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The public’s enthusiasm for complementary and alternative medicine amounts to a critique of mainstream medicine

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Complementary and alternative medicine (CAM) has been defined as “diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine”. 1 Today, CAM is used by large proportions of the general population.2,3 The popularity of CAM is patient-driven; most orthodox healthcare professionals have little interest in or knowledge of this area, and many remain sceptical about CAM’s therapeutic value. 6

Estimates of prevalence in random samples of the general populations exist for the United States (75% during 2002),7 Australia (49% in 1993)8 and the United Kingdom (20% in 1998),9 and substantial increases in CAM-use have occurred in some countries.10, 11, 12 In patient populations, CAM-use tends to be even higher than in the general population.13 The typical CAM-user is female,8,9,10,14,15,16 better educated,8,10,17,18,16 has a high income8,10,17,18,16 and suffers from a chronic (often musculoskeletal) condition.8,14,17,19

The attractions of CAM

The reasons for the high level of CAM-usage are diverse and complex. Perhaps the most obvious one is that, persuaded by the media,20 friends, relatives21, 22 or by past experience, many consumers are convinced that CAM is effective.9,21,23,24,25,26,27 The association of CAM with nature appeals to many consumers28 and this is reflected in the terminology: CAM is seen as natural rather than artificial, pure not synthetic, organic as opposed to processed, “low” rather than “high tech” and “hands on” while conventional medicine is more and more “hands off”.29 Natural tends to be equated with safe.30 Moreover, CAM often claims to be holistic, person centred, enabling, relying on observation, self-knowledge, human awareness
and spirituality. These claims may be exaggerated or even false but they nevertheless appeal to the public.

Criticism of mainstream medicine

Several of the attractors to CAM can also be seen as an implicit criticism of mainstream medicine. Even our definition of CAM cited above echoes this theme. Defining CAM as “satisfying a demand not met by orthodoxy…” implies that conventional medicine is not perfect and leaves important demands unmet. Similarly, the view that CAM is natural and safe implies that mainstream medicine has neither of these qualities. An Italian study suggested that the main reason for employing CAM was “concern about potential toxicity of conventional medicine”. Stressing that CAM is humane, patient-centred and holistic, implies that conventional medicine is inhumane, technology-centred and reductionist. A Germany survey of CAM users showed that 68% of them had negative opinions concerning mainstream doctors, and a similar UK survey demonstrated that almost all patients consulting a CAM clinic stated that “failure of conventional medicine” was their reason for attending.

Most of these issues somehow relate to the central theme of therapeutic relationship. Sixty-eight percent of patients reported a more satisfying relationship with their CAM practitioner than with their GP. In the eyes of these patients, CAM practitioners were friendlier, more personal, they treated the relationship with their patients more like a partnership and provided more time for the consultation. Similar findings emerged from our survey of UK arthritis sufferers. Satisfaction with the therapeutic encounter was markedly greater with CAM practitioners than with GPs. Again, satisfaction with the time spent on the patient was
higher with CAM practitioners. Similar results were found in a study of Spanish CAM users suffering from somatoform disorder. A comparison of US physician homeopaths with doctors practising mainstream medicine showed that the former dedicated more than twice the time on patient consultations. Surveys from Australia, the UK and the US confirmed the fact that CAM users tend to be dissatisfied with mainstream medicine.

Delegation of core values

Such findings imply that patients’ requirements for a satisfying therapeutic relationship with their clinician are better met during consultations with CAM practitioners. If that is true, it would explain why many patients seek these qualities when visiting a CAM practitioner. Patients seem to be aware of the constraints under which mainstream medicine has to operate and thus seek from CAM practitioners what they cannot get from conventional clinicians. To put it bluntly, they might see their doctor for specific therapeutic effects (i.e. the science of medicine) and their CAM practitioner for the non-specific therapeutic effects (i.e. the art of medicine). If that is so, mainstream physicians are in danger of delegating ‘the art of medicine’ to CAM practitioners.

The way forward

If these assumptions are correct, we should ask whether this “division of labor” is desirable. I have repeatedly argued that the art and science of medicine must not be separated, e.g. 48, both are core values for any good healthcare. Such a separation would mean that patients might receive ineffective treatments plus the benefits of a good therapeutic relationship from CAM practitioners or effective therapies plus inadequate therapeutic relationships from
conventional clinicians. This would clearly be wrong; it not only means that healthcare is suboptimal but it also implies that patients are at risk. Good healthcare must incorporate both and the art the science of medicine.

To improve the current situation, we should consider ways of maximising the benefits of non-specific therapeutic effects within the realm of mainstream medicine. A recent systematic review qualitatively synthesised the relevant evidence in relation to cancer care. The authors recommended to elicit patients’ understanding of their own situation, to respect diversity, to explore relevant details and listen actively to what patients tell us, to respond to their emotions, to respect their beliefs and to provide advice that is based on sound evidence. This may not be the full solution to the complex problems, but it seems like a good start.

Conclusion

Complementary and alternative medicine is popular. An analysis of the reasons why this is so points towards the therapeutic relationship as a key factor. Providers of CAM tend to build better therapeutic relationships than mainstream healthcare professionals. In turn, this implies that much of the popularity of CAM is a poignant criticism of the failures of mainstream healthcare. We should consider it seriously with a view of improving our service to patients.
Reference List


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