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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 [4] or knowledge of [5] 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 income [8,10,17,18,16]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, relatives [21], [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 consumers [28] 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

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[31, 32, 33] and spirituality. [34] 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…" [1] 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". [35] Stressing that CAM is humane, patient-centred and holistic, implies that conventional medicine is inhumane, technology-centred and reductionist. [31 36] A Germany survey of CAM users showed that 68% of them had negative opinions concerning mainstream doctors, [37] 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. [22]

Most of these issues somehow relate to the central theme of therapeutic relationship. [38] Sixty-eight percent of patients reported a more satisfying relationship with their CAM practitioner than with their GP. [39] 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. [40] Again, satisfaction with the time spent on the patient was

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higher with CAM practitioners. Similar results were found in a study of Spanish CAM users suffering from somatoform disorder.[41] A comparison of US physician homeopaths with doctors practising mainstream medicine showed that the former dedicated more than twice the time on patient consultations.[42] Surveys from Australia, the UK and the US confirmed the fact that CAM users tend to be dissatisfied with mainstream medicine.[43,44,45,46,47]

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

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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. [49] 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. [49] 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.

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Reference List

(1) Ernst E, Resch KL, Mills S, Hill R, Mitchell A, Willoughby M et al. Complementary medicine - a definition. Br J Gen Pract 1995; 45:506.

(2) Harris P, Rees R. The prevalence of complementary and alternative medicine use among the general population: a systematic review of the literature. Complement Ther Med 2000; 8:88-96.

(3) Ernst E. Prevalence of complementary/alternative medicine for children: a systematic review. Eur J Pediatr 1999; 158:7-11.

(4) Theodoropoulos I, Manolopoulos K, von Georgo R, Bohlmann M, Muenstedt K. Physicians and complementry and alternative medicine cancer therapies in Greece: a survey. J Alt Comp Med 2005; 11(4):703-708.

(5) Giannelli M, Cuttini M, Da Fre M, Buiatti E. General practitioners' knowedge and practice of complementary/alternative medicine and its relationship with life-styles: a population-based survey in Italy. BMC Fam Pract 2007; 8(1):30.

(6) Maha N, Shaw A. Academic doctors' views of complementary and alternative medicine (CAM) its role within the NHS: an exploratory qualitative study. BMC Compl Alt Med 2007; 7(1):17.

(7) Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002. Adv Data 2004; 343:1-19.

(8) MacLennan AH, Wilson DH, Taylor AW. Prevalence and cost of alternative medicine in Australia. Lancet 1996; 347:569-573.

(9) Ernst E, White AR. The BBC survey of complementary medicine use in the UK. Complement Ther Med 2000; 8:32-36.

(10) Eisenberg D, David RB, Ettner SL, Appel S, Wilkey S, Van Rompay M et al. Trends in alternative medicine use in the United States; 1990-1997. JAMA 1998; 280:1569-1575.

(11) Emslie MJ, Campbell MK, Walker KA. Changes in public awareness of, attitudes to, and use of complementary therapy in North East Scotland: surveys in 1993 and 1999. Complement Ther Med 2002; 10:148-153.

(12) Thomas KJ, Coleman P, Nicholl JP. Trends in access to complementary or alternative medicines via primary care in England: 1995-2001. Results from a follow-up national survey. Fam Pract 2003; 20:575-577.

(13) Rhee SM, Garg VK, Hershey CO. Use of complementary and alternative medicines by ambulatory patients. Arch Intern Med 2004; 164:1004-1009.

For Peer Review Only

(14) Bullock ML, Pheley AM, Kiresuk TJ, Lenz SK, Culliton P. Characteristics and complaints of patients seeking therapy at a hospital-based alternative medicine clinic. J Alt Complement Med 1997; 3:31-37.

(15) Al-Windi A, Elmfeldt D, Svardsudd K. The relationship between age, gender, well-being and symptoms, and the use of pharmaceuticals, herbal medicines and self. Eur J Clin Pharmacol 2000; 56:311-317.

(16) Stein KD, Kaw C, Crammer C, Gansler T. The role of psychological functioning in the use of complementary and alternative methods among disease-free colorectal cancer survivors. Cancer 2009; 115(18 suppl):4397-4408.

(17) Blais R, Maiga A, Aboubacar A. How different are users and non-users of alternative medicine? Can J Pub Health 1997; 88:159-162.

(18) Bruno JJ, Ellis JJ. Herbal use among US elderly: 2002 national health interview survey. Ann Pharmacother 2005; 39:643-648.

(19) Busato A, Doenges A, Herren S, Widmer M, Marian F. Health status and health care utilisation of patients in complementary and conventional primary care in Switzerland-an observational study. Fam Pract 2005; 9:1-9.

(20) Passalacqua R, Caminiti C, Salvagni S, Barni S, Beretta GD, Carlini P et al. Effects of media information on cancer patients' opinions, feelings, decision-making process and physician-patient communication. Cancer 2004; 100:1077-1084.

(21) Rossi P, Lorenzo GD, Malpezzi MG, Faroni J, Cesarino F, Lorenzo CD et al. Prevalence, pattern and predictors of use of complementary and alternative medicine (CAM) in migraine patients attending a headache clinic in Italy. Cephalalgia` 2005; 25:493-506.

(22) Moore J, Phipps K, Marcer D. Why do people seek treatment by alternative medicine? BMJ 1985; 290:28-29.

(23) Harnack LJ, Rydell SA, Stang J. Prevalence of use of herbal products by adults in the Minneapolis/St Paul, Minn, Metropolitan area. Mayo Clin Proc 2001; 76:688-694.

(24) Tough SC, Johnston DW, Verhoef MJ. Complementary and alternative medicine use among colorectal cancer patients in Alberta Canada. Altern Ther Health Med 2002; 8:54-64.

(25) Hartel U, Volger E. Use and acceptance of classical natural and alternative medicine in Germany - findings of a representative population-based survey. Forsch Komplementarmed Klass Naturheilkd 2004; 11:327-334.

(26) Jacobs JWG, Kraaimaat FW, Bijlsma JWJ. Why do patients with rheumatoid arthritis use alternative treatments? Clin Rheumatol 2001; 20:192-196.

(27) Pedersen CG, Christensen S, Jensen AB, Zachariae R. Prevalence, socio-demogrphic and clinical predictors of post-diagnostic utilisation of different types of complementary and alternative medicine (CAM) in a nationwide cohort of Danish

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women treated for primary breast cancer. Eur J Cancer 2009; in press (www.sciencedirect.com).

(28) Kaptchuk TJ, Eisenberg DM. The Persuasive Appeal of Alternative Medicine. Ann Intern Med 1998; 129:1061-1065.

(29) Clement YN, Williams AF, Aranda D, Chase R, Watson N, Mohammed R et al. Medicinal herb use among asthmatic patients attending a speciality care facility in Trinidad. BMC Complement Altern Med 2005; 5:3.

(30) Giveon SM, Liberman N, Klang S, Kahan E. Are people who use "natural drugs" aware of their potentially harmful side effects and reporting to family physician? Patient Education and Counseling 2004; 53:5-11.

(31) Richardson J. What patients expect from complementary therapy: a qualitative study. Am J Pub Health 2004; 94:1049-1053.

(32) Kelner M, Wellman B. Health care and consumer choice: medical and alternative therapies. Soc Sci Med 1997; 45(2):203-212.

(33) Kranz R, Rosenmund A. Über die Motivation zur Verwendung komplementärmedizinischer Heilmethoden. Schweiz Med Wochenschr 1998; 128:616-622.

(34) Feldman RH, Laura R. The use of complementary and alternative medicine practices among Australian university students. Complement Health Pract Rev 2004; 9:173-179.

(35) Menniti-Ippolito F, Gargiulo L, Bologna E, Forcella E, Raschetti R. Use of unconventional medicine in Italy: a nation-wide survey. Eur J Clin Pharmacol 2002; 58:61-64.

(36) Klimenko E, Julliard K, Lu S-H, Song H. Models of health: a survey of practitioners. Complement Ther Clin Pract 2006; 12:258-267.

(37) Mitzdorf U, Beck K, Horton-Hausknecht J, et al. Why do patients seek treatments in hospitals of complementary medicine? J Alt Compl Med 1999; 5:463-473.

(38) Andritzky W. Wer nutzt unkonventionelle Heilweisen und was sind die Motivationen? Wien Med Wschr 1997; 147:413-417.

(39) Finnigan MD. The Centre for the Study of Complementary Medicine: an attempt to understand its popularity through psychological, demographic and operational criteria. Complement Med Res 1991; 5:83-88.

(40) Resch K, Hill S, Ernst E. Use of Complementary Therapies by Individuals with 'Arthritis'. Clin Rheumatol 1997; 16:391-395.

(41) Garcia-Campayo J, Sanz-Carrillo C. The use of alternative medicines by somatoform disorder patients in Spain. Br J Gen Pract 2000; 50:487-488.

For Peer Review Only

(42) Jacobs J, Chapman EH, Crothers D. Patient Characteristics and Practice Patterns of Physicians Using Homoeopathy. Arch Family Medicine 1998; 7:537-540.

(43) McGregor KJ, Peay ER. The choice of alternative therapy for health care: testing some propositions. Soc Sic Med 1996; 43(9):1317-1327.

(44) Correa-Velez I, Clavarino A, Barnett AG, Eastwood H. Use of complementary and alternative medicine and quality of life: changes at the end of life. Palliative Med 2003; 17:695-703.

(45) Djuric Z. Why do patients seek therapies based on complementary medicine? J R Coll Physicians Edinb 2002; 32:38-48.

(46) Shahrokh LE, Lukaszuk JM, Prawitz AD. Elderly herbal supplement users less satisfied with medical care than nonusers. J Am Dietetic Assoc 2005; 105:1138-1140.

(47) Nayak S, Matheis RJ, Agostinelli S, Shiflett SC. The use of complementary and alternative therapies for chronic pain following spinal cord injury: a pilot survey. J Spinal Cord Med 2001; 24(1):54-62.

(48) Ernst E. Disentangling integrative medicine. May Clin Proceed 2004; 79:565-566.

(49) Schofield P, Diggens J, Charleson C, Marigliani R, Jefford M. Effectively discussing complementary and alternative medicine in a conventional oncology setting: communication recommendations for clinicians. Patient Education and Counseling 2009; in press(doi: 10.1016.j.ped.2009.07.038).

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