International Coordination of Anthroposophic Medicine/IKAM
Events and perspectives in 2010
Report of Medical Section activities 2009

Goetheanum
We currently live in an age in which human beings must increasingly become aware of the beings of the supersensible world, if they wish to be able to cope with life’s demands.

Rudolf Steiner GA 16, p.47

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Title-page, Ninetta Sombart; Jordantaufe, p. 6 Rudolf Steiner, die Kabiren; R. Steiner Nachlassverwaltung 2009
Dear readers,
Dear friends and supporters of our work

The outstanding event of 2009 was the positive outcome of the “Yes to complementary medicine” referendum in Switzerland on 17 May. As a result, anthroposophic medicine has, also, been acknowledged under Swiss legislation, and “fitting account” must be taken of it. In contrast, European nations have to struggle with growing bureaucratic hindrances, and with the fact that there is as yet no overall legislation in Europe regulating the availability of anthroposophic medicines in the Single European Market (see pages 11-12).

This report on activities aims to give a sense of the diverse fields of anthroposophic medical work. Here, for example, you can accompany new developments in the AnthroMed™ quality brand. This not only establishes unified criteria for the certification of anthroposophic hospitals and clinics but also helps develop professional qualifications in fields such as eurythmy therapy and artistic therapies within anthroposophic medicine, so as to provide the necessary interdisciplinary accreditation. You can also as it were get a glimpse over the shoulder of individual coordinators of professional and specialist fields in anthroposophic medicine, finding out what projects are currently underway and what plans there are for 2010 (p. 6-25). We are also pleased to give you some impressions of the international profile of anthroposophic medicine and its cultural mission (p. 6-8). A further key theme was to reflect on organizational forms within the anthroposophic medical movement (p. 6-7). In connection with this it also becomes clear what the core concern of the work in the Medical Section has been over the past 21 years: to help the anthroposophic medical movement grow together into a strong working community across the world. In view of the 150th anniversary of Rudolf Steiner’s birth in 2011, we are considering what theme we should highlight at the anthroposophic medical movement’s annual conference in this special year, and how the Medical Section can properly honor this anniversary. What does anthroposophic medicine owe to him, and how do we experience his continuing work and influence as teacher and friend of humanity?

In this report we would also, however, like to express our gratitude: the Medical Section at the Goetheanum is neither an umbrella organization that can cover its basic administrative costs from members’ subscriptions, nor does it have the backing of industry to secure its survival through regular funding. As part of the School of Spiritual Science at the Goetheanum it is, rather, an institute of spiritual life which provides cultural and social services, and is sustained by those who perceive these services and can value them.

The comments and reports compiled here aim both to offer general information and to engage in dialog with those who are warmly concerned with the further development of anthroposophic medicine. We therefore look forward to your comments, questions and suggestions.

With heartfelt greetings and good wishes, on behalf of the staff here

Your

Michaela Glöckler
Leader of the Medical Section
Conferences and meetings

“The true nature of human life develops in mutual giving and taking in the spiritual domain” (Rudolf Steiner, letter to members, January 13 1924, GA 260a). Here Rudolf Steiner highlights a living process. At a conference there is an opportunity to realize it. Alongside the communication of knowledge, professional conferences at the Goetheanum offer the chance to further elaborate developmental perspectives for a particular profession through direct exchange. At this year’s annual conference on oncology in anthroposophic medicine, two main emphases illuminated each other in a striking way: the experience of daily practice, and how this can be spiritually digested and worked through. It became apparent that meditative work focused on patients’ needs can be developed in a way which in turn becomes fruitful for them. During this conference we experienced how this living process referred to above can be nurtured and become reality. Each participant can connect with this from his own particular perspective. In 2009 the Medical Section organized around 55 conferences and gatherings. The conferences on art therapy, physiotherapy and therapeutic speech should be mentioned, for these were carried by special initiating preparatory groups. Many voluntary helpers supported us behind the scenes with conference organization. The small-scale Goetheanum domestic staff were stretched to their limit, and I would like to thank them all most warmly here! Roland Tüscher

Calendar for 2010

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Roots of Anthroposophic Nursing

2.– 5.6.2010
International conference on infant care – the Dignity of the Young Child

1.– 3.7.2010
Pastoral medicine conference

8.– 10.7.2010
Eurythmy therapy further training course

10.– 14.7.2010
International Kolisko Conference, St Peter’s School, Cambridge, New Zealand

14.– 20.7.2010
IPMT I Sydney/Australien

15.– 21.7.2010
International Kolisko Conference, Sydney ”The Art of Education and Medicine”

23.– 30.7.2010
IPMT I Lima/Peru

1.– 8.8.2010
IPMT I Dornach/Schweiz

8.– 15.8.2010
IPMT I Odessa/Ukraine

15.– 22.8.2010
IPMT I St. Petersburg/Russia

22.– 29.8.2010
IPMT I Czech Republic and Austria

2.– 9.9.2010
Training course in eye eurythmy therapy

4.– 11.9.2010
Medical study course

12.– 15.9.2010
School of Spiritual Science conference for physiotherapists

13.– 16.9.2010
Meetings prior to and as part of the Medical Section’s annual conference: Medical training course tutors meeting, meeting for training and further and advanced training in nursing, working group of trainers in rhythmic Einreibung, trainer group for rhythmic massage, international forum for anthroposophic nursing, international eurythmy therapy delegates’ meeting, annual general meeting of the working group of anthroposophic medical practitioners, AGAHP, working group of freelance anthroposophic nurses, DAKART3, DAMiD5, board of EFPAM6, annual general meeting of EFPAM6, EFPAM6 round table, art therapy 2010 preparation group, International Research Council, opportunity for meetings between mentors and trainees on the IPMT, International Federation of Anthroposophic Medical Associations – IVAA, national executive councils delegates’ assembly, meeting of medical association executive councils, meeting between medicines producers and physicians’ executive councils

15.– 16.9.2010
Convention of School of Spiritual Science members

16.– 19.9.2010
Annual conference – Rheumatology in the Anthroposophic Medical Movement/exhibitions

19.– 20.9.2010
Internationale Koordination Anthroposophische Medizin – IKAM-Konferenz

19.– 20.9.2010
Öffentlichkeitsarbeit für die Anthroposophische Medizin/Internationale Konferenz

1.– 3.10.2010
Klausurtagung der Konferenz für Heilpädagogik und Sozialtherapie

2.– 9.10.2010
IPMT I Havanna/Cuba

4.– 8.10.2010
Eurythmy therapy conference

10.– 17.10.2010
IPMT I Bangalore/India

18.– 23.10.2010
Medical study week

21.– 24.10.2010
Study days on therapeutic speech formation

30.10.– 4.11.2010
Conference of school doctors

in preparation
International Coordination of Anthroposophic Medicine – IKAM I meeting

11.– 14.11.2010
Physicians’ conference at the Halde

Looking ahead to 2011

15.– 18.9.2011
Annual conference of the anthroposophic medical movement
Commemorating the 150th anniversary of Rudolf Steiner's birth

6./7.– 10.4.2011
Physicians’ conference at the Halde

9.11./ 10.– 13.11.2011
Physicians’ conference at the Halde

1 IKAM – International Coordination of Anthroposophic Medicine
2 EA – European Academy for Anthroposophic Art Therapy
3 DAKART – Executive councils of the art therapy professional association
4 IPMT – International Postgraduate Medical Training
5 DAMiD – Umbrella association for anthroposophic medicine in Germany
6 EFPAM – European Federation of Patients Association for Anthroposophic Medicine
International Coordination of Anthroposophic Medicine/IKAM

IKAM is the international directorate of the Medical Section at the Goetheanum. It formed at the turn of the century, arising from strategic collaboration that began in 1985 on European health policy issues, with the aim of coordinating the spiritual/cultural, legal and financial/social concerns of anthroposophic medicine worldwide. This “Filder circle” which Jurgen Schurholz initiated in 1985 comprised representatives from medical associations, medicine-producing companies and patient organizations, and met every six months at the Filder Clinic. As well as a productive starting point for the subsequent founding of umbrella associations of consumers/patients and medicines producers, it later also led to the establishment of a flexibly scheduled “steering committee” that developed strategic tasks and is today one of IKAM’s coordinating bodies (p. 11) - as will be presented below. The tasks and work modes of IKAM and its internal rules of procedure are at present being elaborated by members of the IKAM council. On the one hand these reflect current agreements and modes of work, but at the same time they also aim to characterize a management style, a social schooling path, that can lead to new values and social qualities. We have to ask what the nature of this management or leadership style needs to be, what community building can look like which leaves each individual entirely free to pursue his own initiative, yet nevertheless facilitates shared action and responsibility. To establish this, we need to discuss the extent to which “leadership” can ideally be experienced as a “spiritual leadership” that is accessible to the diverse contexts of work in equal measure. It is clear that possible pitfalls must also be identified here. If however there is consensus that no single individual is the “representative” of this spiritual leadership or management, but that this is a shared responsibility of all colleagues, we can avoid the dead end of papal hierarchy and mere internal allegiance – or collective ideology. Instead, a community of service can arise to which each person authentically contributes what he can. In this way leadership style becomes coordinating activity as and where needed, and through election and mandate – depending on what the work needs to thrive. Based on this structural work, a few key terms will be explained below to outline working style and the desired administrative culture (p. 9).

Social art or the question of a suitable administrative and management culture:
Besides leaving a great body of written works and transcribed lectures, today available to all in their entirety, Rudolf Steiner also, in relation to the social responsibilities he assumed from 1902 onwards, made key comments on the development of an innovative administrative and management culture. His four corresponding core principles, or experiences and suggestions, underpin IKAM’s constitution and are here briefly outlined or illustrated by a Steiner quote.

Principle of interpretation – or perceiving and valuing spiritual realities and the competencies of others:
On December 15 1911, Rudolf Steiner spoke in Berlin about a call from the world of spirit that caused him to try to found – but not establish or set up - an independent human community guided and led directly through the spirit. The difference between “founding” and “establishing” according to Steiner lay in the quality of interpretation of given spiritual circumstances and realities. This community was to grow through mutual acknowledgement, i.e. the person who wishes to collaborate must initially interpret and examine himself, and his request is then interpreted and confirmed by the community representative. “And what is involved here is that no one can become a member of this working group, or mode of work, under any other perspective than solely through the fact that he has the autonomous will to use his powers to advance a cause in a positive way.”
Principle of trust in the individual – or appointment by the aristocratic mode of cooption or cooptation:
In Steiner’s “Draft of principles for an anthroposophic society of 1913”, the members of the Society were accepted through proposal and endorsement by the executive or by recommendation by trusted persons. Executive council, committees, and representatives, on the other hand, were appointed by cooption or cooptation. In the draft statutes for the annual general meeting of February 3 1913, a description is also given of the mode of dismissal for an executive council member: in the form either of resignation or majority decision by a properly convened members’ meeting (GA 259, p. 631 ff. And p. 892).

Principle of equality – or the democratic election mode
“...I can well imagine, for instance, that there are national societies that wish to work in an entirely democratic way. [...] But election will of course be all the easier the smaller a group is [...] To nominate and elect someone is impossible if, initially, so little mutual perception exists. [...] In general however I think that this question is not one of such huge importance as a matter of principle. Either people will elect in a thoughtless way – in which case the societies will not thrive...” Or, if someone – it doesn’t matter who – proposes another for election who is well known and who has demonstrated his skills, then Steiner is certain that a democratic election will not be a problem, since “with us, where what is really important is that work should be done, democracy of some kind will not make our work impossible. So what I mean is that in practice there won’t be such a great difference between democracy and aristocracy.” (GA 260, p. 82)

Principle of fraternity/responsibility – or the Republican mode
Steiner explains what he wishes to convey by the term “republican” in GA 33, p. 343 ff, GA 240, p. 109 ff and in particular, in connection with the Waldorf School. There he initiates a “republican constitution” and urges that it should be “truly republican” (300a/1/83). “Meetings are free, republican discussions in which each person is a sovereign” (1/68). And “so that the republican form is not transgressed”, he proposes, after three years of work and the desire for a clear administrative structure, a governing board of three or four people rather than an individual principal. Why? “For this reason we will not organize the school in terms of government but administration, and administer it in a republican way. In a true Republic of teachers we will not have things to fall back on comfortably in the form of directions from the headmaster’s office, but we must infuse our work – infuse ourselves – with what gives each one of us full responsibility for what we need to do. Each person must assume complete responsibility.” (GA 293, p. 14). If we examine the form of the Anthroposophical Society of 1923/24 as Steiner initiated it, with its integrated and yet spiritually entirely independent School of Spiritual Science, we can easily discern in the statutes that embody it these four outlined modes of working socially – in living, task-oriented collaboration.

This form, and the sketch which Rudolf Steiner drew on the board on December 27 1923 to explain how structures and work principles could be penetrated with life, is an ideal of the social path of schooling that also underpins the forms of work of the Medical Section at the Goetheanum. In all domains where anything is “led”, this is understood to be the “leading or conducting through” of spiritual impulses, as coordinating service. The IKAM council is a republican organ in which each leader or coordinator is not only wholly responsible for his sphere of work but also bears joint responsibility for the whole. Coordinators come on board in very diverse ways: democratically elected, aristocratically coopted or proposed – but ideally also always interpreted, since the necessary skills always need to be apparent already.
The democratic quality, in contrast, lives in our stance and outlook towards the other, and the way in which we relate to each other. Below, the individual coordinators of professions and fields of work within the anthroposophic medical movement report on their work, most of which, with only a few exceptions, is currently performed on an honorary basis. With gratitude for this special contribution of time and energy goes the hope too that in future, through remuneration, we can partly or wholly free people from their other work to facilitate a still necessary intensification of their capacity to serve. Michaela Glöckler

Conference of the executive councils of anthroposophic medical association

From 1989 onwards, the members of the executive councils of all existing anthroposophic medical associations have been invited once a year to meet at the Goetheanum and discuss common questions, tasks and future perspectives. In 2009 the meeting on September 15 and 16 focused on looking back to 20 years of shared work and on the outlook for the future:
- Quo vadis the anthroposophic medical movement?
- What are our work instruments and forms?
- What challenge does the necessary publicity work present for us?
- Where do we see a need for innovation and scope for new structures/ventures?
- What forms of training and further training exist currently?
- How can collaboration be developed further towards spiritual community building?

A draft relating to these questions was distributed, with a description of the current modes of work in the Medical Section, the IKAM council and the anthroposophic medical movement worldwide. We asked what aspects have proven of value, what still needs development, and where there is a need for renewal or change. Anyone interested in this paper can request it by email or post from the Medical Section secretariat, and is also invited to comment on it.

Highlights from international work:
Completion of the Vademecum CD in English (see page 10): the “Anthromed Library Project”, www.anthromedlibrary.org, initiated by Steven Johnson, which now makes it possible to access fundamental AM literature electronically.
Founding of the Coordinacion Internacional Medicina Anthroposophica/CIMA as language-related affiliation of all Latin American countries including Spain and Portugal. Representatives of various anthroposophic medical fields collaborate within CIMA.
In Russian-speaking regions, likewise, efforts are underway to establish a joint website and coordination. In the meeting with representatives of medicine-producing companies, the focus was on the common concerns of producers and physicians about medicines availability and access (p. 11-12).
A milestone was reached in relation to the question of training: the development of an accreditation procedure for quality assurance for all training courses which offer a School of Spiritual Science diploma within the Medical Section (p. 17). Michaela Glöckler
International Federation of Anthroposophic Medical Associations /IVAA

The task of the IVAA is to represent anthroposophic medicine (AM) in the legal and political domain, with the aim of rooting AM in this domain in cultural, rights and economic life. In relation to this task the IVAA coordinates the work of national anthroposophic medical associations. It collaborates closely with other complementary medical (CAM) organizations and seeks acknowledgement as serious discussion partner with policy makers in public legislation and civil society. For the sake of brevity, just three work emphases from the IVAA’s diverse activities in 2009 will be highlighted here:

1. Structural: The aim was and is to increasingly integrate national medical associations into activities. This should occur at three levels: realization of AM as cultural impulse, strengthening acknowledgement of AM and its profile, and seeking solutions for AM in the regulatory and legislative field. Delegates are urged to ascertain the legal situation in their countries in four respects:
   - Professional law (professional and therapy freedom for physicians and therapists)
   - Constitutional law (right to self-determination for patients)
   - Medicines law (right to free market circulation and availability)
   - Civil law (opportunities for democratic and civil society organizations)

2. Collaborative: Work in collaboration with other CAM practitioner organizations has been further consolidated in the CAMDOC alliance (www.camdoc.eu). Core themes include:
   a. Organizing a policy CAM meeting in Brussels in the spring of 2011 with (at least principle) support from the European Public Health Alliance EPHA (www.epha.org) and DG SANCO (European Commission Directorate-General for Health and Consumers).
   b. Establishing our own “button” on the DG SANCO’s information website (EU Health Portal). Both plans are already well advanced.

3. Content: Here the major emphasis of work lay in elaborating a compelling, realizable strategy for AM, both in the medium and long term, and both as overall and field-specific strategy for separate domains (patients, physicians/therapists/pharmacists and manufacturers). One aspect of this strategy is drafting a policy document on the AM system. Peter Zimmermann

International Medical Coordination of Anthroposophic Medicines/IMKA

IMKA internationally coordinates anthroposophic physicians’ requirements for anthroposophic medicines for their patients. Andreas Arendt (Switzerland) and Georg Soldner (Germany) represent physicians’ concerns in discussion with anthroposophic medicines producers, and prepare the joint session at which the executive councils of anthroposophic medical associations meet with medicines producers. This meeting takes place during the international executive councils conference (in Dornach each September prior to the annual conference of the anthroposophic medical movement).

In 2008/09 the focus of IMKA’s activity was on
- the question of supply/availability of anthroposophic medicines worldwide
For medicines producers it is becoming increasingly difficult to make available anthroposophic medicines in regions of the world where anthroposophic physicians are active. Market availability of anthroposophic medicines is becoming ever more expensive and difficult due to a large number of new regulations enforced by national authorities, and is thus often unattractive to importers of anthroposophic medicines. In Poland, Finland, Denmark and other countries, for instance, possibilities have dramatically diminished for ordering anthroposophic remedies via national pharmacies. National producer pharmacies (as in England and Holland) are therefore increasingly important, alongside international dispatch pharmacies in Germany. Via these sources patients from many countries can order a broad range of anthroposophic medicines. But people need to know of this option, and it must be financially feasible for patients to pay the cost of ordering via such routes.
It is also important for anthroposophic physicians to be fully informed about availability of anthroposophic medicine supplies.

- publication of the first English edition of the Vademecum of anthroposophic medicines (on CD) on September 18 2009.
Using innovative CD technology, which makes the search for medicines considerably easier, this offers information on many anthroposophic remedies based on the experience of anthroposophic physicians. It also enables every reader to collaborate directly on future editions with their own critiques and positive reports (a report-back form is appended).

- preserving the full range of anthroposophic medicines.
For many patients, particularly those with chronic illnesses or ones that are hard to treat (who often consult anthroposophic physicians), an adequately differentiated range of anthroposophic remedies is indispensable. At the same time, financial strictures are growing on manufacturers in relation to ever-increasing stipulations from state regulatory authorities, and ever higher technical production standards. IMKA is attempting to mediate here by representing the justified interests and concerns of anthroposophic physicians in dialog with medicines manufacturers, so that a range of medicines can be safeguarded that reflects the whole, balanced spectrum of anthroposophic medicine. Georg Soldner, Andreas Arendt
Anthroposophic medicinal products, developments in the EU 2009

Anthroposophic medicine and pharmacy are increasingly becoming known and acknowledged by official bodies. In March 2008, a workshop on “anthroposophic medicine” at the HMPC (EMEA Herbal Committee) aroused great interest. Subsequently the HMPWG (Homeopathic Medicinal Products Working Group) – a group of specialists responsible for the registration of homeopathic and anthroposophic medicinal products within the European Competent Authorities – requested a presentation on the same subject. This took place in December 2008 in Paris and was very positively received. These are small steps and promising starting points, however, in order to achieve real progress at EU level, intensive scientific and political work is still needed. The EU Commission’s assessment report in September 2008 acknowledged anthroposophic medicine as a therapy approach with a long-standing tradition in Europe and made clear that existing legal framework does not adequately cover anthroposophic medicinal products. Unfortunately no national government took up this topic in 2009, and so far neither the Council of Ministers nor the Commission has launched any further initiative. However, during a meeting on herbal medicinal products in October 2009, the responsible representative of the Commission made clear, that he still waits for corresponding statements from the EU parliament and the Council. The representative of the EMEA (European Medicines Agency) responsible for this area and the current vice-president of the European Parliament issued similar comments, so that there is a chance that the topic can make its way onto the agenda in 2010. The Pharmaceutical Committee – the Commission’s scientific advisory council – also quite specifically stated in a document on pharmaceutical legislation on March 16, 2009 that a simplified registration procedure (as for herbal remedies) was not appropriate for anthroposophic medicine, and emphasized that a different approach must be found. This likewise shows that there is an increasing perception of the situation for anthroposophic medicinal products.

A look at some individual countries:
Earlier than expected, on December 5, 2008, judgment was issued in the proceedings for preliminary legal protection (Kort Geding procedure) in the Netherlands. The Dutch High Court followed the proposal of the state attorney on October 3, 2008 and decided against Antroposana. This means that pharmacies in Holland are no longer allowed to keep stocks of anthroposophic medicinal products. Antroposana continues to pursue the principle proceeding (Bodemprocedure) that runs independently. In this proceeding too, a negative judgment is likely to be expected still in 2009. On November 2, 2009, the lawyers made their final speeches, and the representative of the Dutch ministry again referred to the EU Court judgment of September 2007 without the least willingness to engage with the supplementary arguments presented by Antroposana.

In Sweden in 2008, after intense negotiations, the Vidar Clinic reached an extension of the special permission for the possibility to import and prescribe anthroposophic medicinal products to the end of 2009. The condition for this extension (submitting registration applications for at least 5 medicinal products) was fulfilled, but the situation still remains completely undecided for 2010.

However if we look across the EU borders into Switzerland, there is positive news to report. On May 17, 2009, 67% of Swiss voters decided in a popular initiative in favor on an amendment to the Swiss Federal Constitution. The aim of the initiative is the integration of CAM (including anthroposophic medicine and homeopathy) into the national health system. This is a unique approach and makes Switzerland the first country in Europe in which citizens have obliged the government to include complementary medicine into the health system as a constitutional right. Christa Hebisch
In 2008, there were some successful occurrences/events relating to anthroposophic remedies and anthroposophic medicine within official EU committees. In consequence, in 2009, anthroposophic medicines found their way ever more frequently into EU institution discussions, events and documents. There is no doubt of the fundamental need for regulation, and awareness of this is growing slowly but surely amongst decision-making bodies. Our participation in events in Brussels, Strasbourg and London substantially contributed to this increased awareness. The EU Commission too, which has so far paid little heed to our concerns, is now showing some interest. This allows us to hope that in future this may lead to active willingness to develop practical solutions for anthroposophic medicines in the EU. Corresponding questions from EU MPs, and the Commission’s replies to these, support this view. Amongst national medicines authorities, too, the theme of anthroposophic medicines is increasingly being discussed. However, willingness to take real action is still restricted to a few countries. A special project is inaugurating discussions on anthroposophic medicine at EU level. The EMEA committee for herbal medicines (HMPC) will draft a European monograph on Viscum album (mistletoe), and will evaluate anthroposophic studies on mistletoe therapy as part of this. The European working group of national medicines authorities (HMP-WG) has drafted a guideline on medicine testing for homeopathic use in the context of its responsibility for simplified registration of homeopathic medicines. Pleasingly, this contains a clear reference to ‘anthroposophic use’ and highlights the relevant bibliography or the Commission C monographs.

There is very good collaboration with other associations (ECHAMP, IVAA, IAAP, EFPAM and recently also ESCAMP). Despite our own somewhat limited operational activities in 2009, it has been possible to awaken further “political interest” in matters relating to anthroposophic medicines. For 2010 we are planning an event in the form of a workshop for EU Commission staff. Participants could be drawn from the fields of consumer protection and health, research, and the pharmaceutical industry. We aim to combine such an event with a visit to an anthroposophic hospital. We hope that political initiatives will arise in forthcoming years to enable anthroposophic medicines finally to be enshrined in European law, thus making official registration and permits possible in many member states. The second decade of the 21st century, that is now beginning, will be a decisive one.

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Report from the International Research Council

The International Research Council of the Medical Section organizes an annual meeting during the autumn conference at the Goetheanum with research representatives from different institutes and countries. Besides Michaela Glöckler, the council’s executive board comprises Hemut Kiene (Freiburg), Harald Matthes (Berlin) and Peter Matthiessen (Witten/Herdecke). Currently a prime focus in consolidating the structural and institutional basis for research on anthroposophic medicine is so-called ‘academization’. From this perspective the major event of 2009 was probably the change of director of the Gerhard-Kiene professorship at Witten/Herdecke University. The previous director, Professor Dr. Peter Matthiessen, retired and Dr. Peter Heusser succeeded him.

The professorship (hitherto called the “Chair for Medical Theory and Complementary Medici-
Report from the International Association of Anthroposophic Pharmacists/IAAP and the Society of Anthroposophic Pharmacists in Germany/GAPiD

IAAP
On December 18 2008, The IAAP demonstrated to the European authorities in the "Homeopathic Medicinal Products Working Group" how it can be conclusively shown that a substance is known in the anthroposophic approach to therapy – and that so-called “anthroposophic use” exists. The committee working on the “Anthroposophical Pharmaceutical Codex (APC)”, the developing anthroposophic pharmacopoeia, met three times this year. It focused among other things on the needs and development requests of Brazilian colleagues since the APC is officially recognized in Brazil. The most important event held by the IAAP’s APC committee was the workshop for experts from university and industry on October 8 2009 at the Institute for pharmaceutical technology of Tübingen University, entitled “Active, manufacture-defined constituents in complementary medicine; aspects relating to their quality assurance.” The aim of the workshop was to shed unprejudiced light on professional aspects involved in medicine production and analysis in a range of complementary medical approaches, and to discuss major perspectives that seem necessary for high quality and its assurance. The IAAP and these experts will continue to work to establish sensible quality criteria. In 2009 work continued on international training criteria in anthroposophic pharmacy. A corresponding study is shortly to be published.

GAPiD
Since it was founded nine years ago, the Society of Anthroposophic Pharmacists in Germany has increased its membership by over 80. In the last two years it has drawn attention to itself with a whole series of press publications. An article on anthroposophic medicine entitled “Do-it-yourself pill brand” was published in TAZ (August 1 2009). Based on an interview with GAPiD pharmacist Sabine Kettermann, this highlighted the qualities of anthroposophic medicine.
In addition, the periodical Info3 published a portrait of GAPiD entitled “Collaborating on a health system of the future”. By the summer of 2009, GAPiD’s further training examinations committee had received 12 applications for award of the title “Pharmacist for Anthroposophic Pharmacy (GAPiD)” and 4 applications for the title of “Consultant for Anthroposophic Pharmacy (GAPiD)”. Except for a single applicant, these were all awarded their qualifications. To motivate still more colleagues to acquire this internal supplementary designation or to undergo the whole further training course, and thus make this added competency better known in...
public pharmacy circles, a further training flyer has been developed with a brief overview and information about the training possibilities. In the meantime a diverse and demanding GAPiD academy program has been created for the first six months of 2010. 7 events are planned, such as a weekend potentization course, a meditation course (2 ½ days), and a mistletoe workshop or visit to the Helixor company in May 2010.

The GAPiD has two very active committees/working groups: the so-called Amara group and the IWO committee (IWO = Internal further training organization), which also acts as examination body. The Amara group meets for one day about four times a year to work on two questions:

1. Is there a connection between the substances in herbal bitter substances and the morphology and phenomenology of corresponding medicinal herbs? 2. What connections exist between herbal bitter substances and the human organization? The group’s findings are to be presented in a GAPiD module to the Eugen Kolisko Academy.

The IWO committee is currently working on the question of certification criteria for anthroposophic pharmacies. This theme was further deliberated in an internal meeting with the executive board in November 2009. The aim is to provide the IAAP with a draft for an international certification guideline. A completely redesigned, interactive GAPiD website is currently being set up. It aims to raise the profile of the network of pharmacists working anthroposophically in Germany and to improve communication between pharmacists. It also aims to facilitate online membership applications, with registration forms and confirmation, and whole new sections relating to the GAPiD Academy and the PTA. For 2010 we expect membership to continue growing, with strong expansion of our further and advanced training courses; and we aim to clearly define the term “anthroposophic pharmacy”.

Manfred Kohlhase

Clinic Association report

The 25 members of the Association of Anthroposophic Clinics meet twice annually for dialog in a plenary session. In 2005, 9 clinics belonging to the association founded the “charitable AnthroMed GmbH” company as work instrument for various operational tasks. Since 2004 already, the issue of brand creation within anthroposophic medicine has been developed in close coordination with the Medical Section. It was agreed with IKAM that the clinics should actively advance this process and that it should be structured in an open way so that other professional groups, where interested, could participate in the brand-forming process. With registration of the “AnthroMed®” brand by AnthroMed GmbH in 2007, an important interim result was achieved. Thereafter the clinics began to elaborate a list of criteria while embarking on procedures for securing brand rights. Currently the clinics which are partners in AnthroMed GmbH are undergoing the certification procedure. The procedure and the list of criteria are tested for practicability. In a further step, in 2008 already, a start was made on applying the “AnthroMed®” quality label beyond the parameters of the clinical domain. Medicine supply centers (MVZs), and the fields of out-patient nursing and eurythmy therapy are developing appropriate adaptations and criteria lists for their domains.

DAnthroMed GmbH has also been active in a further key task area for which it was founded (as development or rescue company) by helping to strengthen the equity position for an important expansion stage of the Alpenhof mother-and-child clinic in the Allgäu.

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district. From Feuchtwangen in Franconia, Germany, came a request to take over a hospital. Intensive negotiations are underway. At the same time it is clear – also in connection with a further investment project – that financial capacities for strategic involvement are wholly inadequate. Marginalization of clinical anthroposophic medicine with insufficient growth capacity remains a very grave threat.

A new and extremely important project relates to the training of anthroposophic physicians. Many anthroposophic physicians are now in their seventies. Simply to maintain the status quo, three times as many physicians need to be trained as is currently happening. Correspondingly more are needed for expansion: on the one hand for existential reasons – without sufficient anthroposophic doctors there can be no anthroposophic clinics. On the other hand, the clinics are an important training resource for anthroposophic doctors: there can be no anthroposophic physicians without anthroposophic clinics either, at least in the comprehensive sense urged by Rudolf Steiner of creating a complete system of anthroposophic medicine. The clinic association in collaboration with medical associations especially in German-speaking countries (GAÄD and VAOAS) has therefore launched a project initially with the aim of improving the training of assistant physicians. A key aspect is also to create a unified training curriculum that conforms to international standards and can receive corresponding certification, since otherwise we cannot count on sufficient new anthroposophic doctors entering the profession. A major coordination and integration need exists here. Andreas Jäschke, Roland Bersdorf

International Forum for Anthroposophic Nursing

The certification of experts in anthroposophic nursing in New Zealand, Switzerland and Germany was the prime focus last year. This internationally initiated process is an important milestone in establishing anthroposophic nursing within national health systems. Connected with certification is a worldwide, unified process of further training in anthroposophic nursing. Certification colloquia so far completed were at a high professional level and form the basis for solid collaboration and further development of nursing. Worldwide, all experts in anthroposophic nursing are invited to join this recognition procedure in 2010 again at various places across the globe. Particularly pleasing is the development of courses and further training in Great Britain, the USA and Japan, and the amalgamation of Swiss training centers for anthroposophic nursing to form a joint education center. Here also an accreditation center has been established to organize recognition of nursing training courses worldwide. As with doctors, currently we need more anthroposophically trained nurses to cover the growing need for holistic, spiritually-based nursing practice. Special efforts are required to communicate an anthroposophic view of the human being in a way that corresponds to modern capacities for insight and understanding. This is not just a question of language or terminology but also of research and of social and economic creativity. Rolf Heine
Council for Curative Education and Social Therapy

Elected national representatives meet once each year for an internal conference. One of the themes on which we focused this time was the “UN convention on the rights of disabled people”, which we examined in relation to the great opportunities it offers people with disability. In particular, based on this, we were concerned to highlight which developmental processes could be formulated for the institutions and services offered by anthroposophic curative education in relation to the domains of daily life, training, work and inclusive education. A further theme, connected with the first, related to the question of the common roots and possible shared developmental processes of Waldorf education and anthroposophic curative education. Of questions brought to the meeting from different countries, we worked particularly on: the spiritual quality in institutions, communication in the institution as “membrane” between society and person with disability, and on how community building for people with and without disability will develop in future.

School of Spiritual Science work
Regular School of Spiritual Science work is being organized for people in the curative education and social therapy profession, in connection with methodological aspects of Rudolf Steiner’s curative education course. This encompasses the esoteric domain and the mantric content of the First Class of the School. The work aims to embody a research and development contribution to professional esotericism in curative education and social therapy.

Training
“Teach to learn – learn to teach” was the theme of this year’s conference for training in curative education and social therapy. Focusing on the teaching of anthroposophic insights into the human being, new paths of methodology and teaching practice were exchanged and discussed. Since many changes and even wholly new departures have been seen in the training domain in recent years, the international training group has decided in the coming year to revise the training handbook which summarizes the basic content of international collaboration on training. This will set in motion a further process of consensus, on which the network’s collaboration depends.

Working group of the council for curative education and social therapy
Alongside plenary conferences, regular meetings of working groups take place: ECCE (European collaboration), training group and training council, social therapy working group, physicians in curative education and social therapy, and scientific group.

Fund for Curative Education and Social Therapy
The council for curative education and social therapy is funded by the national associations and institutions in over 40 countries. Its legal entity is the “Fund for Curative Education and Social Therapy.” The current 2008 annual report with annual accounts can be found at www.khsdornach.org. Rüdiger Grimm
International Eurythmy Therapy Forum/Network Coordination

The ongoing effects of the first world conference for eurythmy therapy in May 2008 continued to be clearly felt this year. Throughout the world many further training courses have been started, and lively exchange is taking place about eurythmy therapy. Translations of the basic works on eurythmy therapy are underway or were published this year (Russia, Korea, Georgia, Brazil, America etc.)

Training courses
The landscape of eurythmy therapy training courses is increasingly changing. The accreditation process for training courses – as decided in the Medical Section – has led to the creation of a handbook on accreditation. In May 2009 we were able to undertake a joint auditors’ training with other professional groups. Professional training supervision and feedback focused on mutual help will thus begin. The practice-relevance of training courses for students – linked with the need for further development of training skills (methodology and research) – is a key challenge.

A three-year, in-service eurythmy therapy training for doctors is starting for the second time in Unterlengenhardt/DE. This qualification promotes the necessary collaboration between doctor and eurythmy therapist. A new doctors’ course is beginning from the fall of 2010.
Four courses in eurythmy therapy with different emphases, for people with a prior medical or therapy training or with only a 2-year basic training in eurythmy, or relating to schooling of etheric forces, have arisen recently in German-speaking countries. The anthroposophic impulse underlying these courses allows us to hope that, despite all differences, it will be possible to maintain a common will to “keep connected” within the anthroposophic medical movement.

Professional associations
The four-year process in which European professional associations for eurythmy therapy and artistic eurythmy have been working on a shared – and in the meantime even international – profession profile for “artistic therapies within AM”, has now concluded, and was jointly signed by 34 countries. From this, further thoughts on an international umbrella association have developed which we will consolidate in the coming year.

The eurythmy therapy training working groups and the professional associations welcome the international protected brand “AnthroMed”. Accreditation is being prepared.

Fields of practice
Alongside the six existing fields of practice, which are increasingly gaining further qualification status through European and/or international advanced specialist training courses, a new practice field is starting to quietly develop: eurythmy therapy in crisis and war zones, as part of trauma-therapy intervention. This is increasingly proving useful and helpful.

The ET forum newsletter with reports from all countries, and the eurythmy therapy basic standards document (in German and English) can be found at www.forumHE-medsektion.net. Angelika Jaschke

Eurythmy therapy training course at the Goetheanum
After ten years directing the full-time training, Brigitte von Roeder is relinquishing this post due to her age. She will continue to work on the course as tutor and pass on her great wealth of experience. At Easter 2010 a newly devised in-service eurythmy therapy training course will start at the Goetheanum. In six whole-day training blocks of three to six weeks each in April, August and November, the course will lead over two years, up to Easter 2012, to a eurythmy therapy diploma
recognized by the Medical Section at the Goetheanum. The two-year training will also include practicums as envisaged by the international eurythmy therapy training curriculum. Admission criteria for this in-service training are a completed eurythmy training and nursing practicum. Doctors are as always warmly welcome.

Kaspar Zett will bear chief responsibility as successor to Brigitte von Roeder, but hopes to run the training in collegial fashion. Thus eurythmy therapists Beate von Plato and Angelika Stieber, and physicians Wilburg Keller Roth and Irene Peltzer will take on this task with the collaboration of Armin Husemann (Stuttgart). Basic courses on anthroposophical views of medicine and the human being are included in the training and, jointly with other therapy training courses (speech and music therapy, therapeutic painting and modeling, rhythmic massage), will be offered under the auspices of the newly founded “Anthroposophic Academy for Therapy and Art” (www.atka.ch). We are seeking to implement the “eduqua” Swiss quality certificate for further training institutions as a sensible step towards state professional qualifications in artistic and complementary therapy in Switzerland.

The aim of these efforts is to safeguard our right to practice eurythmy therapy professionally, by securing state recognition that this is a therapeutic profession. This could prove existentially necessary in an increasingly legally and politically regulated world of work.

Kaspar Zett, Beate von Plato, Angelika Stieber, Wilburg Keller Roth und Irene Peltzer

International Coordination of Artistic Therapy

Conferences:
The coordination year in anthroposophic artistic therapy began with the pleasing fact that more colleagues than previously attended the international, further training study days entitled “Between lethargy and chaos – the pathophysiology of the will”. Above all, the international flavor of the conference was enhanced.

During the annual conference of the Medical Section, anthroposophic artistic therapy presented itself in, for example, workshops, forum contributions and with posters and flyers in the Wandelhalle. Increased interdisciplinary dialog stimulated better communication. Brief presentations in the forum showed that the audience could quickly find access to an enlivened sense of artistic therapy. The exhibition in the Wandelhalle revealed the growth in publicity work. Conference participants took with them large numbers of new, indication-related posters and flyers on the different therapy approaches.

At the speech therapy conference, the well-organized further training course also facilitated an effective and creative working style that engaged with professional questions, so that this conference really served the professional development of therapeutic speech practitioners.

Without doubt, a highpoint was the panel discussion with representatives of patient associations, doctors, curative educators and speech formation practitioners.

Publicity work:
• Initial collaboration has started with the umbrella association for anthroposophic medicine in Germany and IKAM in relation to worldwide publicity issues.
• Indication-related posters and flyers have been created. This process will continue. The Merkurstab journal published an article on the contribution of artistic therapies to cancer treatment.
• An internationally available website for artistic therapy is now being set up.
Training courses:

- In discussion with those responsible for training, the following forms of training and further training were defined:
  1. Profession-qualifying foundation training courses, under private law (EA schools)
  2. Profession-qualifying foundation training courses, academic, state, university (Bachelor)
  3. Post-graduate courses at academic level, state, university (Masters)
  4. Further training courses under private law (here ‘further training’ means the development of new capacities related to a profession)
  5. Training initiatives (new training courses in development)

- The Anthroposophic Academy for Therapy and Art in Dornach was founded and will start in April 2010 with its interdisciplinary training modules. Medical courses based on anthroposophic study of the human being, on anatomy, physiology and pathology, will be supplemented and extended by various arts. The modules are open for guest participation.

- The state-recognized colleges in Holland and Germany which offer training courses in anthroposophic artistic therapy have amalgamated in a working group (AKHSA) in order to cooperate with each other, discuss teaching content and initiate joint research projects. Competency areas must take account of the particular requirements of state training courses, and help ensure that anthroposophic artistic therapy can justify itself in discourse with other academic disciplines, and develop further.

- A first interdisciplinary auditors’ training for professional mutual evaluation of training courses took place and will develop into a regular further training course.

Professional associations:

Work on the international profession profile and ethics guidelines was completed. The next step will be to found a legally recognized umbrella association, likewise in collaboration with eurhythmmy therapy.

The international AKT coordination group:

The former network group consisting of coordinators from various specialist fields, and collaborating within the Medical Section on behalf of anthroposophic artistic therapy, has now been reconfigured and is called the International Coordination Group for Anthroposophic Artistic Therapy (IK-AT).

The members of the IK-AKT see themselves as contacts in the Medical Section for artistic therapists from all over the world. Each member of the group has taken on the task of monitoring developments in his field and perceiving wishes and needs so that we can respond to them with a common approach. A first step here is to set up the website mentioned above. Looking back, for me the annual conference with its spirituality, professionalism and colleagueship was a highpoint of my work, and thus I look forward with warm anticipation to the coming year. Kirstin Kaiser

Kirstin Kaiser
Speech therapist
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Physiotherapy and physical therapies APT

This year received its impetus from the International Conference for Anthroposophic Physiotherapy and Physical Therapies held from March 19-22 2009. The theme of “Uprightness and the Knee” stimulated intensive questions in the breaks and enlivened the study work in workshops. All took away with them the refreshing awareness that the knee is not inevitably predestined for arthrosis.

During the conference we considered the future of the APT. The group agreed that it wished to continue the inner work on the one hand – each individual in his spiritual practice, and in daily work; but on the other it also wanted to increase the number of working groups, on a regional or theme-related basis, to engage in joint research and consolidate the network. This work could then be a preparation for the next international anthroposophic physiotherapy and physical therapies in conference on 2011.

The International Conference for Anthroposophic Physiotherapy and Physical Therapies is planned for April 7-10 on the theme of pain.

The preparation group – Riemke Cramer (riemcramer@hetnet.nl), Hilde Mary (hildemayr@bluewin.ch), Ricarda Meyer (ricarda-meyer@intergga.ch), Aoine Landweer-Cooke and Stephan Thilo - will be pleased to receive suggestions and news of initiatives. The School of Spiritual Science physiotherapy group is continuing to work in particular on the mantras of the 9th Class Lesson. Interested people are welcome.

Contact addresses: Joukje Pothoven (joukje.pothoven@versatel.nl), Henny Kerkhof (shkerk-hof@hetnet.nl), Christa Maier-Schnorr (christa.maier@bluewin.ch) (rhythmic massage according to Ita Wegman MD). The trainers group for rhythmic massage worldwide meets annually before the annual conference of the anthroposophic medical movement and works on the bases of the method and on forms of collaboration. The trainers group has the task of carrying out the recognition procedure for new initiatives. Unda Niedermann is the contact person for founding new training centers. Now I would like to thank all colleagues of the APT whose initiative forms and sustains the network. Unda Niedermann

International Coordination of Psychotherapy

International structure of the psychotherapy associations in 2009:
An international umbrella association of national societies is being developed. The following regional societies exist: In Holland the NVAP society since 1984, whose 25th anniversary was celebrated on October 17; in Italy the PERSEO association, founded in 2004; in Germany, since 2008, the DtGAP society, as reconfiguration of the Institute for Anthroposophically oriented Psychotherapy, likewise in existence for around 25 years; in England, a Society for Anthroposophic Psychotherapy and Counseling, in existence since 2008; and In Brazil, the SOFiA society is being developed, whose official founding will take place in 2010.

Further training courses worldwide according to guidelines agreed within IKAM:
In Holland, from September 2009, the NVAP is running its 7th post-graduate training. In Italy in 2010 the PERSEO association is to independently set up its 2nd post-graduate course! The German DtGAP society envisages a first post-graduate training from the beginning of June 2010. At a university in Sao Paolo, Brazil, the SOFiA association will run a post-graduate training for anthroposophic psychotherapy while in Minas Gerais, Brazil, far-reaching plans are being forged for a foundation training/further training in psychology, psychotherapy, psychosomatics
and psychiatry. In Bangalore, India, since 2008 a first training course has been in development; and likewise since 2009 in Harduf, Israel and at El Abedul in Madrid, Spain.

Research
Arising from German-English collaboration (Siegwart von Laue/John Lees), strongly supported by the Medical Section, a research proposal has been submitted to the EU to examine the question of health based on collaboration between anthroposophic medical professional groups. The proposal achieved 2nd place amongst the many applications from the European academic world!

Publications
Probably in the fall of 2010, the Vrij Geestesleven publishing house in Holland will publish a book by Ad Dekkers on methods used in anthroposophic psychotherapy. Translation into German, English and Italian is underway.

Psychotherapy, psychiatry and psychosomatics
In June 2009, the 3-year post-graduate training in Stuttgart concluded. A total of 95 participating general practitioners, doctors for psychotherapy, specialist physicians and psychotherapists came together under the auspices of the GAÄD, the DtGAP and IKAM. The GAÄD is gearing up for a second course. A slimmed-down version of the course – in terms of lecturers – is taking place in psychiatry in St. Petersburg, Russia (see IPMT, p. 26-27).

25 years of the NVAP
25 years ago, the Dutch Association for Anthroposophic Psychotherapy was founded. A celebration of this was held with guests from the medical and therapeutic movement, along with those who participated in the seven post-graduate training courses run by the NVAP. 30 years ago it was Professor Bernard Lievegoed who helped guide the original initiative group into the depths of a contemporary situation that Rudolf Steiner had predicted, on a corresponding path of initiation that remains innovative today. This urges us to remain fully aware and in mutual accord in order to be able to carry through and realize these profound bases of insight throughout the world – as a series of presidents of the association have striven to do: Henk Eisendoorn, Ad Dekkers, Let Dijkhuis, Marjanke de Jong and Els van Beek.

Together, with the help of the growing participation of the spiritual world, we hope to remain capable of working in a professionally healing way to address humanity’s continually changing pathogenesis. That we can do this with gradually increasing confidence is also due to collaboration within the medical movement and the Medical Section, both at a professional and School of Spiritual Science level.

IKAM psychotherapy coordination website
The website, incorporated into that of the Medical Section, is currently in development.

Ad Dekkers, Henriette Dekkers-Appel
Patient organizations and the European Federation of Patients’ Associations for Anthroposophic Medicine/EFPAM

The number of interest groups active in the health domain in Europe has grown considerably in recent years, above all in the realm of patients’ associations. It is therefore increasingly hard for government agencies to identify which organizations should be regarded as their contacts. For this reason EFPAM believes that it is important to develop and consolidate the alliance. EFPAM is therefore a member of EPHA, Europe’s biggest interest group in the health sector, a co-founder of ELIANT, as the biggest anthroposophic non-governmental organization in Europe, and seeks alliance with other European associations. Our aim is to help patients’ voices to be better heard in Europe. It is not just the specific patient problems addressed through anthroposophic medicine which must be considered here, but also developments in Europe’s overall health system. The explosion in costs alone could reduce governments’ funding for medicine, which could put the continuation of CAM at risk. In the year covered by this report, EFPAM has participated in various committees and meetings such as IKAM, the ELIANT campaign etc. Collaboration with other organizations such as the IVAA and ECHAMP is excellent. Our links with the European umbrella association for homeopathy users was also further cultivated this year. The ELIANT initiative has increased in importance this year for EFPAM. Many themes prove to be “cross-sector” ones, for instance child nutrition, educational issues and initiatives for a cleaner environment. Collaboration with other organizations was strongly supported and facilitated by ECHAMP among others. In 2009 the EFPAM executive board worked on three domains:

• Collaboration, development of networks, forming alliances
• Monitoring and interest representation
• The “patient competency” project

It is clear that an internet profile is becoming ever more important, primarily because young people use this route as their most important source of information. EFPAM and its members are continuing to work on the theme of “patient competency”, which is increasingly proving to be a broad and interesting domain. Since this concept has existed for a long time now, and is interpreted in different ways by different schools of thought, it is increasingly important that specific views which we, as patients, can gain from anthroposophic insights into the human being, should inform it. These insights could lead to a fundamental change in the relationship between doctor and patient. The nature of prevention, the promotion of personal involvement in managing one’s own illness, and increased emphasis on personal responsibility for and co-determination of one’s own health – which European policies also support – can receive an important impetus through anthroposophy if we succeed in elaborating these ideas in a way accessible to all.

EFPAM regards the increasing interest in Europe in the theme of “patient rights”, as witnessed also by the citizens’ initiative for the “European Charter of Patients’ Rights” (2002), as a good opportunity to more actively represent the interests of members of anthroposophic patients’ associations. On the one hand medicine is in danger of becoming ever more uniform, yet individual treatment for each patient is, on the other hand, felt to be indispensable and intrinsically linked with a medicine of the future. This year the situation threatening availability of anthroposophic medicines in Europe was still a serious problem unfortunately. National legislation based on European directives still varies greatly between different countries, and this has created a situation of unnecessary uncertainty amongst patients.
René de Winter is working as coordinator for EFPAM (European Federation of Patients’ Associations for Anthroposophic Medicine). Heidrun Loewer, his deputy until September 2009, has now ceded this task to Hans-Jürgen Schumacher. I would like to thank her most warmly for her many years of work!  

René de Winter

Student Work Coordination:  
People, medicine and questions of the future

“Coordinare” means: assign to one another, or also: interrelate and bring into mutual connection. In this old word lies hidden in a beautiful way what we strive for as staff at the student work coordination office (SWC) at the Medical Section: to act as contacts, mediators and companions to the people who, during their training, wish to familiarize themselves with anthroposophic medicine and therapy, and advise them on questions of anthroposophic training and practice. Our concern is to enter into dialog with those experienced in this field and look for opportunities for a training in tune with the times and the human being. One emphasis of our work is currently in the field of communication. Here too a much-used concept needs to be re-enlivened and grasped anew: “communication” as, initially, a connection between people, starting in the minutiae of direct personal encounter, a brief conversation, perhaps just a suggestion; then growing through the creation of connections in a larger context – whether through publication of the “Medicine and Anthroposophy” newsletter or through thematically-focused meetings and conferences; through to the ideal of contributing, in the field of medicine and according to individual strengths and capacities, to the development of a human community which, drawing on the founding impulses of anthroposophy, aims to place its activities into the service of a future-oriented vision of the whole of humanity. Currently we see a core question and task in engaging with the changes underway in the landscape of anthroposophic medicine in Central Europe, and initially meeting these with proper understanding. For instance, is it only a negative indicator, worthy of regret, that a substantial number of registered [anthroposophic] physicians in Germany will reach retirement age in the next few years without any sign of a successor who can continue the work they have started? What qualities and tasks are connected with the fact that our generation of physicians does not seem to be becoming part of a “mass movement”, but instead increasingly has to explore the positive aspect of a relatively small community of like-minded people? It is evident that this does not mean we should neglect or even give up our externally-oriented openness and activity, e.g. at universities. As coordination office, in this sense too, we are in dialog with student study groups, individual initiatives and physician representatives. In this period of change we also have a change of staff to report. Theresia Knittel initiated the student work coordination office 8 years ago and since then, as IKAM representative, has been its chief contact person and manager. Now, after practicing as physician for a year and a half, she passed this office to Natascha Neisecke in September 2009. We will manage this transition gradually, and Theresia Knittel will therefore continue to work in the SWC. We would like warmly thank her for the commitment, awareness and wealth of ideas that she has brought and continues to bring to the SWC! As further staff members, Niklas Bruchner, Eisenhardt Daecke, Rene Ebersbach and Christoph Holtermann are currently involved in the concerns and initiatives of students and trainees. They are complemented by a broader, open group of students and young doctors committed to the coordination work, who accompany and actively support it. On behalf of the staff of the student work coordination office, 

Natascha Neisecke, Theresia Knittel
International Medical Training Coordination

This year work was done on the professionalization of aspects of methodology and teaching approaches in relation to the teaching of anthroposophic medicine. Most participants in the trainers group, which meets once a year, hold Masters of Medical Education qualifications or are in the process of obtaining it. This has enabled us to make fruitful use in anthroposophic training courses of modern approaches to teaching and methodology. Thus the conference is structured according to a range of teaching forms, which alternates teaching from the front (lecture), interactive teaching (lecture with discussion), small-group work and evaluative plenary discussion. A further constituent of training is collegial case-study discussions, in which one's own personality or personal questions relating to one's own professional work play a part in determining the practice content. The trainers group works on content and form of the teaching process from both the learner’s and teacher’s perspective. Thus, for both tutors and students equally, teaching can become “continuous education”.

At the last trainers meeting, a patient demonstration was held using a practical exercise for experiencing the effect of the four elements. It became clear in the process that consideration of the properties of the four elements is all the richer if these can also be seen as the developmental result of all the human being’s life stages. An ethically valuable experience here was to pass to the GP what had been jointly elaborated in the patient demonstration, and thus make these findings available for actual treatment.

In 2010 we intend to make available further developments relating to teaching approaches and methodology for different training courses – not only in a practical sense but also “theoretically”. A first beginning has been made here in compiling study material. The many experiences of teachers and students already available and the range of teaching forms that exist and have proven their value are to be compiled in written form as a proper ‘manual’ for teaching anthroposophic medicine. Several authors have already expressed their willingness to collaborate on this. A chief concern will be to prepare a survey of existing training courses worldwide. What is taught, how and where, and what sorts of need exist? By means of coordinating activity we need to optimize training centers’ efficiency, professionalization and mutual agreement so that they can develop further and respond to needs. 2010 therefore looks like being a fruitful year. Guuis van der Bie
International Publicity Work Coordination

In a time of rapid political and economic development, the need for coordinated publicity work is becoming increasingly apparent – not just at a national level or in response to European legislative developments, but worldwide. The focus here is on our common concern to give a higher profile to anthroposophic medicine in the public domain.

Back in 2008, alongside developing the press office, product PR and product design for the ELIANT campaign, I launched a network to publicize anthroposophic medicine for the IKAM field. This was initially confined to German-speaking countries. In 2009 development of the global network began. With the aim of pooling our energies, processes and resources, a small group of PR professionals from the anthroposophic medical movement worked on proposals which were presented to IKAM coordinators in Berlin in June, where outlined tasks were allocated.

This fall, during the annual conference of the medical movement in Dornach, the first international meeting of Medical Section representatives from each country took place on the theme of publicity work. After discussion of the state of each section at regional/national level, the focus of the next meeting will be on a common strategy for collaboration. The next phase will see the start of optimum linkage of suitable communication measures so as to coordinate and realize common tasks in the best possible way.

Alongside this development and coordination work, my tasks also include editing, graphic design, production and typesetting for the following: the annual report, 7 editions of the newsletter in 7 languages, publicity for our conference and diverse events flyers and posters. The website relaunch is still underway.

In 2010 two meetings are planned with health policy-makers in Brussels, a strategy continuation meeting during the annual conference (see calendar, p. 5) and in 2011 a PR conference with dialog and training elements, probably to be held in Dornach.

I would like to express my very warm thanks to Jürgen Schürholz, who has retired from active coordination of publicity work due to his age, yet is still available in the background to help with advice. Heike Sommer
International Postgraduate Medical Training/IPMT

The IPMT grew out of a metamorphosis of the physicians’ seminar at the Lukas Klinik in Arlesheim. In 2000, the director of the time, Rosselke Zech, retired from this role due to age, and the question then was what form this work should continue in – if at all. In the meantime many seminars and training centers had developed in different countries. The Swiss medical association was also just setting up its own post-graduate training course. A survey was therefore held of members of the council of medical association executive councils, which highlighted a need only in Poland, Estonia and the Philippines. Assessment of the form of post-graduate training for these countries gave rise to a clear and unified picture: the further training modules should not last longer than one week, should focus consistently on the training of diagnostic and therapeutic skills, and medical teaching should be as patient- and practice-focused as possible, based on the anthroposophic path of schooling. In addition, further training should take place in the countries themselves, and be locally organized by the participants. In response to these findings, this in-service training over 5 years was launched. Further elements are at least 2 years of mentoring and guidance for self-directed studies. International certification as anthroposophic physician can be applied for as soon as the necessary conditions are fulfilled (see www.medsektion-goetheanum.org/?p=64).

To our great surprise, 170 doctors from eleven countries, and a few pharmacists and therapists, turned up at the first post-graduate training course week in Poland, which had only been publicized to former seminarists and medical association executive councils. The national representatives requested their own local training modules, and thus the number of training weeks soon multiplied to the limit of our capacities.

In 2009, at nine locations in Havana/Cuba, Santiago/Chile, Petaluma/USA, Bangalore/India, Nagano/Japan, Irkutsk/Siberia, St. Petersburg/Russia, Odessa/Ukraine und in Dornach/Switzerland, around 600 physicians, medical students, pharmacists and a few nurses and therapists received tuition. The study week in Cuba took place for the first time. The Peruvian doctor Ivan Villegas had supervised a medical study group there since 1996, and prepared the IPMT in collaboration with the Cuban Home Office.

The work in Argentina concluded in 2008, and a pause was made in the Philippines before a new five-year cycle starts in 2010. In Santiago de Chile, where the course is in its second year, the IPMT is now a training recognized and supported in principle by the health ministry, and receives much coverage in newspapers, radio and TV interviews. Here, and also in California – where the training is likewise in its second year – the number of participants has grown in comparison with the previous year by another 20, to a total of 200 at each location.
For the first time this year, the seminar week took place in three countries without the presence of Michaela Glöckler as director of this training. After seven years of consistently accompanying all the training weeks in person, this was at the same time a test of whether the work so far accomplished can become independent and whether skills had grown sufficiently to enable the initiative to be carried forward. In Odessa, for example, a team of physicians collaborating on this IPMT for the past three years took over responsibility for this year’s work, effortlessly integrating long-term IPMT participants and newcomers in accordance with the needs of each group. In Irkutsk/Siberia, an already experienced team of IPMT tutors collaborated under the leadership of the Swedish physician Ursula Flatters, and in Japan, due to illness, Harald Matthes had to “hold the fort” for the week as sole European tutor, but the work was successfully completed nevertheless. In Dornach this year we held an international IPMT in five languages with participants from 10 countries. We were struck by the great need here to enter into dialog about the tasks and areas of work for AM in different countries. Although the 13-hour seminar day was already long enough, on three days a plenum was organized after the evening lecture, devoted solely to reports from different countries and mutual perception. Each country was heard, new contacts were made, and the seeds for new initiatives planted.

Initiatives arising from the IPMT last year also continue to thrive. In St. Petersburg the second block course of the psychiatry post-graduate training founded in December 2008 took place, this time integrated with this year’s IPMT. Boris Krause from the Filder Clinic in Stuttgart worked with doctors and therapists on the core theme of “depression”. In December, Ad and Henriette Dekkers will continue this series of a total of six block courses with a week on the theme of “addiction”. In Odessa, a therapy center initiative has now become reality. At the beginning of July 09 we were able to visit the site during IPMT work, and in the fall this new establishment started work with initially, three doctors and two therapists. In relation to the teachers/tutors needed for the IPMT, an important introductory presentation on AM has now been translated into English and Hungarian, and is available for international use. A handbook on Goethean plant observations, as practiced in the IPMT context, is underway, and a publication on tone eurythmy therapy is now also available in English.

In the coming year, it seems likely that 13 IPMT post-graduate training courses will run. New courses will start in April 2010 in Taiwan, in July in Peru and in August in the Czech Republic. In the Philippines a new five-year cycle will begin in April under the direction of Michael Evans. Stefan Langhammer
Finances

Since the original German edition of this report appeared before the year ended, in Advent 2009, we have not included accounts for the year. Instead, based on the 2008 accounts, I would like to highlight the situation in 2009 and present our draft budget for 2010.

In 2009 our conference events (with the first world conference on eurythmy therapy) and also our international post-graduate medical training/IPMT (at 12 locations) had a greater scope than in previous years. In addition, the publicity work field was launched as new, autonomous domain. Restructuring/adjustments in the EDP field, necessary in relation to the growing coordination work, also made quite an impact on the accounts. At the end of this year, therefore, we were left with a deficit of at least 50,000.– SF, despite receiving financial support for our work from many quarters. In particular for the international IPMT training work there was a shortfall of donation and sponsor funds, whereas the conferences received very helpful support.

In 2009, apart from the annual conference on the theme of Oncology in Anthroposophic Medicine, attended by well over 700 participants, no other large-scale conferences took place, and the number of IPMT weeks was also smaller than previously (p. 26 f.). Thus the estimated budget volume, at 1,570,000 SF, is considerably lower than that for 2008. Nevertheless, the shortfall from the previous year is still making itself felt in this year’s budget especially since, in the wake of the economic crisis, donations from institutions, partners and foundations have not so far reached the level of last year, even if one measures these in proportion to the reduced number of events in 2009.

### Accounts 2008

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As previously, our main challenge is to reliably fund non project-related costs for Section work. Whereas conference and training activities have in general been managed without loss in the past thanks to project sponsorship, costs for general secretariat work, and for coordination and management tasks and publicity work have so far not been covered. We therefore envisage an additional deficit in 2009 similar to the level in 2008.

In the coming year 2010, with the international infant care conference in June and the annual conference and curative education conference in the fall, there will be three large-scale events which – along with, for the first time, 13 IPMT post-graduate training weeks – will have a major impact on the accounts and will necessitate raising the budget level to 1,700,000.– SF. Changes to the eurythmy therapy training will involve relocation of a staff post to the fees’ column: at the end of September 09, Brigitte von Roeder retired as staff member, and from 2010 Kaspar Zett will take over direction of this training course as freelancer, jointly with a eurythmy therapy collegium. Otherwise the projected figures document the fact that we are aiming, on the basis of a now well-functioning infrastructure and despite growing expenses, to keep our outgoings in the staff and material costs columns below the level of 2008. With the help of readers of this annual report, therefore, and of our faithful individual donors, foundations and partners, we hope to balance our books in the coming year. You can find the donation accounts for the Medical Section on the last page of this report. To all our sponsors in 2009 we would like to extend our warmest thanks!

Stefan Langhammer

### Projected budget 2010

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| Income                         | Sales/charges | Services | Donations | Total |
|                                |              |          |           |       |
|                                | Conference contributions, books, tuition fees | Exhibition stands, certificates, emeritus institutes/partners | Foundations | Associations | Single donors |       |
| MedSection general             | 87’000.00    | 243’000.00 | 10’000.00 | 90’000.00 | 50’000.00 | 480’000.00 |
| International coordination     | 25’000.00    | 50’000.00  | 16’000.00 | 45’000.00 | 505’000.00 |
| Publicity work                 | 93’000.00    | 5’000.00   | 3’000.00  | 10’000.00 | 103’000.00 |
| Publications                   | 35’200.00    |          | 5’000.00  | 40’200.00 |           |
| Conferences                    | 498’300.00   | 25’000.00  | 30’000.00 | 30’000.00 | 605’300.00 |
| Eurythmy therapy training      | 65’000.00    | 10’000.00  | 25’000.00 | 100’000.00 |
| IPMT                           | 18’000.00    | 245’000.00 | 55’000.00 | 323’000.00 |
| Total (in SF)                  | 616’500.00   | 633’000.00 | 105’000.00 | 111’000.00 | 122’500.00 | 1’700’000.00 |
Staff in the Medical Section office

Currently the following people work here in the Medical Section office: Michela Glöckler, director (p. 7-8); Angela Wirth, director’s assistant; Doris Balsiger, secretariat; Stefan Langhammer, training and finances (p. 26-28); Roland Tüscher, conference organization (p. 4-5); Astrid Schmitt-Stegemann, research associate; and Heike Sommer M.A., publicity work (p. 25). A special thanks is due this year to staff in the Section office: Astrid Schmitt-Stegemann has been an indispensable help for the diverse challenges involved in lecturing and seminar activities and pending publications. Angela Wirth has made inroads into the necessary revision and completion of the address database and is now working her way into her role as director’s assistant. Alongside her extensive secretariat work, Doris Balsiger now also takes care of diploma and certificate administration. Looking back on 21 years of work for the Medical Section we have now entered a third stage of work: after 13 years of pioneer and development work for international coordination, there followed seven years of new work allocation and reorganization. Since 2009 we increasingly have a sense of becoming not only an integration-focused team but also a capable one, for which we are very thankful.

Invitation to the ELIANT campaign gala evening in the great hall at the Goetheanum on March 26 2010

Dear friends and readers of this annual report,
Dear friends of ELIANT

By the time of going to press we had collected 967,696 signatures worldwide (November 29 09) and 850,350 Europe-wide (November 23 09). The end of the signature campaign is now within grasp, and thus we are also close to handing the signatures to the EU Commission in Brussels. We will keep you informed but would also like to express our joy and thanks that the help of so many motivated people has enabled us to achieve this goal. To celebrate this, we would like to invite you to our ELIANT gala evening. Opera singer Marion Ammann has already agreed to perform there, and from January 10 2010 you will able to see at www.eliant.eu what she will sing there, and what else is in preparation. We look forward to seeing you there! 6 p.m. start. Instead of admission price we ask for a donation to the Eliant campaign.

For the preparatory group,

Dr. phil. Andreas Biesantz, Dr. jur. Jürgen Erdmenger, Nikolai Fuchs, Dr. med. Michaela Glöckler, Thomas Göing, Günter Schulz, Heike Sommer, Christof Wiechert.

Aktion ELIANT, Postfach 1180, 79501 Lörrach, Germany Fax: +49 7621 168 1863, www.eliant.eu
Dear ELIANT friends

The ELIANT campaign’s signature-collecting action is reaching its final stages, and we soon hope to achieve the goal of one million. We are very grateful that so many people have helped and are still helping to collect signatures that protect core values both with freedom of choice and opportunities for choice in Europe.

Donations from foundations and a pleasing number of donations from individuals helped cover much of our ongoing expenses, along with an interest-free loan which, however, we now need to redeem.

In 2010 therefore, we are hoping for many small and – if possible – also larger donations to close this shortfall. We will be glad to answer any questions you may have about this.

Our donation accounts:
Germany and international: Aktion ELIANT
Account no.: 790 255 50 01 bank sort code: 430 609 67 GLS
Bank Bochum
IBAN: DE66 4306 0967 7902 5550 01
BIC/Swift: GENODEM1GLS

Switzerland: Förderstiftung Anthroposophische Medizin
Account no.: 400.695.0 PC-account: 40-963-0
Freie Gemeinschaftsbank Basel
IBAN: CH87 0839 2000 0040 0695 0
BIC/Swift: RAIFCH22XXX Online: www.eliant.eu/Spenden

We thank you very warmly for your smaller, tiny or larger donation – which is tax-deductible in Switzerland.

Your
Dr. jur. Jürgen Erdmenger, Nikolai Fuchs,
Dr. med. Michaela Glöckler, Thomas Göing, Günther Schulz,
Heike Sommer, Christof Wiechert
PROGRAM PREVIEW
ANNUAL CONFERENCE 2010

Rheumatic Disorders in Anthroposophic Medicine

Diagnosis and Treatment of Rheumatic Conditions

Approaches involving Medication, the Arts, Psyche and Spirit

International Annual Conference

16. – 19. September 2010

Medical Section

Conference registration:
Goetheanum/School of Spiritual Science
Medical Section, Postfach, CH-4143 Dornach 1, Switzerland
Conference organization: Roland Tüscher
Tel. +41 (0) 61 706 42 93; fax +41 (0) 61 706 42 91
roland.tuescher@medsektion-goetheanum

Donation accounts for the Medical Section
Purpose: Medical Section, donation 2010
Allgemeine Anthroposophische Gesellschaft, Medizinische Sektion
Switzerland:
Raiffeisenbank Dornach · acc.: 10060.56 · clearing: 80939
IBAN CH36 8093 9000 0010 06056 · BIC: RAIFCH22
Germany:
Medizinische Sektion bei der Förderstiftung Anthroposophische Medizin
Volksbank Dreiländereck · acc.: 970760 · bank sort code: 683 900 00
IBAN: DE92 6839 0000 0000 9707 60 · BIC: VOLODE66