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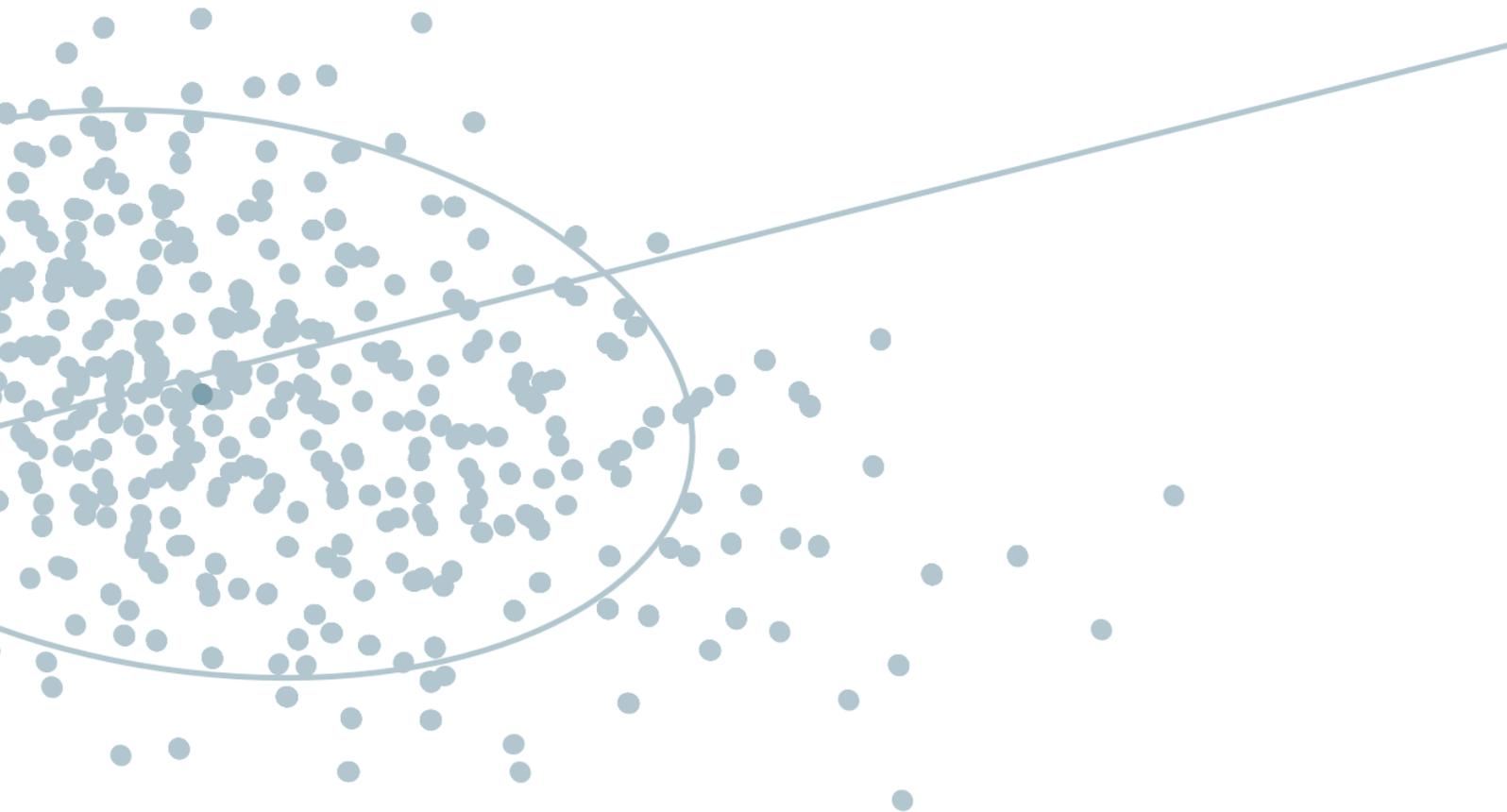
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Health Technology Assessment (HTA)

HTA Protocol

Inpatient anthroposophic complex treatment

Version 21.07.2025



Title	Inpatient anthroposophic complex treatment
Technology	Multimodal non-pharmacological anthroposophic treatments
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Conflict of Interest:

The authors have no financial, academic, personal, or any other conflicts of interest to declare in relation to this project or the topic of investigation.

Federal Office of Public Health FOPH
Health Technology Assessment
Schwarzenburgstrasse 157
CH-3003 Bern
Switzerland
Tel.: +41 58 462 92 30
E-mail: hta@bag.admin.ch

Cover image: Simplified representation of a fictional probabilistic sensitivity analysis on a cost-effectiveness plane with the diagonal willingness-to-pay line.

Executive Summary

Anthroposophic medicine (AM) is a form of complementary or integrative medicine based on concepts developed by Rudolf Steiner, Ita Wegman, and others. AM is an approach that aims to consider the whole human being, including physical, life, and functional aspects, as well as the soul and spiritual dimensions of the individual, both in diagnosis and the subsequent treatment plan. Multimodal non-pharmacological anthroposophic (MNA) treatments refer to combinations of at least two distinct non-pharmacological AM treatments.

In Switzerland, AM treatments are currently covered by mandatory health insurance as long as they are carried out by specialised personnel and under the supervision of a licensed physician with an AM skills certificate. Within the context of the Federal Office of Public Health (FOPH) Health Technology Assessment (HTA) Program, the evidence for coverage of inpatient MNA treatments is to be re-evaluated. In particular, the HTA report aims to evaluate combinations of non-pharmacological AM treatments as included in the Swiss curriculum for the specialisation in AM, specifically eurythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care, such as wraps, compresses, embrocation, and baths, for patients eligible for inpatient MNA treatments.

This HTA protocol outlines the primary and secondary research questions, along with the operational key questions addressing the HTA domains of efficacy, effectiveness, safety, cost-effectiveness, budget impact, and ethical, legal, social, and organisational (ELSO) issues. Additionally, the protocol describes the planned methodology for conducting this HTA.

For the clinical evaluation, a systematic literature search will be conducted in Embase (via Elsevier), Medline (via Ovid), INAHTA, Google Scholar, and clinical trial registries and repositories specialised in Complementary and Alternative Medicine (CAM). Search strategies will be tailored to identify the relevant non-pharmacological AM treatments for the target population. Studies will be selected based on pre-defined inclusion and exclusion criteria. Databases will be searched for randomised controlled trials (RCTs) for unimodal and multimodal non-pharmacological AM treatments. In case fewer than two RCTs are found, comparative non-randomised studies will also be included in the clinical evaluation. All included studies will undergo critical appraisal and data extraction. After data extraction, the feasibility of merging or stratifying clinically relevant data and performing a meta-analysis to calculate pooled estimates will be explored.

For the economic evaluation, a systematic literature search will be conducted in Embase (via Elsevier), Medline (via Ovid), INAHTA, Google Scholar, and specialised economic databases, like the Tufts Medical Center Cost-Effectiveness Analysis (CEA) Registry, the National Health Service Economic Evaluation Database (NHS EED), and EconLit (via Ovid) to identify relevant economic studies addressing cost-effectiveness and budget impact of MNA treatments. The final health economic modelling approach will be determined during the HTA phase. The

analysis will incorporate the most relevant and up-to-date cost and clinical data tailored to the Swiss context. A budget impact analysis will be performed based on the available data.

For the evaluation of ELSO aspects, pertinent issues will be drawn from the studies included in the clinical and economic evaluation. In addition, a systematic search will be conducted to identify further relevant literature on ELSO aspects, with key issues summarised narratively.

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Abbreviations and acronyms

AAT	Anthroposophic art therapy
ABT	Anthroposophic body therapy
ANC	Interventions of anthroposophic nursing care
AM	Anthroposophic Medicine
CAM	Complementary and Alternative Medicine
CCA	Cost-consequence analysis
CEA	Cost-effectiveness analysis
CEAC	Cost-effectiveness acceptability curve
CHEERs	Consolidated Health Economic Evaluation Reporting Standards
CHF	Swiss Franc
CHOP	Swiss Classification of Operations
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CUA	Cost-utility analysis
DRG	Diagnosis-related group
EAE	Effectiveness, appropriateness, and economic efficiency
ELSI	Ethical, legal, and social issues
ELSO	Ethical, legal, social, and organisational
EYT	Eurythmy therapy
FOPH	Federal Office of Public Health
GRADE	Grading of Recommendations, Assessment, Development and Evaluations
HRQoL	Health-related quality of life
HTA	Health Technology Assessment
INAHTA	International Network of Agencies for Health Technology Assessment
ICER	Incremental cost-effectiveness ratio
KVG/LAMal	Bundesgesetz über die Krankenversicherung / Loi fédérale sur l'assurance-maladie
MNA	Multimodal non-pharmacological anthroposophic
NHS EED	National Health Service Economic Evaluation Database
OR	Operating room

PICO	Population, intervention, comparator, outcome
PREMS	Patient-reported experience measures
PRISMA	Preferred Items for Systematic Reviews and Meta-Analyses
PROMS	Patient-reported outcome measures
PSA	Probabilistic sensitivity analysis
QALY	Quality-adjusted life years
QoL	Quality of Life
RCT	Randomised controlled trial
RoB 2	Revised Cochrane Risk of Bias tool for randomised trials
ROBINS-I	Risk of Bias in Non-randomised Studies – of Interventions
SA	Sensitivity analysis
SIWF	Schweizerisches Institut für ärztliche Weiter- und Fortbildung
SNIO	Swiss Network of Integrative Oncology
SwissDRG	Swiss Diagnosis-Related Group system; company SwissDRG AG
TARMED	Tarif medical – tariff system for outpatient services in Switzerland
TARPSY	Tariff system for inpatient services in Switzerland
VAOAS	Vereinigung Anthroposophisch Orientierter Ärztinnen und Ärzte in der Schweiz
WHO	World Health Organisation
WTP	Willingness-to-Pay
ZIM	Center for Integrative Medicine, Cantonal Hospital St. Gallen

Objective of the HTA Protocol

The objective of this HTA protocol is to formulate the HTA key questions, to define the population, intervention, comparator, outcomes (PICO), and to describe the methodology to conduct the systematic literature searches and to extract, analyse, and synthesise the data in the HTA report on the topic of inpatient anthroposophic complex treatment, which in this HTA is understood as and restricted to inpatient multimodal non-pharmacological anthroposophic (MNA) treatments. Key questions are defined, addressing the main HTA domains efficacy/effectiveness/safety, costs/budget impact/cost-effectiveness, and ethical/legal/social/organisational issues.

1. Policy question and context

Anthroposophic medicine (AM) is an integrative, multimodal, and individualised approach to healthcare offered as a supplement to conventional medicine in a collaboration of physicians, pharmacists, nurses, and various therapists.^{1,2} AM interventions are currently covered by Switzerland's mandatory health insurance system as long as they are carried out by specialised personnel and under the supervision of a licensed physician holding a skills certificate in AM³ (Schwerpunkt "Ärztin oder Arzt für anthroposophisch erweiterte Medizin (VAOAS)" des *Schweizerischen Instituts für ärztliche Weiter- und Fortbildung* [SIWF]). The focus of this HTA is on multimodal non-pharmacological anthroposophic (MNA) treatments, which involve combinations of at least two distinct non-pharmacological AM treatments, for patients eligible for inpatient MNA treatments.

The policy question is whether MNA treatments for patients with any condition eligible for such treatments in an inpatient setting fulfil the effectiveness, appropriateness, and economic efficiency (EAE) criteria. Under Article 32 of the Swiss Federal Law on Health Insurance (KVG/LAMal)⁴, the EAE criteria serve as a guiding principle for new and established health technologies to be included for reimbursement, including complementary medicine treatments (see Article 35a lit. b, *Verordnung über die Krankenversicherung* [KVV]⁵ and the criteria defined by the FOPH⁶).

2. Medical background

According to AM, any health condition or symptom can be treated using anthroposophic interventions, although the indications and contraindications vary depending on the intervention.^{1,2,7-12} The range of health problems deemed relevant, therefore, includes such diverse conditions as chronic respiratory and cardiovascular diseases, mental health conditions, skin conditions, gynaecological problems, musculoskeletal and neurological disorders, as well as different types of cancer.

Related to the inpatient setting, the SwissDRG codes A96A and A96B (reimbursement for complex complementary medicine treatment for specific diseases, without operating room [OR] procedure) are most commonly linked to diagnoses such as breast cancer, pneumonia, bronchiolitis, heart failure, and back pain (Medical Statistics of the Hospitals, Federal Statistical Office).¹³ However, these DRG codes may be used for the reimbursement of procedures from any of the following five areas of complementary medicine: AM, homeopathy, phytotherapy, acupuncture, and traditional Chinese medicine pharmacotherapy. Moreover, complex complementary medicine treatments as coded in the systematic inventory of the Swiss Classification of Operations (CHOP) under 99.BC.1 (and subcodes 99.BC.11-14) may also be billed with other SwissDRG codes or, depending on the type of hospital admission, under the tariff system for inpatient psychiatry (TARPSY). Information on 4571 patients treated inpatient or outpatient between 2015 and 2020 at the Center for Integrative Medicine (ZIM) at

the Cantonal Hospital of St. Gallen shows that AM was primarily used for cancer and pain-related conditions.¹⁴ The most commonly administered treatments were anthroposophic medication, wraps, eurythmy therapy, mistletoe therapy, rhythmical massage, and art therapy.¹⁴

AM aims for a holistic understanding of human beings.^{1,2} It builds on a fourfold model of formative forces—physical, growth, soul (anima), and spirit (Geist)—which together are assumed to shape the human organism and its functions. These forces are thought to interact with three interconnected functional systems: the nerve-sense system, the rhythmic system, and the motor-metabolic system. According to AM, illness is seen as an imbalance between the four formative forces, which AM treatments aim to restore.^{1,2,7-12} In AM, the decision to use a particular therapy for a specific condition is based on an individualised approach that considers all these dimensions. The process begins with a thorough medical assessment, using both conventional diagnostics and anthroposophic perspectives.¹⁵ Treatments are then tailored to the individual, and the approach is considered dynamic, with regular follow-ups to adjust the therapies based on the patient's condition, progress, and feedback.^{1,2}

3. Technology

3.1 Technology description

The technologies of interest in this HTA are multimodal non-pharmacological anthroposophic (MNA) treatments for patients eligible for such treatments in an inpatient setting. The related code in the systematic inventory of the Swiss Classification of Operations (CHOP) is 99.BC.1 (with subcodes 99.BC.11-14) for complex complementary medicine treatments. This code includes MNA treatments but also combinations of other complementary medicine treatments.¹⁶ Non-pharmacological anthroposophic treatments considered in this HTA are those included in the Swiss curriculum for the physicians' specialisation in AM³, specifically eurythmy therapy, anthroposophic body therapies, anthroposophic art therapies, or interventions of anthroposophic nursing care such as wraps, compresses, embrocation, and baths. A detailed list of all included AM therapies is shown in Appendix 9.1.

Eurythmy therapy (EYT)¹⁷⁻¹⁹: Conscious movement-based intervention focused on improving coordination, mobility, and inner balance. EYT is assumed to have general effects (e.g., improving breathing patterns and posture, strengthening muscle tone, enhancing physical vitality) as well as specific therapeutic effects.²⁰ It is contraindicated in acute conditions like psychosis or fractures.

Anthroposophic body therapies (ABT)^{21,22}: Rhythmical massage according to Dr. Ita Wegman and massage therapy according to Dr. Simeon Pressel aim at enhancing circulation and relaxation through gentle, flowing, and rhythmic movements to harmonise physical tissues and regulatory systems, addressing musculoskeletal issues, organ dysfunctions, and psychosomatic conditions like depression and stress-related disorders.²³ Bothmer therapy (according to F. Graf v. Bothmer) aims to harmonise body, soul, and spirit through structured movement exercises and is applied in

various medical settings.²⁴ Spacial Dynamics® is a movement therapy with slow motion exercises that aim to harmonise one's relationship with the surrounding space, addressing diseases and restrictions of the musculoskeletal system, neurological and trauma-related disorders, autoimmune, psychosomatic, and mental diseases.²⁵ Contraindications of ABT include acute inflammatory diseases, infections, and aversion to physical touch.

Anthroposophic art therapies (AAT)^{27,28}: AAT includes anthroposophic painting, drawing, therapeutic sculpturing and modelling, music and singing, and speech therapy. AAT aims to address emotional and psychological health conditions.^{29,30} It is also used for conditions such as arthritis, asthma, cancer, cardiovascular issues, or diabetes.²⁹ AAT can be contraindicated in case of infections or psychosis, depending on the specific type of AAT.

Interventions of anthroposophic nursing care (ANC)^{22,26}: ANC includes the therapeutic use of compresses, embrocation, and baths, following the principles of AM (see Appendix 9.1 for the list of ANC interventions included in this HTA). These interventions are aimed at enhancing self-regulation through gentle skin stimulation or immersion in therapeutic substances like lavender or ginger.³¹ Metal foil (iron or zinc) applications in specific body areas are also part of ANC and used, for example, for conditions like depression or joint problems. ANC is contraindicated in case of infections or specific allergies, depending on the specific type of ANC.

Care within AM is provided by certified medical doctors, nurses, and therapists. The focus in this HTA is on MNA treatments, i.e., combinations of at least two non-pharmacological AM therapies, that are provided to patients eligible for such treatments in an inpatient setting and under the supervision of a certified physician with a compulsory qualification in AM.³ According to the relevant CHOP code (99.BC.1), a therapy unit comprises 30 minutes.¹⁶ AM therapies, as considered here, thus are integrated with conventional medicine and provided in an inpatient setting. Other AM interventions than those specified above, e.g., meditation, psycho-spiritual counselling, psychotherapy, psychosocial support, and nutrition interventions, are outside of the scope of this HTA.

In Switzerland, AM is offered in various clinics, including inpatient, outpatient, or both. Key examples encompass Arlesheim³², Scuol³³, Zollikerberg³⁴, Fribourg³⁵, and St. Gallen³⁶. For the field of oncology, in spring 2024, the Swiss Network of Integrative Oncology was founded (SNIO: www.integrative-oncology.ch) including centres now offering AM treatments.

3.2 Alternative technologies

MNA treatments in AM are part of an integrative, holistic, and individualised treatment. Hence, alternative interventions in the case of MNA treatments may vary as they depend on the diseases and symptoms treated and potentially the stage or severity of the diseases.

4. Population, Intervention, Comparator, Outcome (PICO)

The PICO for this HTA is defined in Table 1.

Table 1: PICO framework

P:	Patients eligible for inpatient MNA treatments
I:	MNA treatments, specifically combinations of at least two distinct AM therapies of eurythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care
C:	Standard of care, no treatment, placebo
O:	<p>Efficacy and effectiveness</p> <ul style="list-style-type: none"> • Any patient-relevant outcomes regarding mortality, morbidity, and health-related quality of life (HRQoL) <p>Safety</p> <ul style="list-style-type: none"> • Adverse events • Serious adverse events <p>Economic outcomes</p> <ul style="list-style-type: none"> • Medical cost • Cost-effectiveness/cost-utility; incremental cost-effectiveness/cost-utility • Budget impact

MNA: multimodal non-pharmacological anthroposophic; AM: anthroposophic medicine.

The population of interest is patients eligible for inpatient MNA treatments, as implied by the relevant CHOP code 99.BC.1 (with subcodes 99.BC.11-14).

As patient-relevant, we deem any clinical outcome assessments (COAs) that capture outcomes important to patients, such as mortality, morbidity, how they function and how they perceive their health.

Relevant interventions of ABT, AAT, and ANC are listed in Appendix 9.1. Body therapies, art therapies, and nursing care that are not explicitly identifiable as AM in the study will not be evaluated.

Patients can receive co-interventions for their health condition as long as these co-interventions are identical in the treatment and the control arm.

5. HTA research questions

For the assessment of MNA treatments, the following research questions covering the central HTA domains, as designated by the EUnetHTA Core Model³⁷ are addressed:

1. Are MNA treatments (as defined in Subchapter 3.1) effective/efficacious compared to the standard of care, no treatment, or placebo?
2. Are MNA treatments safe compared to the standard of care, no treatment, or placebo?
3. Are MNA treatments cost-effective compared the standard of care, no treatment, or placebo?
4. What is the budget impact of MNA treatments?
5. Are there ethical, legal, social, or organisational (ELSO) issues related to MNA treatments?

Given the number and heterogeneity of health conditions and symptoms under consideration for this HTA, these questions, or at least those regarding clinical effectiveness, safety, cost-effectiveness, and budget impact, will need to be answered separately by health condition/symptom, if possible.

6. Methodology

The overall methodology for this HTA will include a systematic literature review informing the clinical evaluation (Subchapter 6.1), a systematic literature review, health economic and budget impact analysis informing the economic evaluation (Subchapter 6.2), and a systematic literature review for the ethical, legal, social, and organisational (ELSO) aspects (Subchapter 6.3).

The economic evaluation will comprise a cost-effectiveness/cost-utility assessment of MNA treatments against comparators mentioned in the PICO (Table 1). Initial scoping suggests that a de novo evaluation may be required. Only a few economic assessments of AM were found, and no study considered MNA treatments. Subchapter 6.2.3 outlines the basic approach planned for this part of the HTA. The need for de novo modelling will be re-evaluated following the systematic literature searches and determined during the preparation of an **Economic Analysis Plan**. This plan will provide a detailed and comprehensive description of the pre-planned economic analyses for this HTA, including the data sources, health economic modelling approach, and analysis.

6.1 Clinical evaluation

The systematic literature review will be conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)³⁸ guideline and the Cochrane Handbook for Systematic Reviews of Interventions (Version 6.5)³⁹ to ensure transparency, rigor, and reproducibility in the review process. The following sections outline the databases, search strategy, data extraction, analysis, and synthesis, including the planned approaches for quality assurance.

6.1.1 Databases and search strategy

6.1.1.1 Information sources

Searches will be conducted in Embase (via Elsevier), Medline (via Ovid), the International Network of Agencies for Health Technology Assessment (INAHTA) database, and the Cochrane Central Register of Controlled Trials (CENTRAL). Searches will also be conducted in clinicaltrials.gov, WHO trials, the German Clinical Trials Register, EU Clinical Trials Register, Google Scholar, and the following specialized databases: Anthromedics, CAMbase, and CAM-Quest.

6.1.1.2 Search strategy

A preliminary search strategy for Embase and Medline will be developed by a medical librarian based on the PICO concepts outlined in Chapter 4. Search strings including controlled vocabulary and free-text terms will consist of two parts, one covering the included AM therapies; the second composed of validated filters to capture study designs of interest. Search limits for human studies and certain publication types will be applied. Details of the preliminary search strategy are provided in Appendix 9.2. The search strategy will be tested to ensure that relevant articles are retrieved. Based on the search strategy for Embase and Medline, search strategies for the other databases will be developed by

translating search terms. To retrieve additional relevant articles, a forward and backward search (via Scopus) will be applied to all included articles. Reference lists of systematic reviews identified during the title and abstract screening will also be screened. Moreover, we will contact experts in the field to identify any missed studies as well as relevant ongoing or unpublished research.

Grey literature search (i.e., dissertations, theses, reports) will be conducted on Google and repositories and organisations' websites specialised in AM and CAM (see Appendix 0).

6.1.1.3 Data management

Electronic records of the articles retrieved by the search strategy will be extracted into an EndNote Library. Records will be deduplicated using EndNote and following the Bramer method.⁴⁰ The number of duplicates will be recorded in the PRISMA flow diagram.

6.1.1.4 Selection process

After deduplication, records will be uploaded into Covidence systematic review software (Veritas Health Innovation Ltd., Melbourne, Australia) to proceed with the study selection. Studies will be selected according to pre-specified inclusion and exclusion criteria (Table 2). Concerning the research design, preference will be given to randomised controlled trials (RCTs) for MNA treatments. RCTs for unimodal non-pharmacological AM therapies (as defined in Appendix 9.1) will also be considered. Comparative non-randomised studies will be sought in case there are fewer than two RCTs for non-pharmacological AM therapies (as defined in Appendix 9.1), following the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach.⁴¹

To provide transparency in the selection process, a PRISMA flowchart illustrating the results of the literature search, the study selection phases, and the number of included studies, along with a table listing the primary reasons for excluding each article at the full-text review stage, will be included in the HTA report. Identified systematic reviews will be excluded after reference screening and recorded in the PRISMA flow diagram. Studies will be screened in two phases and by two independent researchers. Initially, the titles and abstracts of the articles will be screened to assess their relevance. Potentially relevant articles will be selected for the second phase of full-text screening, while those deemed irrelevant will be excluded without documenting the reasons for exclusion. Next, the full-text articles will be screened based on pre-specified eligibility criteria. Articles meeting the inclusion criteria will be included in the systematic review, and those that do not meet the criteria will be excluded, with the primary reasons for exclusion recorded in the PRISMA flow diagram. Any discrepancies in the screening process will be resolved after discussion and consultation with a third reviewer. To increase consistency between reviewers, a pilot test of the pre-specified eligibility criteria will be conducted on a sample of eight articles, including ones that are thought to be definitely eligible, definitely not eligible, and doubtful (selected by a third reviewer).

Table 2: Inclusion and exclusion criteria for clinical evaluation studies

	Inclusion criteria	Exclusion criteria
Publication year	All	
Publication status	Published full text available	
Language of publication	English, French, German, Italian	All other languages
Country of study	All	
Study design / Publication type^a	<ul style="list-style-type: none"> - RCTs - Comparative non-randomised studies with adjustment for confounding, if fewer than two RCTs for non-pharmacological AM therapies are available 	<ul style="list-style-type: none"> - Systematic reviews - Narrative reviews - Non-comparative studies - Simulation studies - Case series - Case reports - Other publication types (comments, expert opinions, editorials, conference presentations, newspaper articles)
Population	<ul style="list-style-type: none"> - Patients eligible for inpatient MNA treatments - Patients treated in outpatient settings / ambulatory care if they have a condition eligible for inpatient MNA treatment 	
Intervention^b	<ul style="list-style-type: none"> - MNA treatments, specifically combinations of at least two distinct AM therapies of eurhythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care - Unimodal non-pharmacological AM treatments, specifically single AM therapies of eurhythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care 	<ul style="list-style-type: none"> - Anthroposophic preventive medicine - Anthroposophic psychotherapy - Any other AM treatments - Other forms of complementary medicine, e.g. (traditional Chinese medicine) - Interventions of conventional medicine
Comparator^c	<ul style="list-style-type: none"> - Standard of care - No treatment - Placebo 	<ul style="list-style-type: none"> - Other comparators - No comparator
Outcome^d	<ul style="list-style-type: none"> - Any patient-relevant outcomes regarding mortality, morbidity, and health-related quality of life (HRQoL) - Adverse events - Serious adverse events 	

^a Comparative non-randomised studies with adjustment for confounding refer to clinical trial study designs that are non-RCTs but include a control group and there is some form of adjustment for confounding influences.

^b Evidence from studies comparing multimodal or unimodal non-pharmacological AM therapies (see Appendix 9.1) with the standard of care, no treatment, or placebo will be included.

^c Patients can receive co-interventions for their health condition as long as these co-interventions are identical in the treatment and the control arm.

^d Patient-relevant outcomes will be informed by studies and guidelines published in the database of the COMET initiative (<https://www.comet-initiative.org/>) and expert input.

RCT: randomised controlled trial; MNA: multimodal non-pharmacological anthroposophic; AM: anthroposophic medicine.

6.1.2 Data extraction, analysis, and synthesis

6.1.2.1 Data extraction process

Two researchers will independently extract relevant data from all included studies using a pre-developed, customised data extraction form. Upon completion, they will compare their results, resolve any discrepancies through discussion with a third reviewer, and compile a final dataset. If any relevant data are missing, the corresponding authors of included studies will be contacted.

Data items to be collected are:

- Bibliographic information: first author's name, affiliation, publication year, publication type, access information (URL or doi).
- Study characteristics: study identifier, study design, country, setting (inpatient or outpatient), study period, length of follow-up, inclusion/exclusion criteria, controlled confounders if applicable, total number of participants enrolled vs. completed per group (intervention vs. control), drop-out rates per group (intervention vs. control), reasons for drop-outs (e.g., adverse events, loss to follow-up, withdrawal), missing data per group (intervention vs. control), conflict of interest reported by the authors, source of funding.
- Population characteristics: age, sex, health condition and/or symptoms, other baseline characteristics (e.g., disease stage, risk factors), description of control group(s).
- Intervention characteristics: name of intervention, specific technique, combination (unimodal or multimodal), provider qualifications, mode of delivery (individual vs. group therapy), periodicity, frequency, total intervention period, adherence.
- Comparator characteristics: control group type (standard of care, placebo, no treatment), co-interventions (type of co-intervention, mode of delivery).
- Efficacy/effectiveness and safety outcomes as defined in the PICO framework
- Additional comments (study limitations or issues that will need to be considered and that are not identifiable from other extracted data)

Details of ongoing RCTs found in clinical trials registries will be extracted and summarised in a separate form including study identifier and characteristics, status (e.g., recruiting, not yet recruiting), study period, enrolment (estimated, actual), population, intervention, and comparator characteristics.

6.1.2.2 Risk of bias assessment

The included studies will be critically appraised by two independent researchers using tools appropriate to the study design. The quality of RCTs will be assessed using the revised Cochrane Risk of Bias tool for randomised trials (RoB 2)⁴². RoB 2 focuses on evaluating bias in specific outcomes rather than assessing bias across the entire trial. The following domains will be addressed: bias arising from the randomisation process, bias due to deviations from intended interventions, bias due to missing outcome data, bias in the measurement of the outcome, and bias in the selection of the reported result. These domains will be judged with 'low risk of bias', 'some concerns', or 'high risk of bias'. The overall risk of bias of a study will be judged by mapping the domain-specific risk-

of-bias judgements.⁴² If applicable, the risk of bias of included non-randomised studies will be assessed using the "Risk of Bias in Non-randomised Studies - of Interventions" (ROBINS-I) tool.⁴³

6.1.2.3 Data synthesis

The extracted data from the included studies will be summarised in various tables, including study characteristics tables, risk of bias tables, and a GRADE summary of findings table, sorted by interventions, health conditions, and symptoms when appropriate.

Continuous data will be standardised before conducting the data analysis, if appropriate. Where possible, forest plots will be created to represent the results visually. Variability among studies will be judged based on clinical and methodological diversity as well as statistical heterogeneity. Given the expected heterogeneity in the reported data due to the number of health conditions, symptoms, and populations for which MNA treatments are applied, options for merging or stratifying clinically relevant data will be explored. The methodology for data merging or stratification will be detailed in the HTA report. When possible, pooled estimates and 95% confidence intervals will be calculated through meta-analysis for outcomes reported in at least two studies. Separate pooled estimates will be calculated for RCTs and non-randomised studies, if applicable. A random-effects model will be used for the analysis considering the expected heterogeneity, which will be assessed through forest plots and prediction intervals. Between-study variance will be estimated using restricted maximum likelihood methods, confidence intervals using the Hartung-Knapp-Sidik-Jonkman (HKSJ) method.⁴⁴ If there are fewer than five studies available for the meta-analysis, other estimation approaches may be used. For outcomes reported in at least ten studies, small-study effects will be assessed using tests for funnel plot asymmetry. Results of the clinical trial registries search will be used to provide a narrative description of possible publication bias. All statistical analyses will be carried out using R.

Outcomes for which pooled estimates cannot be calculated will be synthesised narratively and presented in summary tables providing a range of relative effects, direction of effects, and effects consistency across studies. Sensitivity and subgroup analyses might be conducted depending on the evidence encountered and will be properly reported in the HTA report.

6.1.2.4 Certainty of the evidence assessment

The overall certainty of evidence at the outcome level will be evaluated using the GRADE approach.⁴⁵ The certainty of evidence reflects the degree of confidence in the estimated effect of an intervention being close to its true effect. GRADE assessment involves five domains: (1) risk of bias (study limitations), (2) inconsistency (heterogeneity or variability in treatment effect estimates across studies), (3) indirectness of evidence (differences between the PICO of this HTA and the PICO of the primary studies), (4) imprecision (random error in effect estimates), and (5) the risk of publication bias. For evidence from non-randomised studies, assessments may be upgraded in case of large effects, presence of a dose-response gradient, and clear direction of all plausible confounding and biases. If a meta-analysis is possible, inconsistency will be evaluated based on statistical heterogeneity, with different measures such as I^2 or τ^2 (tau square).⁴⁶ The GRADE approach will specify four levels of certainty for the body of evidence for a given outcome: high, moderate, low, very low.⁴⁵

A GRADE summary of findings table will be produced to summarise the certainty of the evidence, alongside key information on the relative and absolute effects of the intervention, as well as the quantity of available evidence. The GRADEpro GDT software (Evidence Prime Inc., Canada) will be used to generate the summary of findings table, and two researchers will independently assess the certainty of the body of evidence and reach consensus on any downgrading decisions. If there is disagreement between the two researchers regarding the assessment or in case of any uncertainties, a third reviewer will be involved to discuss the assessment and reach consensus.

6.2 Economic evaluation

6.2.1 Databases and search strategy

6.2.1.1 Information sources

The systematic literature review for the economic outcomes will follow the same principles as the systematic search for the clinical outcomes outlined in Subchapter 6.1.1. The search will be performed in Embase (via Elsevier), Medline (via Ovid), and in the INAHTA database. In addition, the following economic databases will be searched: the Tufts Medical Centre Cost-Effectiveness Analysis (CEA) Registry, the National Health Service Economic Evaluation Database (NHS EED), and EconLit (via Ovid).

6.2.1.2 Search strategy

A preliminary search strategy for Embase will be developed by combining the strategy developed for the clinical outcomes with specific economic search terms and validated filters⁴⁸. No search limits will be applied. The details of the search strategy are presented in Appendix 9.4. Forward and backward search (via Scopus) of all included articles, screening of references lists of systematic reviews, and experts contacting will be conducted. A search for similar reports will be conducted on the repositories of different organisations specialised in HTAs (Appendix 0).

6.2.1.3 Data management

Electronic records of retrieved literature will be extracted into EndNote and deduplicated following the Bramer method. The number of duplicates will be recorded in a separate PRISMA flow diagram.

6.2.1.4 Selection process

Unlike the inclusion/exclusion criteria used in the clinical assessment, the economic assessment will prioritise economic evaluation study types and focus on economic outcomes (Table 3). Screening of the literature will be conducted by two independent reviewers. Results will be visually represented using a PRISMA flow diagram, along with a table listing the primary reasons for excluding articles at the full-text review stage. Any discrepancies in the selection process (title – abstract; full-text) will be resolved after discussion with a third reviewer. To increase consistency between reviewers, a pilot test of the selection criteria will be conducted with a sample of eight articles, including ones that are thought to be definitely eligible, definitely not eligible, and doubtful (selected by a third reviewer).

Table 3: Inclusion and exclusion criteria for economic evaluation studies

	Inclusion criteria	Exclusion criteria
Publication year	All	
Publication status	Published full text available	
Language of publication	English, French, German, Italian	All other languages
Country of study	All	
Study design / Publication type	<ul style="list-style-type: none"> - Cost-utility analyses - Cost-effectiveness analyses - Cost-minimisation analyses - Cost-consequence analyses - Cost-benefit analyses - Budget impact analyses - Cost analyses 	
Population	<ul style="list-style-type: none"> - Patients eligible for inpatient MNA treatments - Patients treated in outpatient settings / ambulatory care if they have a condition eligible for inpatient MNA treatment 	
Intervention^a	<ul style="list-style-type: none"> - MNA treatments, specifically combinations of at least two distinct AM therapies of eurythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care - Unimodal non-pharmacological AM treatments, specifically single AM therapies of eurythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care 	<ul style="list-style-type: none"> - Anthroposophic preventive medicine - Anthroposophic psychotherapy - Any other AM treatments - Other forms of complementary medicine, e.g. (traditional Chinese medicine) - Interventions of conventional medicine
Comparator^b	<ul style="list-style-type: none"> - Standard of care - No treatment - Placebo 	<ul style="list-style-type: none"> - Other comparators - No comparator
Outcome	<ul style="list-style-type: none"> - Medical cost - Cost-effectiveness/cost-utility; incremental cost-effectiveness/cost-utility - Budget impact 	

^a Evidence on costs from studies using multimodal or unimodal non-pharmacological AM therapies (see Appendix 9.1) will be included in the economic evaluation.

^b Patients can receive co-interventions for their health condition as long as these co-interventions are identical in the treatment and the control arm.

MNA: multimodal non-pharmacological anthroposophic; AM: anthroposophic medicine.

6.2.2 Data extraction, analysis, and synthesis

6.2.2.1 Data collection process

Similar to the clinical outcomes, relevant data from the included studies will be independently extracted by two researchers into a pre-developed, standardised data-extraction form, which will be pilot-tested with selected studies retrieved after full-text screening. In case of discrepancies, a third reviewer will be consulted, and authors will be contacted in case of relevant data missing.

Data items to be collected are:

- Bibliographic information: first author's name, affiliation, publication year, publication type, access information (URL or doi).
- Study characteristics: study identifier, study design, country, setting (inpatient or outpatient), study period, length of follow-up, inclusion/exclusion criteria, controlled confounders if applicable, total number of participants enrolled vs. completed per group (intervention vs. control), drop-out rates per group (intervention vs. control), reasons for drop-outs (e.g., adverse events, loss to follow-up, withdrawal), missing data per group (intervention vs. control), conflict of interest reported by the authors, source of funding.
- Population characteristics: age, sex, health condition and/or specific symptoms, other baseline characteristics (e.g., disease stage, risk factors), description of control group(s).
- Intervention characteristics: name of intervention, specific technique, combination (unimodal or multimodal), provider qualifications, mode of delivery (individual vs. group therapy, in-person vs. remote), periodicity, frequency, total intervention period, adherence.
- Comparator characteristics: control group type (e.g., standard care, placebo, no treatment), co-interventions (type of co-intervention, mode of delivery).
- Economic outcomes as defined in the PICO framework.
- Type of economic evaluation (cost-effectiveness, cost-utility, cost-benefit, ...)
- Type of health economic model used (decision tree, Markov model, ...)
- Perspective of cost assessment (payer, society, ...)
- Cost types (human resources, medical equipment, ...) and currency/adjustments
- Time horizon of evaluation and discount rate
- Model input parameters and assumptions/sources/quality assessment
- Type of assessment of uncertainty
- Incremental cost-effectiveness ratio (ICER), or equivalent
- Additional comments (study limitations or issues that will need to be considered and that are not identifiable from other extracted data)

6.2.2.2 Study quality assessment

The studies identified through the systematic literature search for cost-effectiveness will undergo critical appraisal by two independent reviewers using the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist⁴⁷, as recommended by current guidelines. The CHEERS checklist consists of 24 items and includes all relevant dimensions related to health economic evaluations, providing valuable insight regarding reporting quality and overall quality of a study. Moreover, we will critically assess the main input variables and sources for the clinical outcomes and compare them with the results of the clinical evaluation step of this HTA (Subchapter 6.1), whenever possible. Any disagreements between the two reviewers will be resolved through discussion to reach consensus; if consensus cannot be reached, a third reviewer will be consulted.

6.2.2.3 Data synthesis

Data synthesis will involve descriptive comparisons of the study questions, methods, and results. Summary tables sorted by health condition and symptoms treated will be included to present key information as outlined in Subchapter 6.2.2.1. ICERs will be provided, and the estimates' reliability (internal validity) and relevance (generalisability) will be evaluated using the appraisal tool described in Subchapter 6.2.2.2. The analytical methods used in the studies will be compared, and their robustness will be discussed, drawing conclusions on applicability to the Swiss setting.

6.2.3 Health economic modelling

Should available evidence be insufficient to address the HTA research question #3 (Chapter 5) within the Swiss healthcare context, de novo modelling will be considered. Initial scoping suggests that a de novo evaluation may be required. Only a few economic assessments of AM were found, and no study considered MNA treatments. The need for de novo modelling will be re-evaluated following the systematic literature review described in Subchapters 6.2.1 and 6.2.2. A high-level overview of the planned health economic evaluation is provided in Table 4, with individual components subsequently discussed. The approach has been guided by the PICO framework (Chapter 4).

Table 4: Summary of the planned economic evaluation

Population	Patients eligible for inpatient MNA treatments Patients treated in outpatient settings / ambulatory care if they have a condition eligible for inpatient MNA treatment
Intervention	MNA treatments, specifically combinations of at least two distinct AM therapies of eurhythmy therapy, anthroposophic body therapies, anthroposophic art therapies, and interventions of anthroposophic nursing care.
Comparator	Standard of care, no treatment, placebo
Perspective on costs	Swiss healthcare payer
Perspective on outcomes	Patient receiving MNA treatment
Type of analysis	Cost-utility analysis (cost-effectiveness/cost-consequence analysis if utility valuations are inappropriate or infeasible)
Time horizon	Sufficient to capture all important differences in costs and outcomes between intervention and comparator
Source of effectiveness inputs	Systematic literature review as detailed in Subchapter 6.1
Measuring and valuing health	QALYs (or alternative outcome measures that capture overall health of the patient from the patient's perspective if utility valuations are inappropriate or infeasible)
Source of resource use and costs	Systematic literature review as detailed in Subchapters 6.2.1/6.2.2, additional sources such as guidelines and Swiss-specific sources like the Spezialitätenliste, Analyseliste, SwissDRG, TARMED
Discount rate	Annual rate of 3% (0% and 5% in sensitivity analysis)
Sensitivity analysis	Parameter uncertainty will be addressed using deterministic one-way and probabilistic sensitivity analysis Model uncertainty will be addressed using scenario analysis

MNA: multimodal non-pharmacological anthroposophic; AM: anthroposophic medicine; QALY: quality-adjusted life year.

6.2.3.1 Model conceptualisation

The cost-effectiveness of inpatient MNA treatments for patients eligible for such treatments against placebo, no treatment, or standard of care will be assessed in the Swiss healthcare context, with the preferred approach a cost-utility analysis (CUA) and effectiveness expressed using quality-adjusted life-years (QALYs). If insufficient evidence is available on utility valuations of relevant patient health outcomes, a cost-effectiveness analysis (CEA) or a cost-consequence analysis (CCA) will be considered. Approaches taken by previous economic evaluations of AM, along with Swiss clinical management pathways for patients undergoing MNA treatments, will guide the model conceptualisation. Clinical expert advice may be sought to inform this model development process.

A conceptual model reflecting disease process and relevant health states and events will be constructed. This conceptual model will be reviewed within the context of available input data and modified as necessary to produce the final model. All structural assumptions will be documented and justified. Since MNA treatments can be applied to different health conditions and symptoms, separate model structures by health conditions/symptoms will be considered. The chosen type(s) (decision tree, Markov state-transition model, etc.), modelling technique(s) (cohort or patient-level simulation), and final structure(s) will be presented in the **Economic Analysis Plan**.

Where supported by the available evidence, subgroup analyses defined by patient criteria will be presented. The analysis will be conducted from a Swiss healthcare payer perspective, as this is

the relevant perspective for the decision-maker. The time horizon will be chosen sufficiently long to capture the differences in costs and effects of MNA treatments against the comparators. Since most health conditions treated with MNA therapies are chronic or long-term, a lifetime horizon is likely the most appropriate. At the same time, outcomes reported in studies may be insufficient to assess a lifetime perspective fully. The choice of time horizon will be finalised in the model development phase and specified in the **Economic Analysis Plan**.

6.2.3.2 Parameter estimation

Results of the clinical evaluation (Subchapter 6.1) will inform the clinical input parameters in the modelling. Missing or incomplete data may be supplemented by expert opinion, with sources and methods of data collection described in the **Economic Analysis Plan**. Should data gaps for specific health conditions treated with MNA therapies be significant (e.g., missing data on relevant outcomes, missing data on relevant health states, or missing information on treatment effects), no economic analysis for this health condition will be conducted, and related data gaps will be documented.

The feasibility of a CUA depends on the availability of reliable HRQoL data. Health state utilities may be informed by data captured in the clinical evaluation (Subchapter 6.1) or sourced from other peer-reviewed literature related to the health conditions relevant to MNA treatments as identified in the clinical evaluation. If HRQoL outcomes data are available from the clinical evaluation, these will be assessed for relevance to the economic evaluation. Where HRQoL is expressed using a non-preference-based instrument, the availability of a mapping algorithm to transform the data into utilities will be considered, noting the additional uncertainty this could introduce.

Costs (resource use and unit costs) will be estimated using peer-reviewed literature (Subchapters 6.2.1 and 6.2.2), clinical care guidelines, SwissDRG, TARMED, and specific pricing lists, if applicable. Relevant data will also be extracted from administrative data from the Swiss Federal Statistical Office (Medical Statistics of the Hospitals, case-related cost data). Resource use will be identified, measured, and valued in 2024 Swiss francs (CHF) as part of the HTA.

6.2.3.3 Addressing uncertainty

Parameter uncertainty will be addressed using deterministic one-way sensitivity analysis (SA) and probabilistic sensitivity analysis (PSA). The one-way deterministic (SA) will allow identification of the key parameters in the model driving the cost-effectiveness calculations. The results will be tabulated and presented visually using tornado diagrams. PSA will be used to capture the joint uncertainty across model parameters, giving decision-makers information on the overall certainty of the economic outcomes. Results of the PSA will be presented as plots and 95% confidence ellipses on the cost-effectiveness plane, and cost-effectiveness acceptability curves (CEAC) to represent the probability of cost-effectiveness for different willingness-to-pay (WTP) thresholds.

Scenario analyses will be undertaken to explore how changes in critical assumptions on the model structure affect the cost-effectiveness calculations.

6.2.3.4 Model transparency, validation, and reporting standards

The model structure, parameter values, and assumptions will be documented in the HTA report. Validation methods used to assess the model's accuracy in predicting the clinical course of the target population will also be documented. These methods may include assessments of face validity (the extent to which the model reflects current knowledge), internal validity (the extent to which the model behaves as intended), cross validity (comparison with other related existing models), and external validity (the extent to which model results can be generalised).

Reporting of the health economic modelling will follow the CHEERS checklist.

6.2.4 Budget impact analysis

The annual number of patients receiving MNA treatments will be estimated using data from the Federal Statistical Office's Medical Statistics of the Hospitals. This estimate will be extrapolated over 5 years to project the expected utilisation of MNA treatments from 2026 to 2030 under current policy conditions. The annual cost (CHF) of MNA treatments will then be calculated using annual per-patient costs estimated as part of the economic analysis (Subchapter 6.2.3).

A healthcare payer perspective will be adopted for the analysis. All major assumptions will be tabulated, as will all input parameters and their data sources. Scenario analyses will be used to explore the impact of certain assumptions on the results, while deterministic one-way sensitivity analysis will be undertaken to identify key drivers of the budget impact analysis.

6.3 Ethical, legal, social, and organisational aspects

For the evaluation of ELSO aspects, pertinent issues will be drawn from the studies included in the clinical and economic evaluation. In addition, a systematic literature search will be conducted in Embase, Medline, and Google Scholar using the main search terms related to the intervention, combined with ELSO-specific search terms to capture relevant ELSO outcomes (see Appendix 9.6). Inclusion/exclusion criteria related to the population, the intervention, and language will be those of the clinical and economic evaluation (see Table 2 and Table 3). No study design restrictions will be imposed as discussions of ELSO aspects are expected to be presented in a variety of study designs and settings. Grey literature search (i.e., dissertations, theses, reports) will be conducted on Google and repositories and organisations' websites specialised in AM and CAM (see Appendix 0). Comments, expert opinions, editorials, conference presentations, and newspaper articles will be excluded. The search will be limited to literature published after 2000. Two researchers will screen and review the literature to identify studies relevant to the ELSO domains. The quality of evidence for ELSO outcomes will not undergo formal assessment. Instead, the key ELSO aspects will be summarised descriptively in the HTA report.

The ethical, legal, and social issues (ELSI) checklist developed by EUnetHTA will serve as the foundation for assessing these ethical, legal, and social factors.⁴⁹

7. Summary and Outlook

Summary

Within the context of the FOPH's HTA Program, the evidence on inpatient MNA procedures is to be re-evaluated by means of an HTA report. The present HTA protocol describes the background and methodology applied to assess the available evidence pertaining to MNA treatments for patients with any condition eligible for such treatments in an inpatient setting.

Several methodological and conceptual challenges are anticipated that may influence the comprehensiveness and interpretability of the findings:

- First, while the focus of this HTA is on MNA treatments—defined as coordinated use of at least two non-pharmacological AM therapies in a single treatment plan—it is likely that only a limited number of studies exist that evaluate AM in this comprehensive, multimodal form. Consequently, we aim to include evidence from unimodal or single-modality non-pharmacological AM therapies. Such an approach will allow the assessment of the clinical and economic contribution of individual components and may provide indirect insights into multimodal efficacy and effectiveness, though this will inherently limit the ability to draw conclusions about interactions or synergies between therapies.
- Second, there appears to be a scarcity of studies conducted specifically in inpatient settings, where multimodal AM therapies reimbursed by the mandatory health insurance are usually provided in Switzerland. As a result, it may be necessary to include studies conducted in outpatient settings provided that those patients have a health condition eligible for inpatient MNA treatment. However, caution will be required when interpreting the applicability of such findings, as the therapeutic intensity, organisational structures, and patient populations in outpatient settings may differ substantially from those in inpatient environments.
- A third limitation relates to the lack of clarity regarding the definitions and terminology used for AM therapies. The list of AM therapies is not uniformly presented in the literature or on the websites of the corresponding professional associations. Some therapies are described only in unofficial sources, making it difficult to compile a consistent and transparent catalogue of interventions that qualify as anthroposophic. This ambiguity may affect both the literature search strategy and the classification of interventions during data extraction.
- Fourth, for some therapy types, particularly art therapies and anthroposophic nursing care, it is often unclear whether the interventions studied are anthroposophic treatments or based on other complementary or integrative medicine approaches. Unless explicitly stated, it is difficult to ascertain whether the interventions follow anthroposophic principles, potentially leading to misclassification or exclusion of relevant studies. Special attention will be given to the terminology used in primary studies, and where needed, expert input may be considered.
- Fifth, contrary to conventional medicine, AM emphasises the importance of concepts like “soul” and “spirit” in its approach to healthcare. The implications of these differences will be considered in the HTA report in the ELSO-domains.

Outlook

The HTA protocol is followed by the production of an HTA report. The objective of the report is to generate a focused assessment of the HTA domains regarding the use of MNA therapies against placebo, no treatment, or standard of care. The applied methods, their execution, and the results will be described. The analytical process is comparative, systematic, and transparent. The external review group consulted during the protocol phase will be consulted again during the HTA phase. Subsequently, the HTA draft report is presented to the stakeholders for consultation. Communication with the reviewers and the stakeholders is coordinated by the FOPH.

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9. Appendices

9.1 List of included non-pharmacological anthroposophic therapies

The following list is based on the therapies listed in the Swiss curriculum for the physicians' specialisation in AM³, and further detailed based on information on therapies recognised as AM by the Medical Section of the Goetheanum and the respective working groups and associations; see https://vaoas.ch/wp-content/uploads/2023/02/fa_anthroposophie_d_20230629.pdf and <https://medicalsection.goetheanum.ch/ikam>

- **Eurythmy (EYT)**
- **Anthroposophic body therapies (ABT)**
 - Rhythmical massage therapy according to Dr. Ita Wegman
 - Simeon Pressel massage therapy
 - Bothmer therapy
 - Spacial Dynamics®
- **Anthroposophic art therapies (AAT)**
 - Painting and drawing therapy
 - Therapeutic sculpturing and modelling
 - Music and singing therapy
 - Anthroposophical therapeutic speech / artistic speech therapy
 - Metal coloured light therapy (could be listed in ABT/ANC)
- **Interventions of anthroposophic nursing care (ANC)**
 - Compresses (abdomen, arms, back, bladder, breastbone, calf, heart, lumbar/thoracic spine, liver, leg, lung, ear, sacrum, sinuses, shoulder-neck, solar-plexus, sternum, thorax, throat, joint, kidney, knee, wrist)
 - Baths used in an anthroposophic medicine context, sulphur baths
 - Anthroposophical hydrotherapy (may also be listed as ABT)
 - Footbaths (using ginger, lavender, lemon, mustard, quercus, cool using
 - Footbath, cool (using lavender relaxing bath milk)
 - Hand and foot rub (using Rosemary oil, salt)
 - Hand bath (using lemon)
 - Head steam bath
 - Metal foil mirror: ferrum or stannum
 - Oil-dispersion bath (may also be listed as ABT)
 - Ointment cloth: heart, dry-warm
 - Embrocation: pentagram, rhythmical according to Wegman/Hauschka
 - Sitz bath for children (using chamomile, sage, thyme)
 - Skin application (using Imlan, wound and burn gel)
 - Steam sitz bath (using chamomile)
 - Tinkling wash (using lemon or water)
 - Whole-body wash (using solum oil)
 - Wound care (using cabbage, calendula, honey)
 - Wound treatment (using white cabbage)
 - External Hyperthermia

9.2 Preliminary search strategy for clinical outcomes

9.2.1 Embase (via Elsevier)

#1	'anthroposophic medicine'/exp	
#2	(anthroposoph* OR (rudolf AND steiner) OR wegman OR hauschka OR weleda OR wala):ti,ab,kw	
#3	#1 OR #2	
#4	'eurythmy therapy'/exp	
#5	(eurythm* OR (rhythmic* NEXT/1 massag*) OR pressel* OR bothmer* OR 'spacial dynamics' OR (rhythmic* NEAR/3 (compress* OR patch)) OR ((ginger OR mustard OR yarrow OR junge OR lavender OR lemon OR chamomile OR rosemary OR sage OR quercus) NEAR/3 (compress* OR bath* OR footbath* OR wash* OR rub)) OR embrocation* OR 'oil dispersion bath' OR 'oil-dispersion bath' OR (mirror* NEAR/3 foil* NEAR/3 (metal OR iron OR ferrum OR stannum OR zinc))):ti,ab,kw	
#6	#4 OR #5	
#7	#3 OR #6	
#8	'integrative medicine'/exp OR 'alternative medicine'/mj OR 'holistic care'/mj	
#9	'movement therapy'/de OR 'art therapy'/exp OR 'painting'/mj OR 'drawing'/mj OR 'music therapy'/exp OR 'breathing exercise'/de OR 'color therapy'/mj OR 'massage'/mj OR 'therapeutic touch'/de OR 'thermotherapy'/de OR 'whole body hyperthermia'/de OR 'plant extract'/de OR 'compress'/exp OR 'transdermal patch'/mj OR 'bath'/de	
#10	(((art OR arts OR artist* OR painting* OR drawing* OR color OR colour) NEAR/3 (therap* OR treatment*)) OR ('colored light*' OR 'coloured light*') OR (sculpt* OR clay OR 'plastic model*') OR (music* OR vibroacoustic OR pentatonic OR singing OR sound-bed* OR 'sound bed*' OR 'active music*' OR 'receptive music*') OR ((breathing OR speech) NEAR/3 ('retraining techni*' OR exercis* OR therap*)) OR 'therapeutic speech' OR 'artistic speech therap*' OR speech-guided OR 'speech guided' OR ((compress* OR poultice* OR cataplasma* OR damp* OR cloth* OR bandage* OR patch OR patches OR wrap* OR pack OR packs OR liniment*) NEAR/3 (therap* OR external OR care)) OR ((herb* OR oil OR oils OR sulfur OR sulphur OR mineral* OR hyperthermic OR therap* OR hand OR foot OR 'head steam*' OR 'head-steam*' OR sitz) NEAR/3 bath*) OR ((hand OR foot) NEAR/3 rub) OR (tinkling NEAR/3 wash) OR (('whole body' OR whole-body OR 'total body' OR local OR regional OR external) NEAR/3 hypertherm*) OR (('passive fever' OR 'artificial fever' OR 'fever induction' OR 'warmth inducing' OR warmth-inducing OR thermal OR heat) NEAR/3 (therap* OR treatment*)) OR ('wound care' NEAR/3 (cabbage* OR calendula OR honey)) OR 'ointment cloth*' OR 'skin application' OR hydrotherap* OR footbath* OR balneotherap* OR thermotherap* OR ((therap* OR stream) NEXT/1 massag*) OR 'external application*'):ti,ab,kw	

#11	#9 OR #10	
#12	#8 AND #11	
#13	#7 OR #12	
#14	'systematic review'/de OR 'systematic review (topic)'/de OR (('comprehensive':ti,ab,kw OR 'mapping':ti,ab,kw OR 'methodology':ti,ab,kw OR 'scoping':ti,ab,kw OR 'systematic':ti,ab,kw) AND ('search':ti,ab,kw OR 'searched':ti,ab,kw OR 'searches':ti,ab,kw OR 'studies':ti,ab,kw) AND ('cinahl':ti,ab,kw OR 'cochrane':ti,ab,kw OR 'embase':ti,ab,kw OR 'psycinfo':ti,ab,kw OR 'pubmed':ti,ab,kw OR 'medline':ti,ab,kw OR 'scopus':ti,ab,kw OR 'web of science':ti,ab,kw OR 'bibliographic review':ti,ab,kw OR 'bibliographic reviews':ti,ab,kw OR 'literature review':ti,ab,kw OR 'literature reviews':ti,ab,kw OR 'literature search':ti,ab,kw OR 'literature searches':ti,ab,kw OR 'qualitative review':ti,ab,kw OR 'qualitative reviews':ti,ab,kw OR 'quantitative review':ti,ab,kw OR 'quantitative reviews':ti,ab,kw)) OR 'comprehensive review':ti,ab,kw OR 'comprehensive reviews':ti,ab,kw OR 'comprehensive search':ti,ab,kw OR 'comprehensive searches':ti,ab,kw OR 'critical review':ti,ab,kw OR 'critical reviews':ti,ab,kw OR (('electronic database':ti,ab,kw OR 'electronic databases':ti,ab,kw OR databases NEAR/3 searched) AND (eligibility:ti,ab,kw OR excluded:ti,ab,kw OR exclusion:ti,ab,kw OR included:ti,ab,kw OR inclusion:ti,ab,kw)) OR 'evidence assessment':ti,ab,kw OR 'evidence review':ti,ab,kw OR 'exploratory review':ti,ab,kw OR 'framework synthesis':ti,ab,kw OR 'mapping review':ti,ab,kw OR 'meta-review':ti,ab,kw OR 'meta-synthesis':ti,ab,kw OR 'methodology review':ti,ab,kw OR 'mixed methods review':ti,ab,kw OR 'mixed methods synthesis':ti,ab,kw OR (overview NEAR/4 reviews) OR 'PRISMA':ab OR ('preferred':ti,ab,kw and reporting:ti,ab,kw) OR 'prognostic review':ti,ab,kw OR 'psychometric review':ti,ab,kw OR 'rapid evidence assessment':ti,ab,kw OR 'rapid literature review':ti,ab,kw OR 'rapid literature search':ti,ab,kw OR 'rapid realist':ti,ab,kw OR 'rapid review':ti,ab,kw OR 'rapid reviews':ti,ab,kw OR 'realist review':ti,ab,kw OR 'review of reviews':ti,ab,kw OR 'scoping review':ti,ab,kw OR 'scoping reviews':ti,ab,kw OR 'scoping study':ti,ab,kw OR 'systematic evidence map':ti,ab,kw OR 'systematic evidence mapping':ti,ab,kw OR 'systematic literature':ti,ab,kw OR 'systematic Medline':ti,ab,kw OR 'systematic PubMed':ti,ab,kw OR 'systematic review':ti,ab,kw OR 'systematic reviews':ti,ab,kw OR 'systematic search':ti,ab,kw OR 'systematic searches':ti,ab,kw OR 'systematical literature review':ti,ab,kw OR 'systematical review':ti,ab,kw OR 'systematical reviews':ti,ab,kw OR 'systematically identified':ti,ab,kw OR 'systematically review':ti,ab,kw OR 'systematically reviewed':ti,ab,kw OR 'umbrella review':ti,ab,kw OR 'umbrella reviews':ti,ab,kw OR '13616137':is OR 'Cochrane Database of Systematic Reviews'/jt OR 'meta analysis'/de OR 'network meta-analysis'/de OR 'meta analysis (topic)'/de OR 'meta analyses':ti,ab,kw OR 'meta analysis':ti,ab,kw OR 'meta analytic':ti,ab,kw OR 'meta analytical':ti,ab,kw OR 'meta analytics':ti,ab,kw OR 'meta analyze':ti,ab,kw OR 'meta analyzed':ti,ab,kw OR 'meta regression':ti,ab,kw OR 'metaanalyses':ti,ab,kw OR 'metaanalysis':ti,ab,kw OR 'metaanalytic':ti,ab,kw OR 'metaanalyze':ti,ab,kw OR 'metaanalyzed':ti,ab,kw OR 'metaregression':ti,ab,kw OR 'network meta analyses':ti,ab,kw OR 'network meta analysis':ti,ab,kw OR 'indirect treatment comparison':ti,ab,kw OR (('indirect':ti,ab,kw OR 'indirectly':ti,ab,kw OR 'mixed':ti,ab,kw) AND ('treatment':ti,ab,kw OR 'treatments':ti,ab,kw OR 'intervention':ti,ab,kw OR 'interventions':ti,ab,kw OR 'therapeutic':ti,ab,kw OR 'therapeutics':ti,ab,kw) AND ('comparison':ti,ab,kw OR 'comparisons':ti,ab,kw) AND (('Bayesian':ti,ab,kw AND 'statistical':ti,ab,kw) OR 'Bayesian statistics':ti,ab,kw))	
#15	('Clinical Trial' OR 'Clinical Trial, Phase I' OR 'Clinical Trial, Phase II' OR 'Clinical Trial, Phase III' OR 'Clinical Trial, Phase IV' OR 'Clinical Trial Protocol'):it	
#16	'clinical study'/de	

#17	'clinical trial'/exp OR 'clinical trial (topic)'/exp OR 'clinical trial protocol'/de	
#18	'multicenter study'/de OR 'multicenter study (topic)'/de	
#19	'randomization'/de	
#20	'double blind procedure'/de	
#21	'single blind procedure'/de	
#22	'placebo'/de	
#23	'control group'/de OR 'controlled study'/de	
#24	'crossover procedure'/de	
#25	(random* OR sham OR placebo*):ti,ab,kw	
#26	((singl* OR doubl*) NEXT/1 (blind* OR dumm* OR mask*)):ti,ab,kw	
#27	((tripl* OR trebl*) NEXT/1 (blind* OR dumm* OR mask*)):ti,ab,kw	
#28	(control* NEAR/3 (study OR studies OR trial* OR group*)):ti,ab,kw	
#29	(clinical NEAR/3 (study OR studies OR trial*)):ti,ab,kw	
#30	(Nonrandom* OR 'non random*' OR non-random* OR quasi-random* OR quasirandom*):ti,ab,kw	
#31	(phase NEAR/6 (study OR studies OR trial*)):ti,ab,kw	
#32	((crossover OR cross-over) NEAR/3 (study OR studies OR trial*)):ti,ab,kw	
#33	((multicent* OR multi-cent*) NEAR/3 (study OR studies OR trial*)):ti,ab,kw	
#34	allocated:ti,ab	
#35	(('open label' OR open-label) NEAR/5 (study OR studies OR trial*)):ti,ab,kw	
#36	((equivalence OR superiority OR non-inferiority OR noninferiority) NEAR/3 (study OR studies OR trial*)):ti,ab,kw	
#37	('pragmatic study' OR 'pragmatic studies'):ti,ab,kw	
#38	((pragmatic OR practical) NEAR/3 trial*):ti,ab,kw	
#39	((quasiexperimental OR quasi-experimental) NEAR/3 (study OR studies OR trial*)):ti,ab,kw	
#40	trial:ti,kw	
#41	#15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40	
#42	'animal'/exp	
#43	'animal experiment'/exp	
#44	'animal model'/exp	
#45	'nonhuman'/de	
#46	'vertebrate'/exp	
#47	#42 OR #43 OR #44 OR #45 OR #46	
#48	'human'/exp	
#49	'human experiment'/exp	
#50	#48 OR #49	
#51	#47 NOT #50	
#52	#41 NOT #51	
#53	#14 OR #52	
#54	#13 AND #53	
#55	#54 NOT ([conference abstract]/lim OR [letter]/lim OR [note]/lim OR [editorial]/lim)	

9.2.2 Medline (via Ovid)

#1	exp Anthroposophy/	
#2	(anthroposoph* or (rudolf and steiner) or wegman or hauschka or weleda or wala).ti,ab,kf	
#3	1 or 2	
#4	(eurythm* or (rhythmic* adj massag*) or pressel* or bothmer* or spacial dynamics or (rhythmic* adj3 (compress* or patch)) or ((ginger or mustard or yarrow or junge or lavender or lemon or chamomile or rosemary or sage or quercus) adj3 (compress* or bath* or footbath* or wash* or rub)) or embrocation* or oil dispersion bath or oil-dispersion bath or (mirror* adj3 foil* adj3 (metal or iron or ferrum or stannum or zinc))).ti,ab,kf	
#5	3 or 4	
#6	exp Integrative Medicine/ or exp Integrative Oncology/ or *Complementary Therapies/ or *Holistic Health/	
#7	*Exercise Therapy/ or exp Exercise Movement Techniques/ or *Sensory Art Therapies/ or exp Art Therapy/ or *Paintings/ or exp Color Therapy/ or exp Sculpture/ or exp Music Therapy/ or exp Breathing Exercises/ or *Massage/ or exp Therapeutic Touch/ or *Hyperthermia, Induced/ or *Administration, Topical/ or *Administration, Cutaneous/ or *Plant Extracts/ or exp Transdermal Patch/ OR *Bandages/ or *Compression Bandages/ or *Balneology/ or exp Baths/	
#8	(((art or arts or artist* or painting* or drawing* or color or colour) adj3 (therap* or treatment*)) or (colored light* or coloured light*) or (sculpt* or clay or plastic model*) or (music* or vibroacoustic or pentatonic or singing or sound-bed* or sound bed* or active music* or receptive music*) or ((breathing or speech) adj3 (retraining techni* or exercis* or therap*)) or therapeutic speech or artistic speech therap* or speech-guided or speech guided or ((compress* or poultice* or cataplasm* or damp* or cloth* or bandag* or patch or patches or wrap* or pack OR packs or liniment*) adj3 (therap* or external or care)) or ((herb* or oil or oils or sulfur or sulphur or mineral* or hyperthermic or therap* or hand or foot or head steam* or head-steam* or sitz) adj3 bath*) or ((hand or foot) adj3 rub) or (tinkling adj3 wash) or ((whole body or whole-body or total body or local or regional or external) adj3 hypertherm*) or ((passive fever or artificial fever or fever induction or warmth inducing or warmth-inducing or thermal or heat) adj3 (therap* or treatment*)) or (wound care adj3 (cabbage* or calendula or honey)) or ointment cloth* or skin application or hydrotherap* or footbath* or balneo-therap* or thermotherap* or ((therap* or stream) adj massag*) or external application*).ti,ab,kf	
#9	7 or 8	
#10	6 and 9	
#11	5 or 10	
#12	("systematic review".pt. or "Systematic Reviews as Topic"/ or ("Cochrane Database of Systematic Reviews" or evidence report technology assessment or evidence report technology assessment summary).jn. or	

	<p>(((((comprehensive or comprehensively) adj (analysis or review or reviewed)) or ((literature or scoping) adj (search or searches))).ti,ab,kf,kw. not "narrative review".ti.) and (database or databases or cinahl or cochrane or embase or psycinfo or pubmed or medline or scopus or (web adj1 science) or ((bibliographic or literature) adj (review or reviews)) or (((electronic adj (database or databases)) or (databases adj3 searched)) and (eligibility or excluded or exclusion or included or inclusion)).ti,ab,kf,kw.) or (((comparative adj effectiveness) and (effectiveness adj review)) or ((critical adj interpretive) and ((interpretive adj review) or (interpretive adj synthesis))).ti,ab,kf,kw. or ((diagnostic adj test) and ((accuracy adj review) or (accuracy adj reviews) or (accuracy adj studies) or (accuracy adj study)) and (meta-analysis or scoping or systematic)).ti,ab,kf,kw. or ((evidence adj assessment) and GRADE).ti,ab,kf,kw. or ((evidence adj2 gap) and (gap adj map)).ti,ab,kf,kw. or ((evidence adj mapping) or (evidence adj review) or (exploratory adj review) or (framework adj synthesis) or (mapping adj review)).ti,ab,kf,kw. or ((meta adj (epidemiological or ethnographic or ethnography or interpretation or narrative or review or study or synthesis or summary or theory)) or metaethnographic or metaethnography or metasynthesis).ti,ab,kf,kw. or ((methodological or methodology) adj1 review).ti,ab,kf,kw. or ((mixed adj methods) and (methods adj1 (review or synthesis))).ti,ab,kf,kw. or ((narrative adj1 synthesis) or (overview adj4 reviews) or ("PRISMA" adj4 (guideline or guidelines or preferred or reporting or requirements)) or (PRISMA adj "P")).ti,ab,kf,kw. or (((prognostic or psychometric) adj1 review) or ((qualitative adj (evidence or research)) and ((evidence or research) adj synthesis)).ti,ab,kf,kw. or (((rapid adj evidence) and (evidence adj assessment)) or (rapid adj realist) or (rapid adj2 (review or reviews)) or (realist adj2 (review or reviews or syntheses or synthesis))).ti,ab,kf,kw. or (((review adj economic) and (economic adj1 (evaluation or evaluations))) or ((scoping or systematic) adj2 (review or reviews or studies or study))).ti,ab,kf,kw. or ((review adj1 reviews) or ((systematic adj evidence) and (evidence adj map)) or (systematic adj2 mapping) or (systematic adj2 literature) or (systematic adj2 (Embase or Medline or PsycInfo or PubMed)) or (systematic adj2 (review or reviews)) or ((systematical or systematically) adj2 (review or reviewed reviews)) or (systematically adj identified) or (systematized adj review) or (umbrella adj (review or reviews))).ti,ab,kf,kw. or "Meta-Analysis".pt. or "meta-analysis as topic"/ or (meta adj2 (analyse or analyze or analyses or analysis or analytic or analytical or analytics or analyze or analyzed or analyzes)).ti,ab,kf,kw. or (metaanalyse or Metaanalysen or metaanalyser or metaanalyses or metaanalysis* or metaanalytic or metaanalytical or metaanalytics or metaanalyze or metaanalyzed or metaanalyzes).ti,ab,kf,kw. or "network meta-analysis"/ or (network adj1 (meta or metaanalyses or metaanalysis or metaregression)).ti,ab,kf,kw. or (systematic and ((meta adj regression) or metagression)).ti,ab,kf,kw.)</p>	
#13	(Randomized Controlled Trial or Controlled Clinical Trial or Pragmatic Clinical Trial or Clinical Study or Adaptive Clinical Trial or Equivalence Trial).pt.	
#14	(Clinical Trial or Clinical Trial, Phase I or Clinical Trial, Phase II or Clinical Trial, Phase III or Clinical Trial, Phase IV or Clinical Trial Protocol).pt.	
#15	Multicenter Study.pt.	
#16	Clinical Studies as Topic/	
#17	exp Clinical Trial/ or exp Clinical Trials as Topic/ or Clinical Trial Protocol/ or Clinical Trial Protocols as Topic/ or exp "Clinical Trial (topic)"/	
#18	Multicenter Study/ or Multicenter Studies as Topic/ or "Multicenter Study (topic)"/	
#19	Randomization/	
#20	Random Allocation/	
#21	Double-Blind Method/	
#22	Double Blind Procedure/	
#23	Double-Blind Studies/	
#24	Single-Blind Method/	

#25	Single Blind Procedure/	
#26	Single-Blind Studies/	
#27	Placebos/	
#28	Placebo/	
#29	Control Groups/	
#30	Control Group/	
#31	Cross-Over Studies/ or Crossover Procedure/	
#32	(random* or sham or placebo*).ti,ab,hw,kf.	
#33	((singl* or doubl*) adj (blind* or dumm* or mask*)).ti,ab,hw,kf.	
#34	((tripl* or trebl*) adj (blind* or dumm* or mask*)).ti,ab,hw,kf.	
#35	(control* adj3 (study or studies or trial* or group*)).ti,ab,hw,kf.	
#36	(clinical adj3 (study or studies or trial*)).ti,ab,hw,kf.	
#37	(Nonrandom* or non random* or non-random* or quasi-random* or quasi-random*).ti,ab,hw,kf	
#38	(phase adj6 (study or studies or trial*)).ti,ab,hw,kf.	
#39	((crossover or cross-over) adj3 (study or studies or trial*)).ti,ab,hw,kf.	
#40	((multicent* or multi-cent*) adj3 (study or studies or trial*)).ti,ab,hw,kf.	
#41	allocated.ti,ab,hw.	
#42	((open label or open-label) adj5 (study or studies or trial*)).ti,ab,hw,kf.	
#43	((equivalence or superiority or non-inferiority or noninferiority) adj3 (study or studies or trial*)).ti,ab,hw,kf.	
#44	(pragmatic study or pragmatic studies).ti,ab,hw,kf.	
#45	((pragmatic or practical) adj3 trial*).ti,ab,hw,kf.	
#46	((quasiexperimental or quasi-experimental) adj3 (study or studies or trial*)).ti,ab,hw,kf.	
#47	trial.ti,kf.	
#48	or/13-47	
#49	exp animals/	
#50	exp animal experimentation/	
#51	exp models, animal/	
#52	exp animal experiment/	
#53	nonhuman/	
#54	exp vertebrate/	
#55	or/49-54	
#56	exp humans/	
#57	exp Human Experimentation/	
#58	56 or 57	
#59	55 not 58	
#60	48 not 59	
#61	12 or 60	
#62	11 and 61	
#63	62 not (letter or news or comment or editorial or congress).pt.	

9.3 List of entities related to anthroposophic medicine

Acronym and Name of Organisation/Institution	Country	Website
Academic Consortium for Integrative Medicine & Health	International	www.imconsortium.org
AAMA - Australian Anthroposophic Medicine Association	Australia	https://www.aamaanthro.com/
AASA - Association for Anthroposophic Speech Arts in North America	North America	https://creativespeech.org/
AATA - Association of Anthroposophic Therapeutic Arts	UK	AATA
ABMA – Associação brasileira de Medicina Antroposofica	Brasil	https://abmanacional.com.br/
AFEDMA - Association Française pour l'Enseignement et le Développement de la Médecine Anthroposophique	France	https://afedma.fr/
AHA - Anthroposophic Health Association	North America	https://anthrohealth.org/
AMA - Anthroposophic Medical Association	UK	AMA
AMAA - Asociación de Médicos Antroposóficos de Argentina	Argentina	https://amaa.com.ar/
AnthroMed	International	http://www.anthromed.de/
Anthromedics	International	https://www.anthromedics.org/
Anthroposophic Medicine UK	UK	https://www.anthroposophicmedicine.org.uk/
Anthrosana (schweizerische Patientenorganisation)	Switzerland	https://www.anthrosana.ch/deutsch/
APMA - Association de Patients de la Médecine Anthroposophique	France	https://www.apma.fr/
ARCIM - Academic Research in Complementary and Integrative Medicine	Germany	https://www.arcim-institute.de/en/

ARTESANA - Belgische vereniging voor antroposofisch georiënteerde therapeuten in de muziek- en beeldende therapie en euritmitherapie	Belgium	https://arte-sana.be/
Asociación Científica de Medicina Antroposófica	Spain	http://www.acdema.org/medicina.html
Association Belge des Médecins d'orientation Anthroposophique	Netherlands	https://www.antroposofisch-egeneeskunde.be/fr/bienvenue/
ATAA - Anthroposophic Therapeutic Arts Association	North America	https://anthro-therapeutic-arts.org/
ATHENA - Association for Therapeutic Eurythmy In North America	North America	http://therapeuticeurythmy.org/
ATKA - Anthroposophische Akademie für Kunst und Therapie	Switzerland	https://atka.ch/
BÄfAM - Berufsbegleitenden Ärzteseminar für Anthroposophische Medizin	Germany	https://www.baefam.de/
BVAKT – Berufsverband für Anthroposophische Kunsttherapie	Germany	https://www.anthroposophische-kunsttherapie.de/
Berufsverband Heileurythmie	Germany	http://www.berufsverband-heileurythmie.de/
Berufsverband Rhythmische Massage e.V.	Germany	https://www.rhythmischemasage.com/
Bothmer Movement International	International	https://bothmer-movement.eu/
Casa Andrea Cristoforo	Switzerland	https://casa-andrea-cristoforo.ch/
Casa Raphael	Italy	https://www.casaraaphael.com/en/home
Charite Berlin	Deutschland	https://www.charite.de/forschung
DAMiD e.V. - Dachverband Anthroposophische Medizin in Deutschland e.V.	Germany	https://www.damid.de/
EFPAM - European Federation of Patients' Associations for Anthroposophic Medicine	Europe	https://www.efpam.eu/
ESCAMP - European Scientific Cooperative on Anthroposophic Medicinal Products e.V.	Europe	https://www.escamp.org/

Eugen-Kolisko-Akademie - Ausbildung für Ärzte in Anthroposophischer Medizin	Germany	https://www.kolisko-akademie.de/
EUROCAM foundation	Europe	https://cam-europe.eu/
Eurythmy Association of Great Britain and Ireland	UK	https://www.eurythmyassociation.uk/
Eurythmy Therapy Association Ltd	UK	https://eurythmytherapy.uk/
Eurythmy Therapy International (International coordination, Eurythmy Therapy Medical Section/IKAM)	International	https://eurythmytherapy-medsection.net/en/
FAM - Förderstiftung Anthroposophische Medizin	Germany	https://fanthromed.de/
FIH Berlin	Germany	https://www.fih-berlin.de/evamed-publikationen.html
Filderklinik	Germany	https://www.filderklinik.de/
Förderverein Anthroposophische Medizin	Switzerland	https://www.foerderverein-anthromedizin.ch/
Freiburger spital (HFR)	Switzerland	HFR
Gemeinschaftskrankenhaus Havelhöhe	Germany	https://www.havelhoehe.de/
Gemeinschaftskrankenhaus Herdecke	Germany	https://www.gemeinschaftskrankenhaus.de/
GAAD – Gesellschaft Anthroposophischer Ärztinnen und Ärzte in Deutschland	Germany	https://www.gaed.de/
Gesellschaft für anthroposophische Medizin in Österreich	Austria	https://www.anthromed.at/
Gesundheitszentrum Unterengadin	Switzerland	https://cseb.ch/betriebe/ospidal/integrative-medizin/ https://cseb.ch/betriebe/clinica-curativa/integrative-pflege/
Heileurythmie-Ausbildung Dornach	Switzerland	https://heileurythmie-ausbildung.ch/
Heileurythmie Berufsverband Schweiz	Switzerland	http://www.heileurythmie.ch/
Hogeschool Leiden	Netherlands	Onderzoeksgroep Antroposofische Gezondheidszorg

IFEMA - Institut de Formation en médecine anthroposophique	France	IFEMA
IIM - Institute for Inspired Movement	Denmark	https://www.inspired-movement.eu/en/home/
Institut für Eurythmietherapie an der Alanus Hochschule für Kunst und Gesellschaft	Germany	Instituts für Eurythmietherapie
Institut für angewandte Erkenntnistheorie und medizinische Methodologie (IFAEMM)	Germany	https://www.ifaemm.de/publikationen/
IKIM - Institut für Komplementäre und Integrative Medizin, Universität Bern	Switzerland	IKIM
Institute of Anthroposophic Medicine	Greece	https://www.anthroposophicalmedicine.gr/en/
IAABT - International Association for Anthroposophic Body Therapies	international	https://www.iaabt-medsektion.net/en/
ICAAT – International Coordination of Anthroposophic Arts Therapies	International	https://www.icaat-medsektion.net/en/
IFAN - International Forum for Anthroposophic Nursing	international	https://anthonursing.care/en/
IFAT - International Federation of Anthroposophic Therapies	International	https://ifat-medsektion.net/en/
IKAM - Internationale Koordination Anthroposophische Medizin	International	https://medsektion.goethe-anum.ch/
IVAA - International Federation of Anthroposophic Medical Associations	International	https://www.ivaa.info/
Ita Wegman Institut für anthroposophische Grundlagenforschung	Switzerland	https://www.wegmaninstitut.ch/
Klinik Arlesheim	Switzerland	https://www.klinik-arlesheim.ch/
Klinik Lahnhöhe	Germany	https://www.lahnhoehede.de/
Klinik Öschelbronn	Germany	https://klinik-oeschelbronn.de/
Legislatur Schweiz	Switzerland	https://www.lexfind.ch/fe/de/search

Medizinische Sektion Goetheanum	International	https://medsektion.goetheanum.ch/anthroposophische-medizin#forschung
NAANA - North American Anthroposophic Nurses Association	North America	https://anthroposophicnursing.org/
Nederlandse Vereniging voor Eurythmie therapie	Netherlands	https://euritmietherapie.nl/
Niederländische Verband der anthroposophischen Ärzte	Netherlands	https://www.nvaa.nl/
OVAOK - Österreichischen Vereinigung Anthroposophisch Orientierter Kunsttherapien	Austria	http://anthroposophische-kunsttherapien.at/
Paracelsus Krankenhaus	Germany	https://www.paracelsus-krankenhaus.de/
PAAM - Physicians' Association for Anthroposophic Medicine	USA	https://anthroposophicmedicine.org/
RIArT - Research Institute for Creative Arts Therapies	Germany	RIART
RMTA - Rhythmical Massage Therapy Association	UK	RMTA
RMTA-NA - Rhythmical Massage Therapy of North America	North America	RMTA-NA
SIAM - Schweizerische Initiative für Anthroposophische Medizin	Switzerland	https://siam-schweiz.ch/
SVAKT - Schweizer Verband für anthroposophische Kunsttherapie	Switzerland	https://www.svakt.ch/
Società Italiana di Medicina Antroposofica	Italy	https://www.medicinaantroposofica.it/
Soleo – Akademie für Pflegeberufe Schweiz	Switzerland	https://www.soleo-weiterbildung.ch/
Swissethics	Switzerland	https://swissethics.ch/
Translationale Komplementärmedizin, Philosophisch-Naturwissenschaftliche Fakultät, Departement Pharmazeutische Wissenschaften, Universität Basel	Switzerland	Translational Complementary Medicine

University of Leiden	Netherlands	https://www.universiteit-leiden.nl/en/research
Universität Tübingen	Deutschland	https://uni-tuebingen.de/forschung/
UW/H - Universität Witten/Herdecke	Germany	IBAM - Integrierte Begleitstudium Anthroposophische Medizin
Vademecum Therapiemöglichkeiten mit Anthroposophischer Medizin	International	https://www.vademecum.org/
Vademecum for External Applications in Anthroposophic Nursing	International	https://www.pflege-vademecum.de/projekt.php
Verband Anthroposophischer Kliniken e.V.	Europe	https://www.anthro-kliniken.de/
VRMS - Verband Rhythmische Massage Schweiz	Switzerland	https://www.vrms.ch/home
VFAP - Verband für Anthroposophische Pflege	Germany	https://www.vfap.de/
VAOAS - Vereinigung anthroposophisch orientierter Ärzte in der Schweiz	Switzerland	https://vaoas.ch/
Verein Anthroposophische Pflege in der Schweiz	Switzerland	https://www.apis-saes.ch/
VFK - Verein für Krebsforschung	Switzerland	https://www.vfk.ch/en/
Vidarkliniken	Sweden	https://vidarrehab.se/ https://vidarstiftelsen.se/vard-omsorg/
WHO - World Health Organisation	International	https://www.who.int/
Zeitreihen-Analyse des Herzrhythmus: Heart Rate Variability (HRV)	Germany	https://www.rhythmen.de/
Zentrum für Integrative Medizin, Kantonsspitals St.Gallen	Switzerland	https://www.h-och.ch/integrative-medizin/
ZIMT - Zentrum für integrative, komplementäre Medizin & TCM	Switzerland	ZIMT
ZIO - Zentrum für integrative Onkologie	Switzerland	https://zio.ch/

9.4 Preliminary search strategy for economic outcomes

9.4.1 Embase (via Elsevier)

#1	'anthroposophic medicine'/exp	
#2	(anthroposoph* OR (rudolf AND steiner) OR wegman OR hauschka OR weleda OR wala):ti,ab,kw	
#3	#1 OR #2	
#4	'eurythmy therapy'/exp	
#5	(eurythm* OR (rhythmic* NEXT/1 massag*) OR pressel* OR bothmer* OR 'spacial dynamics' OR (rhythmic* NEAR/3 (compress* OR patch)) OR ((ginger OR mustard OR yarrow OR junge OR lavender OR lemon OR chamomile OR rosemary OR sage OR quercus) NEAR/3 (compress* OR bath* OR footbath* OR wash* OR rub)) OR embrocation* OR 'oil dispersion bath' OR 'oil-dispersion bath' OR (mirror* NEAR/3 foil* NEAR/3 (metal OR iron OR ferrum OR stannum OR zinc))):ti,ab,kw	
#6	#4 OR #5	
#7	#3 OR #6	
#8	'integrative medicine'/exp OR 'alternative medicine'/mj OR 'holistic care'/mj	
#9	'movement therapy'/de OR 'art therapy'/exp OR 'painting'/mj OR 'drawing'/mj OR 'music therapy'/exp OR 'breathing exercise'/de OR 'color therapy'/mj OR 'massage'/mj OR 'therapeutic touch'/de OR 'thermotherapy'/de OR 'whole body hyperthermia'/de OR 'plant extract'/de OR 'compress'/exp OR 'transdermal patch'/mj OR 'bath'/de	
#10	(((art OR arts OR artist* OR painting* OR drawing* OR color OR colour) NEAR/3 (therap* OR treatment*)) OR ('colored light*' OR 'coloured light*') OR (sculpt* OR clay OR 'plastic model*') OR (music* OR vibroacoustic OR pentatonic OR singing OR sound-bed* OR 'sound bed*' OR 'active music*' OR 'receptive music*') OR ((breathing OR speech) NEAR/3 ('retraining techni*' OR exercis* OR therap*)) OR 'therapeutic speech' OR 'artistic speech therap*' OR speech-guided OR 'speech guided' OR ((compress* OR poultice* OR cataplasma* OR damp* OR cloth* OR bandage* OR patch OR patches OR wrap* OR pack OR packs OR liniment*) NEAR/3 (therap* OR external OR care)) OR ((herb* OR oil OR oils OR sulfur OR sulphur OR mineral* OR hyperthermic OR therap* OR hand OR foot OR 'head steam*' OR 'head-steam*' OR sitz) NEAR/3 bath*) OR ((hand OR foot) NEAR/3 rub) OR (tinkling NEAR/3 wash) OR (('whole body' OR whole-body OR 'total body' OR local OR regional OR external) NEAR/3 hypertherm*) OR (('passive fever' OR 'artificial fever' OR 'fever induction' OR 'warmth inducing' OR warmth-inducing OR thermal OR heat) NEAR/3 (therap* OR treatment*)) OR ('wound care' NEAR/3 (cabbage* OR calendula OR honey)) OR 'ointment cloth*' OR 'skin application' OR hydrotherap* OR footbath* OR balneotherap* OR thermotherap* OR ((therap* OR stream) NEXT/1 massag*) OR 'external application*'):ti,ab,kw	

#11	#9 OR #10	
#12	#8 AND #11	
#13	#7 OR #12	
#14	'cost benefit analysis'/exp OR 'cost effectiveness analysis'/exp OR 'cost utility analysis'/exp OR 'cost'/de OR 'health care cost'/de OR 'pharmacoeconomics'/exp	
#15	(cost* OR 'cost benefit analys*' OR economic* OR price OR prices OR pricing OR expenditure* OR pharmacoeconomic* OR 'benefit-cost*'):ti,ab,kw	
#16	#14 OR #15	
#17	#13 AND #16	

9.4.2 Medline (via Ovid)

#1	exp Anthroposophy/	
#2	(anthroposoph* or (rudolf and steiner) or wegman or hauschka or weleda or wala).ti,ab,kf	
#3	1 or 2	
#4	(eurythm* or (rhythmic* adj massag*) or pressel* or bothmer* or spacial dynamics or (rhythmic* adj3 (compress* or patch)) or ((ginger or mustard or yarrow or junge or lavender or lemon or chamomile or rosemary or sage or quercus) adj3 (compress* or bath* or footbath* or wash* or rub)) or embrocation* or oil dispersion bath or oil-dispersion bath or (mirror* adj3 foil* adj3 (metal or iron or ferrum or stannum or zinc))).ti,ab,kf	
#5	3 or 4	
#6	exp Integrative Medicine/ or exp Integrative Oncology/ or *Complementary Therapies/ or *Holistic Health/	
#7	*Exercise Therapy/ or exp Exercise Movement Techniques/ or *Sensory Art Therapies/ or exp Art Therapy/ or *Paintings/ or exp Color Therapy/ or exp Sculpture/ or exp Music Therapy/ or exp Breathing Exercises/ or *Massage/ or exp Therapeutic Touch/ or *Hyperthermia, Induced/ or *Administration, Topical/ or *Administration, Cutaneous/ or *Plant Extracts/ or exp Transdermal Patch/ or *Bandages/ or *Compression Bandages/ or *Balneology/ or exp Baths/	
#8	(((art or arts or artist* or painting* or drawing* or color or colour) adj3 (therap* or treatment*)) or (colored light* or coloured light*) or (sculpt* or clay or plastic model*) or (music* or vibroacoustic or pentatonic or singing or sound-bed* or sound bed* or active music* or receptive music*) or ((breathing or speech) adj3 (retraining techni* or exercis* or therap*)) or therapeutic speech or artistic speech therap* or speech-guided or speech guided or ((compress* or poultice* or cataplasm* or damp* or cloth* or bandag* or patch or patches or wrap* or pack or packs or liniment*) adj3 (therap* or external or care)) or ((herb* or oil or oils or sulfur or sulphur or mineral* or hyperthermic or therap* or hand or foot or head steam* or head-steam* or sitz) adj3 bath*) or ((hand or foot) adj3 rub) or (tinkling adj3 wash) or ((whole body or whole-body or total body or local or regional or external) adj3 hypertherm*) or ((passive fever or artificial fever or fever induction or warmth inducing or warmth-inducing or thermal or heat) adj3 (therap* or treatment*)) or (wound care adj3 (cabbage* or calendula or honey)) or ointment cloth* or skin application or hydrotherap* or footbath* or balneo-therap* or thermotherap* or ((therap* or stream) adj massag*) or external application*).ti,ab,kf	
#9	7 or 8	
#10	6 and 9	
#11	5 or 10	
#12	exp Cost-Benefit Analysis/ or "Costs and Cost Analysis"/ or Health Care Costs/ or exp Economics, Pharmaceutical/	

#13	(cost* or "cost benefit analys*" or economic* or price or prices or pricing or expenditure* or pharmacoeconomic* or "benefitcost*").ti,ab.	
#14	12 or 13	
#15	11 and 14	

9.5 List of HTA agencies

Acronym and Name of HTA Agency	Country	Website
KCE - Belgian Health Care Knowledge Centre	Belgium	https://kce.fgov.be/
INESSS - Institut national d'excellence en santé et en services sociaux	Canada	https://www.inesss.qc.ca/
CEDIT - Comité d'Évaluation et de Diffusion des Innovations Technologiques	France	http://cedit.aphp.fr/
HAS - Haute Autorité de Santé	France	https://www.has-sante.fr/portail/jcms/
SHTG - Scottish Health Technologies Group; Healthcare Improvement Scotland (HIS)	United Kingdom	https://shtg.scot/
NIHR-HSC - National Institute for Health Research - Horizon Scanning Research and Intelligence Centre	United Kingdom	http://www.io.nihr.ac.uk/
Liverpool Reviews and Implementation Group	United Kingdom	https://www.liverpool.ac.uk/
NICE - National Institute for Health and Clinical Excellence	United Kingdom	https://www.nice.org.uk/
SHTAC - Southampton Health Technology Assessments Centre	United Kingdom	https://www.southampton.ac.uk/
CRD - Centre for Reviews and Dissemination	United Kingdom	https://www.york.ac.uk/crd/
CMTF - Center for Medical Technology Policy	United States	http://www.cmtfnet.org/
ICER Institute for Clinical and Economic Review (ICER)	United States	https://icer.org/
AHRQ - Agency for Healthcare Research and Quality	United States	https://www.ahrq.gov/
PCORI - Patient Centered Outcomes Research Institute	United States	https://www.pcori.org/
AHTA - Adelaide HTA	Australia	https://www.adelaide.edu.au/ahta/
NHC - New Zealand National Health Committee	New Zealand	https://www.health.govt.nz/
McGill Health Technology Assessment Unit	Canada	https://muhc.ca/tau
CDA - Canada's Drug Agency (formerly CADTH)	Canada	https://www.cda-amc.ca/
IHE - Institute of Health Economics	Canada	https://www.ihe.ca/
HIQA - Health Information and Quality Authority	Ireland	https://www.hiqa.ie/
UTA - Tartu University; Institute of Family Medicine and Public Health; HTA	Estonia	https://tervis.ut.ee/
NECA - National Evidence-based healthcare Collaboration Agency	South Korea	https://www.neca.re.kr/
HITAP - Health Intervention and Technology Assessment Program	Thailand	http://www.hitap.net/
REDETS - Red Española de Agencias de Evaluación de Tecnologías Sanitarias	Spain	https://redets.sanidad.gob.es/
AQuAS - Agencia de Qualitat i Avaluacio Sanitaries de Catalunya	Spain	http://aquas.gencat.cat/

AETSA - Andalusian Agency for HTA	Spain	http://www.aetsa.org/
UETS - Unidad de Evaluacion de Tecnologias Sanitarias	Spain	http://www.comunidad.madrid/servicios/salud/
AVALIA-T - Galician Agency for Health Technology Assessment	Spain	https://avalia-t.sergas.gal/
SESCS - Evaluation and Planning Unit - Directorate of the Canary Islands Health Service	Spain	https://sescs.es/en/
IECS - Institute for Clinical Effectiveness and Health Policy	Argentina	https://www.iecs.org.ar/
IETS - Instituto de Evaluacion Tecnologica en Salud	Colombia	http://www.iets.org.co/
CENETEC - Centro Nacional de Excelencia Tecnológica en Salud	Mexico	https://www.gob.mx/salud/cenetec
ASSR - Agenzia Sanitaria e Sociale Regionale (Regional Agency for Health and Social Care)	Italy	http://assr.regione.emilia-romagna.it/
AGENAS - The Agency for Regional Healthcare	Italy	http://www.agenas.it/
CEDIT - Comité d'Evaluation et de Diffusion des Innovations Technologiques	France	http://cedit.aphp.fr/
AOTMiT - Agency for Health Technology Assessment and Tariff System	Poland	https://www.aotm.gov.pl/en/
CONITEC - National Committee for Technology Incorporation	Brazil	http://conitec.gov.br/
AIHTA - Austrian Institute for Health Technology Assessment	Austria	https://aihta.at/page/homepage/de
IQWiG - Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen	Germany	https://www.iqwig.de/
IZPH - Interdisciplinary Centre for Health Technology Assessment (HTA) and Public Health (IZPH); University of Erlangen-Nurnberg	Germany	https://www.izph.fau.eu/
IMTA - Institute for Medical Technology Assessment; Erasmus University	Netherlands	https://www.imta.nl/
National Institute for Public Health and the Environment	Netherlands	https://www.rivm.nl/
NIPH - Norwegian Institute of Public Health	Norway	https://www.fhi.no/
SBU - Swedish Council on HTA	Sweden	https://www.sbu.se/
HTA-HSR/DHTA - HTA and Health Services Research	Denmark	http://www.defactum.dk/
DACEHTA - Danish Centre for HTA	Denmark	https://www.sst.dk/

9.6 Preliminary search strategy for ELSO outcomes

9.6.1 Embase (via Elsevier)

#1	'anthroposophic medicine'/exp	
#2	(anthroposoph* OR (rudolf AND steiner) OR wegman OR hauschka OR weleda OR wala):ti,ab,kw	
#3	#1 OR #2	
#4	'eurythmy therapy'/exp	
#5	(eurythm* OR (rhythmic* NEXT/1 massag*) OR pressel* OR bothmer* OR 'spacial dynamics' OR (rhythmic* NEAR/3 (compress* OR patch)) OR ((ginger OR mustard OR yarrow OR junge OR lavender OR lemon OR chamomile OR rosemary OR sage OR quercus) NEAR/3 (compress* OR bath* OR footbath* OR wash* OR rub)) OR embrocation* OR 'oil dispersion bath' OR 'oil-dispersion bath' OR (mirror* NEAR/3 foil* NEAR/3 (metal OR iron OR ferrum OR stannum OR zinc))):ti,ab,kw	
#6	#4 OR #5	
#7	#3 OR #6	
#8	'integrative medicine'/exp OR 'alternative medicine'/mj OR 'holistic care'/mj	
#9	'movement therapy'/de OR 'art therapy'/exp OR 'painting'/mj OR 'drawing'/mj OR 'music therapy'/exp OR 'breathing exercise'/de OR 'color therapy'/mj OR 'massage'/mj OR 'therapeutic touch'/de OR 'thermotherapy'/de OR 'whole body hyperthermia'/de OR 'plant extract'/de OR 'compress'/exp OR 'transdermal patch'/mj OR 'bath'/de	
#10	(((art OR arts OR artist* OR painting* OR drawing* OR color OR colour) NEAR/3 (therap* OR treatment*)) OR ('colored light*' OR 'coloured light*') OR (sculpt* OR clay OR 'plastic model*') OR (music* OR vibroacoustic OR pentatonic OR singing OR sound-bed* OR 'sound bed*' OR 'active music*' OR 'receptive music*') OR ((breathing OR speech) NEAR/3 ('retraining techni*' OR exercis* OR therap*)) OR 'therapeutic speech' OR 'artistic speech therap*' OR speech-guided OR 'speech guided' OR ((compress* OR poultice* OR cataplasma* OR damp* OR cloth* OR bandage* OR patch OR patches OR wrap* OR pack OR packs OR liniment*) NEAR/3 (therap* OR external OR care)) OR ((herb* OR oil OR oils OR sulfur OR sulphur OR mineral* OR hyperthermic OR therap* OR hand OR foot OR 'head steam*' OR 'head-steam*' OR sitz) NEAR/3 bath*) OR ((hand OR foot) NEAR/3 rub) OR (tinkling NEAR/3 wash) OR (('whole body' OR whole-body OR 'total body' OR local OR regional OR external) NEAR/3 hypertherm*) OR (('passive fever' OR 'artificial fever' OR 'fever induction' OR 'warmth inducing' OR warmth-inducing OR thermal OR heat) NEAR/3 (therap* OR treatment*)) OR ('wound care' NEAR/3 (cabbage* OR calendula OR honey)) OR 'ointment cloth*' OR 'skin application' OR hydrotherap* OR footbath* OR balneotherap* OR thermotherap* OR ((therap* OR stream) NEXT/1 massag*) OR 'external application*'):ti,ab,kw	

#11	#9 OR #10	
#12	#8 AND #11	
#13	#7 OR #12	
#14	'bioethics'/mj OR 'ethical decision making'/mj OR 'ethical dilemma'/mj OR 'ethics'/mj OR 'human dignity'/mj OR 'informed consent'/mj OR 'medical ethics'/mj OR 'morality'/mj OR 'patient autonomy'/mj OR 'patient empowerment'/mj OR 'patient participation'/mj OR 'patient right'/mj OR 'patient attitude'/mj OR 'personal autonomy'/mj OR 'person centered care'/mj OR 'professional ethics'/mj OR 'spiritual care'/mj OR 'values based practice'/mj OR 'civil rights'/mj OR 'confidentiality'/mj OR 'confidential information'/mj OR 'conflict of interest'/mj OR 'free will'/mj OR 'health care policy'/mj OR 'health equity'/mj OR 'health legislation'/mj OR 'hospital policy'/mj OR 'human rights'/mj OR 'identifiable information'/mj OR 'jurisprudence'/mj OR 'law'/mj OR 'law enforcement'/mj OR 'legal aspect'/mj OR 'legal liability'/mj OR 'legal service'/mj OR 'licensing'/mj OR 'malpractice'/mj OR 'medical record'/mj OR 'parental consent'/mj OR 'patient safety'/mj OR 'privacy'/mj OR 'self determination'/mj OR 'social justice'/mj OR 'third party consent'/mj OR 'attitude to health'/mj OR 'community participation'/mj OR 'consumer attitude'/mj OR 'cultural belief'/mj OR 'cultural factor'/mj OR 'health care disparity'/mj OR 'health care quality'/mj OR 'health education'/mj OR 'informed choice'/mj OR 'medical decision making'/mj OR 'patient advocacy'/mj OR 'patient decision making'/mj OR 'patient education'/mj OR 'patient expectation'/mj OR 'patient experience'/mj OR 'patient preference'/mj OR 'patient provider communication'/mj OR 'patient satisfaction'/mj OR 'patient perception'/mj OR 'public perception'/mj OR 'quality of care'/mj OR 'social acceptance'/mj OR 'social aspect'/mj OR 'social stigma'/mj OR 'stigma'/mj OR 'health care facilities and services'/mj OR 'health care organization'/mj OR 'health insurance'/mj OR 'health personnel attitude'/mj OR 'hospital management'/mj OR 'implementation science'/mj OR 'information retrieval'/mj OR 'information system'/mj OR 'institutional care'/mj OR 'medical information'/mj OR 'medical information system'/mj OR 'multidisciplinary team'/mj OR 'organizational culture'/mj OR 'resource allocation'/mj OR 'resource utilization'/mj OR 'sustainable development'/mj OR 'work engagement'/mj OR 'workflow'/mj OR 'access to information'/mj	
#15	(((moral* OR religio* OR spirit*) NEAR/3 (issue* OR dilemma* OR aspect* OR distress OR doubt* OR paradox OR care OR support* OR development* OR treatment* OR judgement*)) OR (patient* NEAR/3 (autonom* OR experience* OR perspective* OR narrative* OR empowerment OR participat* OR involvement OR evaluation* OR acceptance OR preference* OR protection OR 'access to record*')) OR (patient NEXT/1 (relevant OR centered OR centred OR reported) NEXT/1 (outcome* OR care OR measure* OR 'outcome measure*' OR 'experience measure')) OR ((informed OR parent* OR 'third party') NEAR/3 consent) OR (medical NEAR/3 (moral* OR responsabilit* OR professionalism)) OR ethic* OR bioethic* OR bio-ethic* OR PROMS OR PREMS OR 'human dignity' OR 'personal autonom*' OR 'therapeutic freedom' OR (legal NEAR/3 (issue* OR consideration* OR aspect* OR framework* OR right* OR authorit* OR license* OR liabilit* OR advice* OR aid OR assistance* OR service* OR care)) OR ((health OR healthcare OR 'health care' OR hospital*) NEAR/3 (right* OR policy OR record* OR authorit* OR policy OR policies)) OR ((regulation* OR policy OR policies) NEAR/3 framework) OR ((confidential* OR patient* OR personal OR medical) NEXT/1 (data OR informat* OR record))	

	<p>OR (popular NEXT/1 (vote OR initiative)) OR (patient* NEXT/1 (right* OR 'freedom of choice')) OR legislat* OR liabilit* OR 'medical malpractice*' OR 'patient safety' OR 'institutional guideline*' OR privacy OR confidential* OR jurisprudence OR 'intellectual property' OR 'conflict of interest*' OR 'social justice' OR law* OR regulation* OR ((social OR public) NEAR/3 (perception* OR accept* OR issue* OR consideration* OR aspect* OR justice OR factor*)) OR (health NEAR/3 (attitude* OR belief* OR knowledge* OR educat*)) OR (consumer NEAR/3 (attitude* OR belief* OR behav* OR characteristics)) OR (cultural NEAR/3 (attitude* OR belief* OR factor*)) OR ((healthcare OR 'health care') NEAR/3 (disparit* OR quality OR evaluation* OR 'process* assessment*' OR assurance OR access)) OR (patient* NEAR/3 (advocac* OR activis* OR educat* OR knowledge* OR expectat* OR satisf* OR perception* OR characteristics)) OR ((medic* OR clinic* OR patient*) NEAR/3 ('decision-making' OR 'decision making')) OR stigma* OR 'quality of care' OR 'clinical governance' OR 'health equity' OR 'community participation' OR 'patient-provider communication' OR ((organizat* OR organisat*) NEAR/3 (issue* OR consideration* OR aspect* OR cultur*)) OR (resource* NEAR/3 (allocat* OR utiliz* OR utilis* OR manag*)) OR ((health OR healthcare OR 'health care' OR hospital*) NEAR/3 (organizat* OR organisat* OR administrat* OR manag* OR facilit* OR workforce OR manpower OR service* OR coalition* OR structur* OR rationing OR societ* OR insurance* OR prepaid OR prepaymentn OR provider OR characteristics)) OR (('competitive medical' OR 'health benefit' OR insurance* OR 'manag* care') NEAR/3 (plan OR plans OR service* OR program*)) OR ((attitude* OR engag*) NEAR/3 (health OR 'health care' OR healthcare) NEXT/1 (professional* OR work* OR personnel OR staff OR employ*)) OR (communicat* NEAR/3 (health OR hospital*)) OR (hospital* NEAR/3 ('distribution system*' OR inventor* OR material*)) OR (implementation* NEAR/3 (research OR science OR challenge*)) OR (informat* NEAR/3 (health OR manag* OR storage* OR retriev* OR system* OR network* OR access*)) OR (team* NEAR/3 (multidisciplinary OR interdisciplinary OR multi-disciplinary OR inter-disciplinary OR 'collaborative care')) OR ((institutional OR 'health-care professional*') NEAR/3 (barrier* OR integrat* OR implementat*)) OR ('integrative care' NEAR/3 (model OR program*)) OR 'health system* agenc*' OR 'medical insurance*' OR 'interdisciplinary collaborat*' OR 'workforce training*' OR 'work process' OR 'work flow' OR workflow OR 'scientific societ*' OR 'sustainable development'):ti,ab,kw</p>	
#16	#14 OR #15	
#17	#13 AND #16	
#18	#17 NOT ([animals]/lim NOT [humans]/lim) NOT ([conference abstract]/lim OR [letter]/lim OR [note]/lim OR [editorial]/lim)	
#19	#18 AND [2000-2025]/py	

9.6.2 Medline (via Ovid)

#1	exp Anthroposophy/	
#2	(anthroposoph* or (rudolf and steiner) or wegman or hauschka or weleda or wala).ti,ab,kf	
#3	1 or 2	
#4	(eurythm* or (rhythmic* adj massag*) or pressel* or bothmer* or spacial dynamics or (rhythmic* adj3 (compress* or patch)) or ((ginger or mustard or yarrow or junge or lavender or lemon or chamomile or rosemary or sage or quercus) adj3 (compress* or bath* or footbath* or wash* or rub)) or embrocation* or oil dispersion bath or oil-dispersion bath or (mirror* adj3 foil* adj3 (metal or iron or ferrum or stannum or zinc))).ti,ab,kf	
#5	3 or 4	
#6	exp Integrative Medicine/ or exp Integrative Oncology/ or *Complementary Therapies/ or *Holistic Health/	
#7	*Exercise Therapy/ or exp Exercise Movement Techniques/ or *Sensory Art Therapies/ or exp Art Therapy/ or *Paintings/ or exp Color Therapy/ or exp Sculpture/ or exp Music Therapy/ or exp Breathing Exercises/ or *Massage/ or exp Therapeutic Touch/ or *Hyperthermia, Induced/ or *Administration, Topical/ or *Administration, Cutaneous/ or *Plant Extracts/ or exp Transdermal Patch/ or *Bandages/ or *Compression Bandages/ or *Balneology/ or exp Baths/	
#8	(((art or arts or artist* or painting* or drawing* or color or colour) adj3 (therap* or treatment*)) or (colored light* or coloured light*) or (sculpt* or clay or plastic model*) or (music* or vibroacoustic or pentatonic or singing or sound-bed* or sound bed* or active music* or receptive music*) or ((breathing or speech) adj3 (retraining techni* or exercis* or therap*)) or therapeutic speech or artistic speech therap* or speech-guided or speech guided or ((compress* or poultice* or cataplasm* or damp* or cloth* or bandag* or patch or patches or wrap* or pack or packs or liniment*) adj3 (therap* or external or care)) or ((herb* or oil or oils or sulfur or sulphur or mineral* or hyperthermic or therap* or hand or foot or head steam* or head-steam* or sitz) adj3 bath*) or ((hand or foot) adj3 rub) or (tinkling adj3 wash) or ((whole body or whole-body or total body or local or regional or external) adj3 hypertherm*) or ((passive fever or artificial fever or fever induction or warmth inducing or warmth-inducing or thermal or heat) adj3 (therap* or treatment*)) or (wound care adj3 (cabbage* or calendula or honey)) or ointment cloth* or skin application or hydrotherap* or footbath* or balneo-therap* or thermotherap* or ((therap* or stream) adj massag*) or external application*).ti,ab,kf	
#9	7 or 8	
#10	6 and 9	
#11	5 or 10	
#12	*Ethics/ or *Bioethics/ or *Ethics, Medical/ or *Ethical Theory/ or *Ethical Dilemmas/ or *Principle-Based Ethics/ or *Ethics, Professional/ or *Informed Consent/ or *Morals/ or *personal autonomy/ or *Patient	

	<p>Participation/ or *Patient Rights/ or (*Attitude/ and *Patients/) or *Personal Autonomy/ or *Patient-Centered Care/ or *Patient Outcome Assessment/ or *Patient Reported Outcome Measures/ or *Spiritual Therapies/ OR *Civil Rights/ or *Confidentiality/ or *Conflict of Interest/ or *Health Policy/ or *Health Equity/ or *Legislation as Topic* or *Human Rights/ or *Jurisprudence/ or *Law Enforcement/ or *Liability, Legal/ or *Legal Services/ or *Licensure/ or *Malpractice/ or *Medical Records/ or *Parental Consent/ or *Patient Safety/ or *Privacy/ or *Social Justice or *Third-Party Consent/ OR *Attitude to Health/ or *Community Participation/ or *Culture/ or *Healthcare Disparities/ or *Quality of Health Care/ or *Health Education/ or *Decision Making/ or *Patient Advocacy/ or *Patient Education as Topic/ or *Patient Satisfaction/ or *Patient Preference/ or *Patient Acceptance of Health Care/ or *Physician-Patient Relations/ or *Social Perception/ or *Social Stigma/ or *Health Facilities/ or exp Delivery of Health Care/ or *Insurance, Health/ or *Attitude of Health Personnel/ or *Health Plan Implementation/ or *Implementation Science/ or *Information Storage and Retrieval/ or *Information Systems/ or *Patient Care Team/ or *Organizational Culture/ or *Resource Allocation/ or *Sustainable Development/ or *Work Engagement/ or *Workflow/ or *Access to Information</p>	
#13	<p>((ethic* or bioethic* or bio-ethic) adj3 (issue* or consideration* or aspect* or dilemma* or analys* or review* or consultation* or committee* or distress or doubt* or paradox or decision-making or decision making or medic* or clinic* or code* or nurs* or health or professional or principle-based or principle based)) or ((moral* or religio* or spirit*) adj3 (issue* or dilemma* or aspect* or distress or doubt* or paradox or care or support* or development* or treatment* or judgement*)) or (patient* adj3 (autonom* or experience* or perspective* or narrative* or empowerment or participant* or involvement or evaluation* or acceptance or preference* or protection or access to record*)) or (patient adj1 (relevant or centered or centred or reported) adj1 (outcome* or care or measure* or outcome measure* or experience measure)) or ((informed or parent* or third party) adj3 consent) or (medical adj3 (moral* or responsabilit* or professionalism)) or ethic* or bioethic* or bio-ethic* or PROMS or PREMS or human dignity or personal autonom* or therapeutic freedom</p> <p>or (legal adj3 (issue* or consideration* or aspect* or framework* or right* or authorit* or license* or liabilit* or advice* or aid or assistance* or service* or care)) or ((health or healthcare or health care or hospital*) adj3 (law* or legislat* or right* or regulation* or policy or policies or record* or authorit*)) or ((regulation* or policy or policies) adj3 framework) or ((confidential* or patient* or personal or medical) adj1 (data or informat* or record)) or (popular adj1 (vote or initiative)) or (patient* adj1 (right* or freedom of choice)) or legislat* or liabilit* or medical malpractice* or patient safety or institutional guideline* or privacy or confidential* or jurisprudence or intellectual property or conflict of interest* or social justice</p> <p>or ((social or public) adj3 (perception* or accept* or issue* or consideration* or aspect* or justice or factor*)) or (health adj3 (attitude* or belief* or knowledge* or educat*)) or (consumer adj3 (attitude* or belief* or behav*)) or (cultural adj3 (attitude* or belief* or factor*)) or ((healthcare or health care) adj3 (disparit* or quality or evaluation* or process* assessment* or assurance or access)) or (patient* adj3 (advocac* or activis* or educat* or knowledge* or expectat* or satisf* or perception*)) or ((medic* or clinic* or patient*) adj3 (decision-making or decision making)) or stigma* or quality of care or clinical governance or health equity or community participation or patient-provider communication</p> <p>or ((organizat* or organisat*) adj3 (issue* or consideration* or aspect* or culture)) or (resource* adj3 (allocat* or utiliz* or utilis* or manag*)) or ((health or healthcare or health care or hospital*) adj3 (organizat* or organisat* or administrat* or manag* or facilit* or workforce or manpower or service* or coalition* or structur* or rationing or societ* or insurance* or prepaid or prepayment or provider)) or ((competitive medical or health benefit or insurance* or manag* care) adj3 (plan or plans or service* or</p>	

	program*) or ((attitude* or engag*) adj3 (health or health care or healthcare) adj1 (professional* or work* or personnel or staff or employ*)) or (communicat* adj3 (health or hospital*)) or (hospital* adj3 (distribution system* or inventor* or material*)) or (implementat* adj3 (research or science or challenge*)) or (informat* adj3 (health or manag* or storage* or retriev* or system* or network* or access*)) or (team* adj3 (multidisciplinary or interdisciplinary or multi-disciplinary or inter-disciplinary or collaborative care)) or ((institutional or health care professional*) adj3 (barrier* or integrat* or implementat*)) or (integrative care adj3 (model or program*)) or health system* agenc* or medical insurance* or interdisciplinary collaborat* or workforce training* or work process or work flow or workflow or scientific societ* or sustainable development).ti,ab,kf.	
#14	12 or 13	
#15	11 and 14	
#16	15 not (exp animals/ not humans/) not (letter or news or comment or editorial or congress).pt.	
#17	limit 16 to dt=20000101-20250626	