

Engaging with complementary and alternative medicine in general practice

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ABSTRACT

INTRODUCTION: A number of surveys in New Zealand have documented the growing interest and experience that GPs have in their encounters with complementary and alternative medicine. This study has focussed on reasons why some GPs choose to engage with CAM, how these reflect their aims of health care, the difficulties they encounter and how these are negotiated within the consultation.

METHOD: A sample of 12 mainstream GPs from the greater Auckland area agreed to a semi-structured interview, and the transcripts were analysed using grounded theory technique.

FINDINGS: All general practitioners interviewed in this study were confronted to a greater or lesser extent with their patients' interest in CAM. Not all chose to engage with the subject. Those who did engage cited a number of reasons for doing so which included a desire to remain patient-centred, to place their patients' choices within the context of a good diagnosis, to provide what evidence-based information they could and to minimise potential harms from its use.

CONCLUSION: This study adds weight to findings in previous studies that many general practitioners encounter CAM in their consultations and explores reasons why they choose to engage with it. The findings suggest that increased dialogue with non-mainstream health practitioners and access to knowledge sources giving a basic understanding of CAM practices and philosophies that both CAM and mainstream practitioner communities regard as reliable would be of benefit to these GPs.

KEYWORDS: Complementary and alternative medicine; family practice; patient-centered medicine

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Introduction

The growing influence of complementary and alternative medicine (CAM) on mainstream health care has been widely acknowledged in research from many countries including the United States (US),^{1,2} the United Kingdom (UK),³ Europe⁴ and Australia.^{5,6} Traditionally, general practice has had an important and central role in the provision of primary health care and has been seen as a place of first call for many patients seeking medical advice, but increasingly other health providers are also offering first-line care. Stevenson et al.⁷ have used Kleinman's model of the three sectors of health care (popular, folk and professional) to examine the range of treatments that patients use and how they relate to these three sectors, whilst Tovey and Adams⁸ make note of the mounting interest in CAM within the orthodox medical

community and the significant move towards integrative practice within general practice.

A number of surveys in New Zealand document the interest and experience that general practitioners in this country have had with CAM in their surgeries.^{9,10,11,12} In this paper, based on interviews with 12 general practitioners in Auckland, we explore some of these experiences and motivations for their engagement.

Methodology

Ethical approval was obtained from the University of Otago Ethics Committee. A pragmatic stratified sample based on age, sex, ethnicity and practising area was drawn from graduates of New Zealand medical schools with a practising address

J PRIM HEALTH CARE
2011;3(1):29–34.

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in the greater Auckland area. Those who did not respond within a week to a posted invitation to participate were followed up by personal phone call at the surgery. The interviews (conducted by MU) which took place were recorded in the doctors' surgeries or home address and averaged 40 minutes. They were based on a semi-structured questionnaire that explored the doctors' familiarity, sources of information about and involvement with both standard 'evidence-based' medicine (EBM) and CAM. Pertinent excerpts were identified and categorised by MU using 'grounded theory' technique.

Findings

Five main themes were identified:

1. The 'gulf' that currently exists between the two paradigms;
2. The general aims of health care;
3. Issues around efficacy and safety of therapies;
4. Issues of professionalism, and
5. The impact of CAM on the consultation.

The interviews demonstrated attitudes which ranged from those who actively avoided engaging with CAM in the consultation, those who partially or passively engaged, to those who actively engaged with the subject. The reasons given for engagement generally supported the research conducted by Astin¹³ in 1988 into the practices and beliefs of physicians concerning CAM:

1. A patients' lack of response to conventional treatment;
2. A patient's request or preference;
3. A physician's belief in its efficacy;
4. The belief that there are fewer adverse effects with CAM;
5. The belief that the scientific worldview espoused by academic medicine is limited;
6. The conception that there is a synergy between CAM and patients' cultural beliefs;
7. The perception that a patient's illness is non-organic or psychological in nature.

However, there were additional reasons given by participants in the present study for their engagement which may reflect the stronger emphasis now given to patient-centred medicine:

1. A recognition of its value for the relief of certain symptoms not well addressed by mainstream medicine;
2. A recognition of the sense of empowerment and self-motivation that many patients receive through accessing CAM therapies;
3. A need to engage with the life worlds of their patients;
4. A desire to share what information they can and to act as an advocate for making good health choice decisions with regard to CAM based on honesty and mutual trust;
5. A need to screen for the possible interactions that can occur between CAM preparations and mainstream drugs.

1. The gulf between the two paradigms

Some researchers^{14,7} have commented on the influence of doctors' attitudes on whether patients will admit to their use of CAM in a consultation. Stevenson et al.⁷ in particular refer to *legitimacy* as an important determining factor as to what patients see as appropriate for discussion. The discomfort which was experienced by a majority of the participants in dealing with the topic of CAM in the consultation is illustrated by the following excerpt:

...It is interesting... about the continuum between complementary medicine and conventional medicine. Because amongst the so-called medical establishment we have a common language, we can speak to each other, we all speak the same evidence, we all accept the same presuppositions about our science. When it gets on to some of the complementary medicines, suddenly there is a big gulf, and that's a problem that I see... (Dr H)

Doctors who displayed the most discomfort with CAM also stated that their patients did not often raise the subject with them:

...we probably have no idea how much this is being used. They don't come and say that the alternative product worked because then they would not be coming to us, they come to us only when the alternative product doesn't work a lot of the time, so we don't know... (Dr D)

Some participants saw CAM as definitely outside their area of practice:

I just feel we have enough information and enough stuff that we do, and that's our field, and I don't want to branch out into another field of medicine... (Dr B)

Others were prepared to engage with their patients' efforts to help themselves with CAM therapies, despite their own lack of knowledge of the area:

I sometimes show them on the Internet a good site to research... I think people need to be better informed because these days people don't just blindly accept things like they used to, and some people actually come in and say, 'Oh I've been reading on the Internet', or 'I've been to a naturopath', or 'I've been to the chemist', and they ask me whether that's OK, and it's quite hard because I think, 'Oh gosh, I haven't heard of that before'... (Dr G)

The general practitioners who showed the most confidence in engaging with CAM subjects also showed the most willingness and ability to seek out their own information:

I'm using the Internet largely... and I still Google things as well, but again, most sites I'm using are taken from the biomedical viewpoint in looking at the interface... (Dr E)

2. The aims of health care

Most of the general practitioners who engaged with CAM appeared to link their attitudes to CAM with their perceptions of the importance of the patient-centred aims of health care. One participant in particular who had a positive involvement with his patients' use of CAM saw mainstream lack of engagement with patient concerns as being an important reason why patients seek alternative care:

We are SO far off caring in the biomedical model. I would still go back to care actually. They are not getting their need for care met so they are looking for other options to meet that need... (Dr E)

Dr E echoes concerns expressed by other researchers about trends in orthodox medicine^{15,16,17} and reasons given by some patients in surveys as to why they have sought alternative care.^{18,19}

WHAT THIS GAP FILLS

What we already know: A number of surveys have documented that New Zealand general practitioners (GPs) have a growing interest in and experience with complementary and alternative medicine (CAM).

What this study adds: This study has focussed on reasons why some GPs choose to engage with CAM, how these reflect their aims of health care, the difficulties they encounter and how these are negotiated within the consultation.

This concern highlighted the importance of patient-centred medicine as being for many GPs as important as their evidence-based practice.

Another participant experienced the attitudes of some CAM therapists to be more positive than that of some mainstream practitioners:

It's a really important part of treatment, that positive attitude or the belief that they are going to get better, and we are not so good at pushing that as some of these alternative therapists are and that probably is a big weakness of our medicine. We are too quick to go into the negative 'won't work', while being evidence-based, but again that is part of the model that we have to work under. There is a lot that we should be learning from the way that these people promote health and well-being, in making people feel well. We have lost a lot of ground in that respect over the past few years because we've broken things down too much... into the scientific model... (Dr F)

Two respondents highlighted diagnosis as something they felt only mainstream doctors could do adequately, and something they felt has to be the starting point for good health care:

...my argument always about that is that we should always start with a diagnosis first, and to get a decent diagnosis you need to go to a doctor. I guess that would be my argument against seeing other forms of therapists first... (Dr C)

The research of Cant and Calnan²⁰ has suggested that many CAM practitioners do recognise the superior ability of mainstream practitioners to diagnose and treat, especially in the area of dis-

ease, and other researchers have noted that most patients do consult their GP first before turning to an alternative therapist.¹⁴

3. Issues around efficacy and safety of therapies

The consideration of evidence around efficacy and safety for both biomedicine and CAM was reflected in most of the interviews, but not all doctors found this easy to obtain in the CAM field:

There are very little resources to look back on to find that. All the resources that are freely available on the Internet for instance are very biased... people selling or promoting the product as opposed to an objective source of information for these treatments... if someone was willing to come up with a good library, or information on these things, certainly that would be useful... (Dr F)

Three GPs had accessed information from CAM courses that are now becoming available to medical professionals:

I can be reasonably persuaded if there is an essence of decent evidence about it... so I could go to a conference for a couple of days on complementary medicine and be persuaded, but because I don't pursue that and I live in the other environment then it tends to fall off unless I can take the energy to pursue it... (Dr J)

Two of these doctors expressed a need for ongoing peer support as well as an acceptable evidence base if they were to fully engage with CAM.

4. Issues of professionalism

Some GPs spoke of the concerns about professional standards which were addressed by the Health Practitioners Competence Assurance Act in 2003 and the Ministerial Advisory Committee on Complementary and Alternative Health (MACCAH) in 2004 (<http://www.newhealth.govt.nz/maccach.htm>):

We trust the colleges, we trust that they maintain the standards... that have been set up to keep conventional medicine true and honest, but I don't trust the complementary medicine situation and I

would certainly like to see a more physical, strong policing presence amongst the complementary medicine professions... (Dr H)

These professional issues became particularly important if GPs were considering any form of networking with CAM practitioners:

... if I send someone through to an orthopaedic specialist I understand the parameters around that, and also his ethics, and everything else. So even though we have met some of these alternative people before, I don't know what sort of framework they work under, what sort of regulations or other safety factors. Now, if the patients choose to use that themselves I don't have a problem with that, but for me to recommend it, I must have a bit more confidence.... (Dr F)

5. The impact on the consultation

When CAM enters the consultation it usually involves a degree of negotiation with which some GPs interviewed were clearly comfortable:

I don't have any great issues if the patient feels comfortable with what they are doing and they feel it is giving them benefit and I don't feel it is doing harm then I am very happy to go along with it. If they say 'well what do you think?', if I'm honest and I haven't investigated it I say 'I really don't know, it's not something that I have used before or I'm experienced in using', and work through it on that sort of basis ... (Dr C)

Other GPs were less comfortable:

... some will come along and tell me what they are taking, and put it on exactly the same level as conventional medicines as if to say it's just as authentic... (Dr D)

GPs who may wish to offer a CAM alternative learn that not every patient is keen to accept this from a mainstream practitioner:

I'm watching the reaction. I'm looking to see if they are immediately latching onto one of my initial options or whether they are sitting there and watching... also my previous experience with each patient as well. I know some patients want to hear about

the alternative options, other patients want to hear about the drugs so you mention drugs, full stop, and they are happy just to go with that. So yes, I'm looking, I'm gauging the reaction... (Dr E)

The sixth component of the consultation as outlined in the patient-centred clinical method involves 'being realistic'. Brown et al.²¹ comment that 'essential skills needed by the doctor are flexibility, a readiness to express both concern and a willingness to work with the patient... to establish mutual agreement'. Although the discussion outlined by Brown et al. is focussed on conflicting agendas raised within mainstream care, some of the examples raised here reflect similar issues relating to non-mainstream health care.

Discussion

This is a small study which therefore makes no claims to generalisability, but the data obtained

of Dr H in relation to the 'big gulf' draws attention to differences of language and scientific presuppositions over and above the debates concerning efficacy or effectiveness. A few doctors interviewed tried to deal with this as being outside the scientific endeavour and of their 'job description', whilst others considered it part of their role as patient-centred advocates to engage with their patients' therapeutic choices. Three GPs interviewed had received some training in a CAM modality, and some GPs were able and prepared to actively research CAM therapies for their patients.

Evidence-based practice should include a discussion between the patient and practitioner as to how available evidence informs a clinical judgment. However, Slowther et al.²² have noted that a lack of diagnostic certainty and the difficulty of defining appropriate outcome measures mean that many decisions taken at a primary care level are not and cannot be evidence-based,

...all general practitioners interviewed had encountered CAM in their consultations and all experienced difficulties in dealing with the subject to a greater or lesser extent. Most of their discomfort appeared to arise from their ignorance of, and lack of training to deal with, CAM therapies or philosophies

showed good agreement with other research previously conducted in New Zealand that has suggested that 'complementary medicine is of considerable interest to general practitioners',⁹ that in more recent years concerns about safety of CAM therapies have increased for both doctors and patients¹¹ and that the number of general practitioners who have received some formal training in CAM is rising compared with older studies.¹² The present study emphasises that all general practitioners interviewed had encountered CAM in their consultations and all experienced difficulties in dealing with the subject to a greater or lesser extent. Most of their discomfort appeared to arise from their ignorance of and lack of training to deal with CAM therapies or philosophies. The comment

that much evidence quoted is not supplied from the patient perspective and that the strict exclusion criteria of randomised controlled trials often have an effect of limiting patient choice.²² The impact of CAM on the consultation in general practice as demonstrated in these interviews highlights some of these dilemmas.

Conclusion

Wider issues around the supporting evidence and appropriateness of CAM have not been addressed in this study as our focus has been on GP engagement with CAM in their daily practice. Whatever the formal positions of biomedicine and general practice with regard to the utility and scientific credibility of CAM,

a number of the GPs interviewed found it necessary to engage with their patients' growing interest in and use of these therapies. The findings suggest that increased dialogue with non-mainstream health practitioners and access to knowledge sources giving a basic understanding of CAM practices and philosophies that both CAM and mainstream practitioner communities regard as reliable, would be of benefit to these GPs.

References

1. Kessler RC, Davis RC, Foster DF, Van Rompay MI, Walters EE, Wilkey SA, Kaptchuk TJ, Eisenberg DM. Long-term trends in the use of complementary and alternative therapies in the United States. *Ann Intern Med.* 2001;135:262–268.
2. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States: Prevalence, costs and patterns of use. *N Engl J Med.* 1998;328:246–252.
3. Zollman C, Vickers A. ABC of complementary medicine: Users and practitioners of complementary medicine. *BMJ.* 1999; 319:836–838.
4. Fisher P, Ward A. Complementary medicine in Europe. *BMJ.* 1994;309:107–110.
5. Coulter ID, Willis EM. The rise and rise of complementary and alternative medicine: A sociological perspective. *Med J Aust.* 2004;180:587–589.
6. Robinson A, Chesters J, Cooper S. Peoples' Choice: Complementary and Alternative Medicine Modalities. *Complement Health Pract Rev.* 2007;12(99):99–119.
7. Stevenson FA, Britten N, Barry CA, Bradley CP, Barber N. Self-treatment and its discussion in medical consultations; how is medical pluralism managed in practice? *Soc Sci Med.* 2003;57:513–527.
8. Tovey P, Adams J. Primary care as intersecting social worlds. *Soc Sci Med.* 2001;52:695–706.
9. Hadley CM. Complementary medicine and the general practitioner: a survey of general practitioners in the Wellington area. *N Z Med J.* 1988 (November);766–768.
10. Marshall RJ, Gee R., Israel M, Neave D, Edwards F, Dumble J, Wong S, Chan C, Patel R, Poon P, Tam G. The use of alternative therapies by Auckland general practitioners. *N Z Med J.* 1990;103:213–215.
11. Taylor, M. Patients' and general practitioners' attitudes towards complementary medicine in Wanganui, New Zealand. *N Z Fam Physician.* 2003;30(2):102–107.
12. Poynton L, Dowell A, Egan T, Dew K. General practitioners' attitudes toward (and use of) complementary and alternative medicine: A New Zealand nationwide survey. *N Z Med J.* 2006;119(1247). URL: www.nzma.org.nz/journal/119-1247/2358
13. Astin JA, Marie A, Pelletier KR, Hansen E, Haskell WL. A Review of the incorporation of complementary and alternative medicine by mainstream physicians. *Arch Intern Med.* 1988;158:2303–2310.
14. Eisenberg DM, Kessler RC, Van Rompay MI, Kaptchuk TJ, Wilkey SA, Appel S, Davis RB. Perceptions about complementary therapies relative to conventional therapies among adults who use both: Results from a national survey. *Ann Intern Med.* 2001;135(5):344–351.
15. Taylor, MB. Compassion: Its neglect and importance. *Br J Gen Pract.* 2003;47:521–523.
16. Sweeney K. Science, society, suffering and the self: a commentary on general practice for the twenty-first century. *N Z Fam Physician.* 2005;32(4):211–214.
17. Toop L. Patient centred primary care. *BMJ.* 1998;316: 1882–1883.
18. Furnham A. Complementary and alternative medicine: shopping for health in post-modern times. In: White P, editor. *Biopsychosocial medicine: An integrated approach to understanding illness.* United Kingdom: Oxford University Press; 2002.
19. White P. What can general practice learn from complementary medicine? *Br J Gen Pract.* 2000;50:821–823.
20. Cant SL, Calnan M. On the margins of the medical marketplace? An exploratory study of alternative practitioners' perceptions. *Social Health Illn.* 1991;13(1):39–57.
21. Brown JB, McWilliam CL, Weston WW. The sixth component: Being realistic. In: Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-centred medicine: Transforming the clinical method.* 2nd edition. Radcliffe Medical Press Ltd; 2003.
22. Slowther A, Ford S, Schofield T. Ethics of evidence based medicine in the primary care setting. *J Med Ethics.* 2004;30:151–155.

ACKNOWLEDGEMENTS

We would like to thank the GPs who agreed to an interview for this study.

COMPETING INTERESTS

None declared.