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(Invited MS for Int J Clin Pract)

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

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5 Complementary and alternative medicine (CAM) has been defined as “diagnosis, treatment
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7 and/or prevention which complements mainstream medicine by contributing to a common
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9 whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual
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11 frameworks of medicine”.¹ Today, CAM is used by large proportions of the general
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13 population^{2,3}. The popularity of CAM is patient-driven; most orthodox healthcare
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15 professionals have little interest in⁴ or knowledge of⁵ this area, and many remain sceptical
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17 about CAM’s therapeutic value.⁶
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24 Estimates of prevalence in random samples of the general populations exist for the United
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26 States (75% during 2002),⁷ Australia (49% in 1993)⁸ and the United Kingdom (20% in 1998),
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28⁹ and substantial increases in CAM-use have occurred in some countries.^{10, 11, 12} In patient
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30 populations, CAM-use tends to be even higher than in the general population.¹³ The typical
31
32 CAM-user is female,^{8, 9, 10, 14, 15, 16} better educated,^{8, 10, 17, 18, 16} has a high income^{8, 10, 17, 18, 16} and
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34 suffers from a chronic (often musculoskeletal) condition.^{8, 14, 17, 19}
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The attractions of CAM

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45 The reasons for the high level of CAM-usage are diverse and complex. Perhaps the most
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47 obvious one is that, persuaded by the media,²⁰ friends, relatives^{21, 22} or by past experience,
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49 many consumers are convinced that CAM is effective.^{9, 21, 23, 24, 25, 26, 27} The association of
50
51 CAM with nature appeals to many consumers²⁸ and this is reflected in the terminology: CAM
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53 is seen as natural rather than artificial, pure not synthetic, organic as opposed to processed,
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55 “low” rather than “high tech” and “hands on” while conventional medicine is more and more
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57 “hands off”.²⁹ Natural tends to be equated with safe.³⁰ Moreover, CAM often claims to be
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59 holistic, person centred, enabling, relying on observation, self-knowledge, human awareness
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3^{31, 32, 33} and spirituality.³⁴ These claims may be exaggerated or even false but they
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6 nevertheless appeal to the public.
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10 11 12 Criticism of mainstream medicine 13

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15 Several of the attractors to CAM can also be seen as an implicit criticism of mainstream
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17 medicine. Even our definition of CAM cited above echoes this theme. Defining CAM as
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19 “satisfying a demand not met by orthodoxy...”¹ implies that conventional medicine is not
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21 perfect and leaves important demands unmet. Similarly, the view that CAM is natural and
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23 safe implies that mainstream medicine has neither of these qualities. An Italian study
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25 suggested that the main reason for employing CAM was “concern about potential toxicity of
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27 conventional medicine”.³⁵ Stressing that CAM is humane, patient-centred and holistic,
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29 implies that conventional medicine is inhumane, technology-centred and reductionist.^{31 36} A
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31 Germany survey of CAM users showed that 68% of them had negative opinions concerning
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33 mainstream doctors,³⁷ and a similar UK survey demonstrated that almost all patients
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35 consulting a CAM clinic stated that “failure of conventional medicine” was their reason for
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37 attending.²²
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48 Most of these issues somehow relate to the central theme of therapeutic relationship.³⁸ Sixty-
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50 eight percent of patients reported a more satisfying relationship with their CAM practitioner
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52 than with their GP.³⁹ In the eyes of these patients, CAM practitioners were friendlier, more
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54 personal, they treated the relationship with their patients more like a partnership and provided
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56 more time for the consultation. Similar findings emerged from our survey of UK arthritis
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58 sufferers. Satisfaction with the therapeutic encounter was markedly greater with CAM
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60 practitioners than with GPs.⁴⁰ Again, satisfaction with the time spent on the patient was

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3 higher with CAM practitioners. Similar results were found in a study of Spanish CAM users
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5 suffering from somatoform disorder.⁴¹ A comparison of US physician homeopaths with
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7 doctors practising mainstream medicine showed that the former dedicated more than twice the
8
9 time on patient consultations.⁴² Surveys from Australia, the UK and the US confirmed the
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11 fact that CAM users tend to be dissatisfied with mainstream medicine.^{43, 44, 45, 46, 47}
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19 Delegation of core values

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

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51 If these assumptions are correct, we should ask whether this "division of labor" is desirable. I
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53 have repeatedly argued that the art and science of medicine must not be separated,^{e.g. 48}; both
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55 are core values for any good healthcare. Such a separation would mean that patients might
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57 receive ineffective treatments plus the benefits of a good therapeutic relationship from CAM
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59 practitioners or effective therapies plus inadequate therapeutic relationships from
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3 conventional clinicians. This would clearly be wrong; it not only means that healthcare is
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5 suboptimal but it also implies that patients are at risk. Good healthcare must incorporate both
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7 and the art the science of medicine.
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12 To improve the current situation, we should consider ways of maximising the benefits of non-
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14 specific therapeutic effects within the realm of mainstream medicine. A recent systematic
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16 review qualitatively synthesised the relevant evidence in relation to cancer care.⁴⁹ The
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18 authors recommended to elicit patients' understanding of their own situation, to respect
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20 diversity, to explore relevant details and listen actively to what patients tell us, to respond to
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22 their emotions, to respect their beliefs and to provide advice that is based on sound evidence.
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29 ⁴⁹ This may not be the full solution to the complex problems, but it seems like a good start.
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35 Conclusion

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