

Complementary therapies in general practice

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The utilisation of complementary medicine by the Australian community is widespread. A 1993 survey by MacLennan et al¹ found that in the previous year, 48.5% of respondents (n=3004 South Australian residents) had used at least one 'alternative' medicine. In 2000 a similar survey found the overall use to be 52.1% with a significant increase in female consumers, 54.8% in 1993 to 60.0% in 2000.² In 1993 it was estimated that the Australian health consumer expenditure on complementary medicines and therapies was approximately AUD 1 billion; in 2000 it was estimated to be AUD 2.3 billion. This widespread use of complementary medicines and therapies has significant implications for the medical community. While it may have been acceptable to ignore the use of these 'alternatives' 10 years ago, failure to do so now would be considered irresponsible.

Against the background of this widespread utilisation it is understandable that one impact on general practice is the uptake of complementary therapies by general practitioners. A random sample of Victorian GPs showed that in 1997 they practised a range of complementary therapies including meditation (34%), acupuncture (23%), vitamin and mineral therapy (23%), hypnosis (20%), herbal medicine (12%), chiropractic (8%),

naturopathy (6%), homoeopathy (5%), spiritual healing (5%), osteopathy (4%), aromatherapy (4%), and reflexology (2%). The comparison between the characteristics of Victorian GPs who participated in this survey who practise and do not practise complementary therapies¹ published in this issue challenges the concept that GPs practising complementary therapies are at the fringe of general practice. To the contrary, the findings of this research suggest that GPs who practise complementary therapies show no difference in important practice characteristics from GPs who do not practise these therapies.

The authors conclude that GPs practising complementary therapies do not live at the fringes of the medical community but are part of the mainstream. While it is clear that these GPs can not be immediately distinguished from their more orthodox colleagues, it is uncertain that they have yet entered the mainstream of general practice. Being part of the mainstream connotes more than similar practice characteristics, it means that there is broad acceptance for their approach to practise and that the power structures of the profession recognise and accept their practice within the purview of general practice. This is not yet fully the case, although there are clear shifts occurring that may lead to such recognition.

Earlier this year the Australian Medical

Association released a position statement on complementary medicine.³ Acknowledging that the use of complementary medicines and therapies in Australia is considerable and increasing, the AMA encouraged medical colleges to develop educational and practice standards relevant to complementary medicine for use by medical practitioners and medical practices. Such standards when developed need to be practical and balanced. We are yet to determine why GPs use these therapies, however, it is likely to have come about by a realisation that the practise of medicine has broader horizons than what was taught in medical school.

References

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