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# GPs' attitudes toward complementary medicine

**The National Center for Complementary and Alternative Medicine (NCCAM) define complementary and alternative medicine as a group of 'diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine', as defined by our medical peers.<sup>1</sup> Since the 1990s the term 'integrative medicine' has gained increasing popularity and acceptance by doctors aligned with the importance of evidence based medicine and the demonstration of increasing nonorthodox therapies having a scientific basis. The RACGP-AIMA (The Royal Australian College of General Practitioners-Australasian Integrative Medicine Association) position paper on complementary medicine (CM) defines integrative medicine as 'the blending of conventional and natural/complementary medicines and/or therapies with the aim of using the most appropriate of either or both modalities to care for the patient as a whole'.<sup>2</sup>**

It is estimated that approximately 52% of the Australian population use CM and that 26% consulted practitioners of CM.<sup>3</sup> People who use CM are generally not rejecting orthodox medicine but rather looking for options with the view to improving their wellbeing. General practitioners generally underestimate the extent to which their patients use CM. Statistics indicate 57.2% of patients do not report the use of CMs to their doctor and about 50% use conventional medicines on the same day. This is of great concern considering the potential for adverse events such as herb-drug interactions.

A recent national survey of a random sample of Australian GPs confirms previous findings that many GPs have accepted some complementary therapies; namely acupuncture, massage, yoga, chiropractic, hypnosis and meditation as 'mainstream'.<sup>4</sup> Two-thirds of respondents believed these therapies to be 'moderately to highly effective', and more than 80% considered them to 'be safe'. It is a useful study further highlighting GPs' attitudes to the use of CM. Most findings are similar

to a previous report by Pirota et al<sup>5</sup> in which GPs were asked to indicate their current level of training in CM. Most had little formal training. Where formal training (certificate, diploma or degree) had been indicated, GPs reported training in meditation (26%), acupuncture (23%), vitamin and mineral therapy (23%), massage (17%), hypnosis (14%), herbal medicine (14%), and yoga (13%). They expressed an interest in learning more about these therapies, with the highest level of interest for meditation, massage, hypnosis, yoga, herbal medicine, vitamin and mineral therapy, and acupuncture.

The report also asked GPs about the appropriateness of suitably trained GPs to practise complementary therapies. Respondents felt that those most suitable include: acupuncture (93%), hypnosis (87%), meditation (64%), vitamin and mineral therapy (53%), herbal medicine (51%), massage (49%), Chinese herbal medicine (49%), and chiropractic (47%). Referral of patients for CM was also explored. Based on the frequency of all referrals, GPs were most likely to refer patients for massage (87%), acupuncture (83%), meditation (65%), yoga (63%), chiropractic (60%), and hypnosis (59%).

As a general rule, GPs expressed greater confidence with preference to refer to medically trained doctors who practise CM.<sup>4,5</sup>

These statistics provide us with useful information about the changing attitude of GPs toward CM. Of great interest, 40% of GPs reported personally using vitamins, minerals, herbal or other supplements within the past 4 weeks, and 26% had received massage within 12 months of completing the survey.

General practitioners also raised a number of concerns in the report. These included the possibility of 'delayed or missed diagnoses and treatment' when patients seek CM. This was rated as a higher concern than potential risk of adverse events arising from a particular therapy. Other concerns included: lack of knowledge about who to refer to, lack of availability of CM in rural areas, legal liability of referring to CM therapists, the need for therapists to be regulated, and GPs dispensing CM. Most GPs surveyed felt that most

CM therapies should be regulated or CM therapists should be registered.

A report on the ethical and legal issues at the interface of CM and conventional medicine suggests that when doctors are faced with patients wanting to trial CM they should be:

- honest with the patient's direct questioning about CM
- establish the patient's understanding of CM and why they use it
- take into account the burden of their illness and provide material of their expressed preferences
- discuss the risks and benefits of both CM and orthodox treatment
- adequately inform the patient about available CM that has been shown to be safe and effective, and those that are shown to be ineffective
- become familiar with qualified and competent CM practitioners (both medical and nonmedical) to whom referrals are made
- continue a relationship with the patient; continue to monitor their health
- keep communication with the patient open and respectful.<sup>6</sup>

Conflict of interest: none declared.

## References

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