



# Goetheanum

School of Spiritual Science · Medical Section  
International Co-ordination Anthroposophic Medicine ICAM  
Council of Boards of Anthroposophic Doctors Associations

## **Guidelines for Good Professional Practice in Anthroposophic Medicine**

### **Introduction**

The Council of Boards of Associations and Societies of Anthroposophic Physicians worldwide have drafted the “Guidelines for a Good Professional Practice in Anthroposophic Medicine” in order to refer to today’s quality standards as required by the scientific community. The worldwide Council of Boards of Anthroposophic Doctors Associations has ratified these qualifications and conditions in September 2006.

The anthroposophic medical approach originated in the work of Rudolf Steiner, PhD and Ita Wegman, MD in the beginning of the 20<sup>th</sup> century. Within the School of Spiritual Science, founded in 1923 at the Goetheanum in Dornach, Switzerland the Medical Section develops, coordinates and documents anthroposophic medical activities, including general and specialised medical practice, psychology, clinical institutions and hospitals, homes for the elderly, pharmaceutical companies, curative education, social therapy, nursing, art therapy, therapeutic eurythmy, and massage therapy. At present anthroposophic medicine is practiced all over Europe and in more than 65 countries around the world.

Knowledge and understanding of the human being in full health is the basis of anthroposophic medicine. Disease is seen as an imbalance between and among functions and forces; and healing as the restoration of the physiological powers of integration. The study of these contexts is the basis for diagnosis and treatment. Conventional diagnostic and therapeutic procedures are used in this process, but may be supplemented or amended according the view of anthroposophic medicine.

The aim in anthroposophic medicine is to encourage the patient's personal responsibility and self-development in health and illness.

Only licensed doctors may practice anthroposophic medicine. It requires a university degree in medicine (medicine and surgery), or dentistry, the authorization to practise the medical profession and registration with the National Medical Council. Consequently, professional conduct must be in compliance with the valid Code of Medical Deontology (body of self-disciplinary rules predetermined by the medical profession) in a given country.

To be certified as an anthroposophic physician, a medical doctor must meet the requirements described in the following paragraphs.

## **I. Ethical principles of anthroposophic medicine**

Anthroposophic medicine is based on two assumptions. As a science – complete with its methods and wealth of knowledge – it is accessible to anyone interested, autonomously. As a practice, it goes back to the physicians, chemists, therapists and scientists who co-operated with Rudolf Steiner and Ita Wegman in the first quarter of the 20<sup>th</sup> century.

The ethical principles of anthroposophic medicine listed below are in the spirit of the professional oath required from the members of the Medical Council, as well as of the principles defined in the Charter on Medical Professionalism.<sup>1</sup>

Anthroposophic medicine recognizes the connection between natural and moral forces in each human being and develops appropriate research in this area. Each person is a unique spiritual being in continuous development.

This has three orders of consequences:

1. for the physician-patient relationship:

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<sup>1</sup> Medical Professionalism in the New Millennium: A Physician Charter, published in *Annals of Internal Medicine*, vol. 136, n. 3, 5 February 2002

- The patient as well as the community, of which he/she is part, has an active role in the healing process.
  - Disease and even death have a meaning in the biography of the individual and also of the community, of which he/she is part.
  - The patient-physician relationship, grounded in the healing process, can only be founded on free choice and trust. Only extraordinary circumstances may limit this.
2. for the physician-physician relationship:
- The physician is constantly mindful of his/her commitment to truth in every situation of life.
  - The physician is aware of the limitations of his/her knowledge and skills. He/she welcomes and fosters mutually respectful co-operation with colleagues as well as with other health care providers.
  - The physician recognizes the sorrow and pain of our time and takes this into account in his or her lifestyle.
3. for the relationship between physician and patient on the one side and the earth and nature on the other:
- The environmental impact of medical actions corresponds to a sustainable use of natural resources and to the dynamics of ecosystems.
  - The fact that today human beings have become the main cause of illness and death, and that nature has become a new “patient”, implies a global professional responsibility over medical actions.
  - Animals should not be considered as capital or property, according to market logics, but should be seen as subjects, with which human beings have a mutually dependant relationship.

According to these principles, the whole earth as a living organism arises as a third subject in the patient-physician relationship.

## **II. Training, certification and continuing education in anthroposophic medicine**

### **1. Training**

The training in anthroposophic medicine is a post-graduate, specialised training including both theory and practice.

- *Basic training* in anthroposophic medicine consists of a post-graduate course of studies, compliant with the relevant guidelines for training in anthroposophic medicine approved by the boards of the societies for anthroposophic medicine worldwide. There is a limited allowance for self-education.
- *Practical training* consists of a two-year supervised practical work at an anthroposophic hospital, clinic or medical practice of general or specialised medicine recognised according to the International Criteria for Anthroposophic Medical Training issued by the Medical Section of the School of Spiritual Science at the Goetheanum in Dornach.<sup>2</sup> Practical training at one's own clinic or medical practice is also acceptable, as long as it is under the supervision of an acknowledged tutor.

### **2. The certification in anthroposophic medicine**

The Medical Section of the School of Spiritual Science at the Goetheanum can provide the international certificate, if a physician has fulfilled the requirements mentioned above or if he has qualified for an equivalent certificate of the respective National Society for Anthroposophic medicine

### **3. Continuing medical education**

An anthroposophic doctor recognises the need for continuing further education in both national academic and anthroposophic medicine.

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<sup>2</sup> See appendix

Further education in anthroposophic medicine means both continuous self-education, carried out in full freedom, and critical dialogue and peer review with colleagues. The latter opens a door to reviewing one's own training and professional experience, in both diagnosis and therapy, and to evaluating them in light of the experience and knowledge of others.

### **III. The practice of the anthroposophic physician**

#### **1. The professional framework**

The professional framework of the anthroposophic physician is defined mainly by his or her medical qualification and possible specialization(s). As a result the anthroposophic physician works in and as a part of the whole national health care system, be it public or private, as an employee or self-employed, for the National Health System directly or as an independent professional.

Curative education and social therapy (work with developmentally disabled persons) and Waldorf-school therapeutic-educational support are fields, to which anthroposophic medicine brings its own original contribution.

Regarding patient relationships, the anthroposophic physician documents the patient's history and carries out clinical examinations and diagnostic procedures learned at Medical Faculties, integrating and supplementing them with anthroposophic medical knowledge and skills.

An anthroposophic physician works according to the professional standards of and guidelines for the different fields including hygiene, patient documentation, continuity of concern, surgery, as prescribed in the national legislation and medical usage of the country where he or she is practising.

Finally, the anthroposophic physician prescribes the therapy, based on a synthesis of

- the evidence, including such as derived from knowledge and experience in anthroposophic medicine as well as available research,

- the local availability of health care
- and - except in emergencies - the will of the patient or his/her representative, duly informed about all the therapeutic options.

Where appropriate, the anthroposophic physician carefully and conscientiously helps the patient to consider his/her illness in the context of his/her biography, in order to implement a process of personal transformation, which is the more general purpose of the medical art and may be the true meaning of illness.

Patients or their representatives are carefully informed about the expected course of their illness, possible complications, and conventional and anthroposophic treatments. Therapeutic interventions and prescriptions are given only with their informed consent.

The anthroposophic physician is recommended to participate in and contribute to courses and conferences for and with patients and other health care professionals, with the aim to develop an awareness and knowledge of health and illness, and of lifestyles oriented to a healthy physical, emotional and spiritual development.

It is recommended that the anthroposophic physician cooperates with and participates in national and international research initiatives for anthroposophic medicine, according to his or her personal and professional possibilities.

## **2. Relationship with specialists and therapists**

The anthroposophic physician refers patients, where appropriate, to specialists in other disciplines, for example medical colleagues or psychologists, biographical counsellors, curative educators, medical and nursing staff, physio- and rehabilitation therapists, specialists in rhythmic massage and dieticians. The anthroposophic physician actively co-operates with qualified art therapists in the fields of therapeutic eurythmy, painting, sculpture, modelling, speech and music, in order to bring together and continuously develop the therapeutic community needed for the best care of the patient. This work includes interdisciplinary meetings focused on particular patients.

Because the anthroposophic physician has personally experienced and experimented with the various art therapies during his or her training, he/she can recognize their value and clinical indications.

All collegial information exchange happens in accordance with the national requirements.

### **3. Social commitment**

Anthroposophic medicine is based in an image of the healthy human being. This dynamic image is shared by other disciplines such as pedagogy, social sciences, agriculture and art. Anthroposophic medicine can be and is applied in the fields of curative education, social therapy, and Waldorf-school education; and for the promotion of health and hygiene to the larger public. Indeed, it can be a family medicine.

Anthroposophic medicine represents a natural aggregating pole in our modern times of fragmented, specialised knowledge and a disintegrating social fabric. Anthroposophic medicine emphasises the entirety of the human being and central role of the individual in engendering and maintaining health in him/herself and in his/her community. Anthroposophic medicine emphasises the importance of the care for children and the quality of food and nutrition. In this sense anthroposophic medicine actively participates in the drive to social and environmental healing, because it promotes a healthy lifestyle.

### **4. Claims and disciplinary measures**

The given National Society of Anthroposophic Physicians can install a “Claims and Disciplinary Commission” to which the patient can appeal in case of claims or disciplinary measures involving the activity of anthroposophic physicians.

### **5. Fees**

In cases where fees for medical services are advised by National Insurance Regulations, the fees for the services of anthroposophic physicians are in accordance to these regulations like for any other physician.

In other cases a minimum fee may be determined by the National Medical Council, which may be relevant also for the anthroposophic physician.

In general, physicians determine their fees according to their conscience, taking into account the services provided, their own needs, the patient's financial resources (as far as these can be ascertained) and the average fees charged by local colleagues. Payment of the fee is the mutual acknowledgement of the patient's and physician's needs and helps to avoid any unilateral dependence of one party on the other.

## **Conclusion**

These Guidelines for Good Professional Practice outline the minimum requirements for working as an anthroposophic physician at this time. They must be revised in the future according to the developing consensus regarding quality standards and practice of anthroposophic medicine.

These Guidelines have been passed on the 21<sup>st</sup> of September, 2006, by the following Associations and Societies of Anthroposophic Physicians:

Argentina

**Asociación Argentina de Medicina Antroposófica**

President: Miguel Da Graca Belchior, MD

Australia

**Australian Anthroposophical Medical Ass. Inc.**

President: Antony Underwood, MD

Austria

**Gesellschaft Anthroposophischer Ärzte Österreichs**

President: Reinhard Schwarz, MD

Belgium

**Belgische Vereniging van Antroposofisch geöriënteerde Artsen-**

**Association Belge des Médecins d'orientation Anthroposophique (BVAA-ABMA)**

President: Marnix Schaubroeck, MD

Brazil

**Associação Brasileira de Medicina Antroposófica (ABMA)**

President: Ronaldo Perlatto, MD

Estonia

**Eesti Antroposofiliste Arstide Selts**

President: Ulle Pechter, MD

Finland

**Anthroposofisen lääketieteen lääkäriyhdistys ry**

President: Reijo Kurppa, MD

Georgia

**Anthroposophische Ärztegesellschaft in Georgien**

President: Tamriko Waschakidse, MD

Germany

**Gesellschaft Anthroposophischer Ärzte in Deutschland e.V.**

President: Matthias Girke, MD

Italy

**Società Italiana di Medicina Antroposofica (SIMA)**

President: Giancarlo Buccheri, MD

Latvia

**Gesellschaft für anthroposophische Medizin in Lettland**

President: Vita Munda, MD

Netherlands

**Nederlandse Vereniging van Anthroposofische Artsen**

President: Madeleen Winkler, MD

New Zealand

**New Zealand Association of Anthroposophical Doctors (NZAAD)**

President: Roger Leitch, MD

Norway

**Norske Legers Forening for Antroposofisk Medisin**

President: Anette Bender, MD

Philippines

**Philippine Association of Anthroposophic Health Practitioners Inc. (PAAHPI)**

President: Paulita Villegas Baclig, MD

Poland

**Polski Towarzystwo Medycyny Antropozoficznej**

President: Eva Wasniewska, MD

Russia

**Union of Anthroposophical Doctors of Russia**

President: Marina Rykina, MD

Spain

**New Anthroposophic Medical Association (N.A.M.A)**

President: Miguel M. Falero, MD

Sweden

**LAOM – Läkärföreningen för Antroposofisk Orienterad Medicin**

President: Kristian Holmberg, MD

Switzerland

**Vereinigung anthroposophisch orientierter Ärzte in der Schweiz**

President: Danielle Lemann, MD

United Kingdom  
**Anthroposophical Medical Association**  
President: Michael Evans, MD

USA  
**Physicians Association for Anthroposophical Medicine (PAAM)**  
President: Peter Hinderberger, MD

## **Appendix**

### Certification as Anthroposophic Physician

#### ***International Criteria:***

1. The basic condition for certification as an anthroposophic physician is a completed medical training (registration).
2. Evidence of at least one year's full-time study of the basics in anthroposophy and anthroposophic medicine, or of part-time training for at least three years, or of comparable intensive private study, including long-distance learning.
3. Evidence of at least two years' practical further training at a hospital or clinic recognized by the medical association in the country concerned or by the Medical Section at the Goetheanum, in an anthroposophic general or specialist practice, or in the applicant's own practice with a mentor.
4. Submission of at least two documented case histories and evidence of a mentor discussion in which the applicant can demonstrate that he is able to handle the basics of anthroposophic medicine independently. Apart from this, the regulations agreed on by the relevant national medical association apply for the issuing of certificates. For colleagues in countries where adequate training facilities are not yet in place, a procedure has been established at the Medical Section at the Goetheanum for establishing an applicant's qualification as an anthroposophic physician and issuing a certificate.
5. Provisional regulations at the appropriate level are established by the different national medical associations.
6. Individual national medical associations can decide on the potential need for recertification.

These International Criteria have been passed by the representative body of the Boards of Anthroposophic Medical Associations on 20 September 2002 and confirmed by the IVAA Council on 19 January 2003. The criteria became effective from 18 September 2003.