Goetheanum
Medical Section

On the healthcare contribution stabilisation act in Germany

Dear Colleagues, dear Friends of the Medical Section!

Anthroposophic medicine needs our collaboration, our solidarity and our confidence more than ever. In this special newsletter, we would like to inform you about the German parliament's decision on the reform (cost-saving reform) of statutory health insurance.

What has happened?

A comprehensive package of measures comprising 66 proposals for cost savings in the healthcare sector was presented to the German parliament. One of them proposed that statutory health insurance funds should cease to cover the costs of anthroposophic medicine and therapies, as well as homoeopathic medicines. The legislative process was completed in just ten weeks: on 29 April 2026, approval of the draft bill by the cabinet; on 12 June 2026, first reading in the lower house and first stage in the upper house; on 10 July 2026, second and third readings in the lower house, followed by approval by the upper house. This means that, from 30 July 2026, medicines and therapies used in anthroposophic medicine (AM), as well as homoeopathic medicines, will be excluded from reimbursement under outpatient care.

This exclusion applies to all age groups, as well as to anthroposophic mistletoe preparations, including their existing outpatient palliative use. Statutory health insurance funds in Germany are not permitted to offer anthroposophic or homoeopathic medicine, either as a standard benefit or as an additional benefit. In-patient anthroposophic treatment in hospital and the additional compensation for complex anthroposophic medical treatment, on the other hand, are not expressly abolished.

What measures were taken to prevent this change?

Many of you have followed the outstanding efforts made over recent months to safeguard anthroposophic medicines and therapies – in particular the round-the-clock efforts of Stefan Schmidt-Troschke and the 'weil's hilft!' campaign, by David Martin and Silke Schwarz, by the GAÄD (Society of Anthroposophic Physicians in Germany) board, and so many colleagues from our medical, nursing and therapeutic com-

munities. Karin Michael had organised public demonstrations in German cities in recent weeks. Meanwhile, our lawyer Jan Matthias Hesse answered questions regarding the upcoming reimbursement situation and provided ongoing guidance on the likely consequences, as well as on the options for taking legal action.

Ultimately, following the brief campaign period that was available, 134,000 people used their signature to petition politicians entitled to vote to maintain statutory health insurance funding for anthroposophic and homoeopathic medicine. And although homoeopathy has also been portrayed in the German media as invisible, unscientific and insignificant, our high-profile initiatives have in a wonderful way forged new networks, for example with the German Central Association of Homoeopathic Physicians and others. These new professional networks intend to continue working together in the future.

What are the implications of the new legislation? How will this affect anthroposophic medicine in Germany?

This change will pose a major challenge both for all those working in outpatient care and for pharmaceutical manufacturers. The crucial point, however, is that this significantly impairs patients' access to these important treatments and therapies. This is also of great significance in terms of the global development of AM as Germany (alongside Switzerland), being a large, populous country in which anthroposophic medicine is fully integrated into the healthcare system, has served as a model worldwide. It will now become considerably more difficult to advance the scientific recognition and cover for the cost of AM in other countries. This is particularly critical for mistletoe therapy – scientifically the spearhead of AM! – where three out of four mistletoe manufacturers have their headquarters in Germany.

Yet even given all this, the most problematic issue is the justification for the legislative action: namely, that anthroposophic medicine lacks a scientific basis and that there is no evidence whatsoever of its efficacy. This has been proven to be incorrect, and various ideas are currently being considered as to how to counter this line of reasoning, which categorically dismisses all existing evidence.

The false claims regarding a lack of scientific rigour are inextricably linked with the conviction, stemming from the atomistic model of thought, that it is, in principle, impossible to achieve any effects within the organism using the high dilutions of homoeopathy or medicines produced in accordance with the manufacturing principles of anthroposophic medicine. What we are dealing with here is the fact that a particular model of thought (paradigm) is declared to be the only valid one. However, the German Basic Law fundamentally prohibits the state from taking sides in favour of a particular scientific paradigm. Consequently, the Medicines Act of 1976 states that 'it cannot be the task of the legislator, in the case of scientifically contested positions, to codify a generally binding "state of scientific knowledge" by unilaterally prescribing certain methods, but rather, in the area of authorisation, to reflect the scientific pluralism that exists in pharmacotherapy' (German Lower House, Committee on Youth, Family and Health. Report on the reform of pharmaceutical legislation. Printed paper 7/5091 of 28 April 1976).

In 2018, Peter Matthiessen (d. 30 April 2019) presciently pointed out how 'monoparadigmatic reductionism' ultimately always goes hand in hand with the development of totalitarian thought structures, 'for which dogmatic ideology means everything, whilst respect for the citizen's right to self-determination, tolerance towards those who represent other ways of thinking and practice, the individual pursuit of knowledge, and respect for human dignity mean nothing'. It seems as though we currently find ourselves in precisely this situation, where the freedom to pursue scientific knowledge without preconceptions, based on unbiased thinking, is, one might say, being fundamentally called into question by the state.

We are faced with the task not only of fighting for anthroposophic medicine as such, but with equal intensity for scientific pluralism. We are faced with the task not only of attempting to research AM in accordance with the criteria of the prevailing scientific understanding, but also of courageously advocat-

ing for research using other methods in the spirit of this pluralism; in other words, of setting new benchmarks rather than merely conforming to the prevailing ones.

That requires courage. Rudolf Steiner spoke of the courage to seek knowledge in relation to the path of spiritual training, and of the courage to heal in relation to AM.

We are called upon to develop new ways of thinking even more intensively than before, with the question of new forms of community building in the healthcare sector appearing to be at the heart of this. The impulse of Raphael is one that builds community through and through, and it is precisely this that is being called into question by the economisation of our healthcare system.

The external archetype of such community building, where medical professional groups develop in a shared awareness of contributing, each in their own way, to the healing of the patients they treat; the place where many an inexperienced trainee first encounters AM, and where this experience shapes the rest of their lives – that is our hospitals. The latter, too, are at risk as a result of the healthcare reform and require our close attention and care.

Gerhard Kienle, the founder of the first hospital in Germany, described it as a place of the mysteries, where the focus is not only on external healing, but also on the question of how therapeutic intervention must be directed, 'so that, on the one hand, the entity of the human being can unfold fully in its physicality – hygiene – and, on the other hand, the fruit for the eternal essence of the human being springs from the illness, so that the process of resurrection is initiated in every illness'.

However, in addressing this question and in addition to external collaboration, there is also a need for esoteric community building by the individual medical professional groups – as first initiated by Rudolf Steiner for doctors and nursing staff – which can reinforce the strength and initiative required both for the treatment of patients and for advocacy on behalf of anthroposophic medicine in the world.

There will also be an urgent need for new forms of patient communities with new forms of insurance that actively promote AM externally. 'Weil's hilft' and the Samarita Solidargemeinschaft e.V. mutual association are promising approaches in this direction.

The will to heal – working together to shape the future of anthroposophic medicine in new ways

The Medical Section will continue to contribute to the future development of AM to the best of its ability.

The legal options will be examined in detail, new models of mutuality in healthcare will be explored and, where appropriate, an AM fund will be set up through private partnerships.

The Medical Section has expanded its involvement in public relations work and will continue to do so in future, both with regard to the general understanding of AM as it presents itself and in the fields of science and research.

At the same time, we will help to further make accessible the spiritual foundations that Rudolf Steiner bestowed upon anthroposophic medicine – more so than on almost any other field – through our conferences and colloquia at the Goetheanum and in countries around the world.

Let us use this setback as an opportunity to forge ahead with courage!

With warm greetings
Marion Debus, Karin Michael and Dagmar Brauer

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