

# Complementary medicine – making it work

I must admit that I absolutely love general practice and do sympathise with the many general practitioners who are currently feeling dissatisfied with their work. As a woman GP with two young children aged 4 and 9 years, it is of utmost importance to me to have the balance right. Self care is the number one priority for me. I eat well, practise regular meditation, yoga and walk almost daily along the beach. This way I am being a good role model for my patients and practising what I preach. Variety of work is also the key. I work 2 days a week in general practice, with my husband who is a dentist, and also work as the practice manager. On my days off I often ring the practice twice a day to address any concerns the receptionists or doctors may be encountering.

## Nonclinical activities

I spend my other days working from home either editing papers for the *Journal of Complementary Medicine*, writing articles for medical or consumer magazines, or preparing university lectures. I am interested in exploring the scientific evidence, or lack of it, for complementary medicine. The Royal Australian College of General Practitioners library is extremely helpful in providing the references and doing the searches for specific articles, and I am sure I have stretched its services many times.

I also participate on the Professional Services Review panel of the Health Insurance Commission, although to date they have not asked me to sit on any panels related to GPs practising complementary medicine.

I enjoy committees and serve on a number of them, including the Therapeutic Goods Administration, Complementary Medicine Evaluation Committee (a paid position), the Victorian AMA Council and the Australasian Integrative Medicine Association, a peer

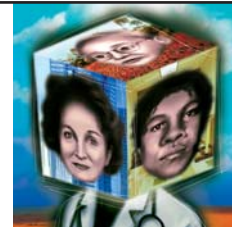
support group of doctors of which I was the founding president. This position opened me to the medical community and media as a spokesperson on complementary medicine, and also offered me a sense of belonging by bringing like minded doctors together.

As the practice manager (*Figure 1*), I organise staff meetings with receptionists and have lunches with the doctors. I work with three wonderful women GPs, one of whom is a GP registrar completing her final year training; all are wholistically oriented. Often I have students from Monash and Melbourne University sitting in with me. I am proud to act as a role model and my biggest lesson for them is to teach good listening skills, appropriate body language and a caring and loving attitude toward all patients. I actually 'thank' patients for coming in to see me.

## The approach to patient care

All our doctors spend time with their patients, to practise from a 'whole person care' or 'wholistic' approach. During the first consultation, I allow 1 hour in order to take a thorough history, do an examination, explore stresses in the patient's life and to counsel them on lifestyle advice such as, diet, exercise, and stress management to help treat and prevent their condition(s). Many patients we see have severe, chronic health problems. Women's health problems are also common, but we cover the broad range of family medicine. Subsequent consultations vary in length from 15–30 minutes according to individual needs and choice of treatments. It's amazing how most patients start to feel better with just lifestyle changes and this adds to the satisfaction of both the patient and doctor.

I may use extra tools such as counselling, hypnosis or acupuncture as an aid to healing. The desire to learn about these therapies came from a genuine interest to



**Vicki Kotsirilos**, MBBS, FACNEM, is a general practitioner, Whole Health Medical Clinic, Clayton, Victoria, past and founding President and honorary life board member, the Australasian Integrative Medicine Association (AIMA), and lecturer, foundation board member and advisory board member, Graduate School of Integrative Medicine, Swinburne University, Victoria.



Figure 1. Whole Health Medical Centre

learn more about health and healing, and from encouragement from my patients, relatives and friends who were trying complementary medicine. I wanted to provide more treatment options to my patients to help improve their quality of care and life. I have developed a deep respect for ancient traditional healing systems that have been around for centuries.

It is also important to me that, despite the style of medicine I use, whether it is a pharmaceutical agent or a natural therapy, I do no harm to my patients. I try to combine the best of orthodox and scientifically based complementary medicines. I continue to perform GP procedures such as PAP tests, breast checks and minor surgery; the only difference being I spend more time and provide an alternative prescription. Often I find complementary medicine to work, and if necessary I also prescribe a pharmaceutical agent, eg. antibiotics in pneumonia. I am very mindful of what I prescribe and choose only natural medicines that I have found from clinical experience to work, are safe and have scientific validity.

I charge a fee above the Medicare schedule, eg. \$48 for item 23. This fee is part of the patient's commitment to their health and wellbeing. Occasionally I may reduce the fee for financially disadvantaged patients. I do very few home visits and only for patients whom I know extremely well. I pay for an after hours locum service. We are currently accredited but will not renew the accreditation after it has expired as I receive very few PIP payments. The main reason for this is because I have intentionally avoided computerising the practice as we cannot tolerate the sound of the computer and like to maintain full eye contact with the patient while handwriting notes on a clipboard in front of us. I take copious notes equivalent to the time I spend with patients.

I have derived an enormous amount of satisfaction and joy from my work. Patients often sense this, and they

too are very satisfied with this style of medicine. Often the patients I see are highly motivated to get better, and this does help the relationship. This style of medicine often empowers patients by providing them with individually prescribed options for treating their health condition. In both orthodox and complementary therapies, sometimes the treatments fail. This may be due to a number of factors, such as lack of motivation, not changing lifestyle, choosing the wrong therapy, or lack of commitment to the therapy for various reasons (eg. financial, lack of support, peer pressure). I am aware of, and sensitive to, these factors. I have learned to be more intuitive and listen to my patients' needs more carefully, and to fine tune treatment modalities accordingly.

Email: [vicki.k@optusnet.com.au](mailto:vicki.k@optusnet.com.au)

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