ [1], in line with the nature of a ‘coordination action’, a specific funding type of FP7 that CAMbrella has been assigned to.

Numerous expectations are connected to the project and its results range from promotion of CAM for European health care to rigorous trials providing the evidence base for various CAM methods in different medical conditions. However, CAMbrella cannot meet all these requirements from different stakeholders for various reasons. Even though CAMbrella is not a research project in the narrow sense of the word, it is still research-oriented and so part of the EC’s research promotion. In the early stage of the project this bizarre situation seemed to be contradictory, and it sometimes proved to be opaque for cooperation partners affiliated to universities. Consequently, due to the subject under observation, the articles compiled in this issue do not necessarily reflect commonly accepted scientific standards. It was not possible in all cases of

data acquisition to focus on academic peer-reviewed articles as the basic source of information. In addition, other publications, such academic anthologies, governmental reports and surveys, or publications by CAM organizations were used in a more pragmatic way. Consequently, the rules for data collection in systematic literature reviews could not always be made standard practice.

Another limitation of the CAMbrella project is the lack of a shared understanding of the term CAM or complementary medicine, which runs like a golden thread through all work packages (WP) and also applies to the articles presented in this supplement. Although the CAMbrella project has been trying to overcome this issue by creating a separate WP, the new concepts and recommendations for the future use of terminology in the area of CAM will come too late to have an impact on all those project tasks already addressing existing sources of information. When focusing on the current situation in the field of CAM, the only way was to accept the terminology used by the authors in the identified articles and documents. This has to be distinguished clearly from any future arrangement of the preferred terminology.

This leads us to another basic principle of the CAMbrella project and its WPs [1]. According to its objectives one can identify a first batch of tasks related to the description of the ‘current status’ of CAM in Europe:

- WP1: to compile different ways of use of CAM-related terms and to suggest a pan-European definition of the overarching term ‘CAM’ (only the latter is presented here in a research report [2]) as well as a series of definitions for the terminology used to describe the major CAM interventions used clinically in Europe;
- WP2: to review the current legal status of CAM in EU member or associated states [3];

- WP3: to explore the needs and attitudes of EU citizens with respect to CAM [4];
- WP4: to create a knowledge base that allows us to accurately evaluate the patients' needs and attitudes for CAM and the prevalence of its use in Europe [5];
- WP5: to explore the providers' perspectives on CAM treatment in Europe [6].

This list was complemented by the need to look beyond the European region on existing guidelines with respect to strategic reflections on research in the field of CAM:

- WP6: to consider the global perspective on CAM [7].

While the above-listed tasks and the corresponding WPs predominantly reflect the information that is already to be found, the second main target of the project is future oriented.

The task is:

- WP7: to propose an appropriate research strategy for CAM that will help develop an understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funders, providers and patients.

The first step in this WP was to collect and critically analyse CAM research methods used in the WPs 3–5 and to evaluate the clinical and epidemiological relevance of CAM in a systematic literature review. The results are included in this supplement [8], and served as a starting point for the development of proposals and recommendations regarding future CAM research. This second step was taken in order to develop a proposal for a roadmap of future CAM research. This part of project's work plan, the highly awaited CAM research roadmap, is still being finalised, and is currently not yet available; it will be published elsewhere later.

As already mentioned, networking, communication and dissemination of the information yielded in this project are vital measures for a successfully operating research community. A specific WP, WP8, dedicated to this subject matter also depicts and communicates its findings, concepts and ideas in the context of this special issue [9].

The analysis of the European situation of CAM provided by the CAMbrella project has been a first step. CAMbrella has undertaken the development of the roadmap for future research activities in this field, and it is clear that appropriate collaborative research projects on CAM are highly needed and should therefore follow as the next steps. The realisation of these projects requires public funding and, with respect to Europe, it would be highly desirable if 'Horizon 2020', the future Framework Programme of the EC, would offer the opportunity to apply for such funding. The roadmap will indicate the most relevant research topics for investigating how CAM could best contribute to the improvement of European health care.

Although CAM is used frequently by patients and applied by medical and non-medical providers in European countries, the available information about this kind of medicine is scarce, the terms and definitions of CAM methods are not clearly defined, the legal situation is heterogeneous all over

Europe and the scientific evidence regarding efficacy, effectiveness and safety is limited. CAMbrella has confirmed this picture by gathering comprehensive information from all over Europe, which – among other things – will be incorporated into the roadmap of future CAM research. This is a valuable first step. However, in the long run, the success of CAMbrella will depend on its trigger function for meaningful CAM research projects in the future.

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