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Let's talk about the alternatives

Canada vs. Australia

■ **Let's face it. It's always there. It is never included in the medical school curriculum but patients often consult you about its use. You are not sure of its efficacy, so you cannot say it is useful. Some patients listen to you, some don't, and others use it without telling you. This scenario is happening every day in your consulting room. We are talking about complementary and alternative medicine (CAM).**

In Australia, CAM usage is up to 52.2%.¹ In Europe, usage of CAM ranges from 25% in the United Kingdom to 70% in Germany.² In the United States of America usage is about 36%,³ and in Canada it is between 12–60%.⁴

So what is CAM?

Complementary and alternative medicine refers to any branch of therapeutic science other than conventional western medicine. According to the National Centre for Complementary and Alternative Medicine (NCCAM),⁵ CAM can be divided into five domains:

- whole medical systems (eg. traditional Chinese medicine, Ayurveda, homeopathy)
- mind-body medicine (eg. meditation, relaxation, prayer)
- biologically based practice (eg. herbs, foods, vitamins)
- manipulative and body based practice (eg. chiropractic, massage naturopathy, tui na)
- energy medicine (eg. qigong, reiki, haptic therapy).

As we can see, CAM is broad ranging and often carries a cultural connection. Medical practitioners trained in reductionist western medicine will often find it difficult to understand CAM due to its holistic framework. According to the 2007 National Physicians Survey in Canada, CAM is better accepted by the younger generation of health professionals, and further training with specialisation slowly discourages its acceptance.⁶ In Australia, a 2004 national general practice survey shows that CAM is well accepted by general practitioners with a potential for incorporation into mainstream medical care.⁷

As GPs, we should be aware of the barriers toward accepting CAM and the need for a pragmatic approach toward patients' enquiries of, and their desire for using, CAM.

Barriers to the acceptance of CAM

Lack of understanding

Complementary and alternative medicine can only be understood in a systems approach, which is different from the reductionist approach of conventional medicine. The diversity of CAM, and the conflicting evidence based data, often deter primary care physicians from referring patients for CAM treatment. Nevertheless, over 50% of GPs in Australia have referred patients for CAM within the previous 12 months,¹ while Canadian family physicians seem to be fairly conservative, with an annual referral rate of 12.3%.⁶

Lack of research funding

In Canada there is no provincial or national funding structure dedicated to CAM research. This is in contrast to Australia and the USA where The National Institute of Complementary Medicine (NICM) and NCCAM exist as independent agencies to support and provide research funding in all major branches of CAM.

Lack of training and accreditation

Training in CAM is largely unregulated in Canada and not fully accredited by the government. Aspiring physicians are left to their own devices to learn CAM with no incentives or professional recognition. In Australia, postgraduate research programs leading to Master and Doctoral degrees are available in Chinese medicine. In the USA, accredited postgraduate fellowship training in integrative medicine is offered at the University of Arizona.

Lack of referral network

In Canada, the provincial health insurance system does not support patient referrals to CAM practitioners and few private insurance companies will reimburse limited CAM treatment. In Australia and the USA, the referral network for CAM is comparatively more established and facilitative for patients in need.

A pragmatic approach to CAM for physicians

To learn always, to understand often and to accept sometimes

– CAM has been, and will continue to be, utilised by patients. In Canada, the federal government should take the initiative in setting up regulated bodies to centralise and disseminate CAM guidelines and information, as exemplified by the NICM in Australia and NCCAM in the USA. This will enable Canadian family physicians to make informed decisions regarding CAM, both for themselves and for patients, and hopefully better accept the discipline as it is accepted in Australia and the USA.

Adopt a systems approach for CAM – if we isolate and vary one ingredient in a Caesar salad to see if it is crucial for its palatability, the overall taste will not be the same. The same scenario applies if we adopt a reductionist approach to analyse a systems approach based CAM, especially using randomised controlled trials as the 'gold standard'.⁸ In Canada, there is urgent need of more peer reviewed research funding to understand CAM in a systems approach paradigm.

Acknowledge concern and need of patients – more often than not, patients already have an agenda to discuss when they mention CAM to their doctor. Studies show that a significant proportion of patients expect their primary care provider to facilitate CAM referrals or provide CAM therapies themselves.^{9,10} In Australia, survey data shows that the majority of GPs are already prepared to do so, especially for CAM modalities such as acupuncture and hypnosis.⁸

Be proactive and open minded – we have to admit that conventional medicine has its limitations and patients should not be denied their rights to access CAM if there is evidence for benefits, especially in chronic conditions causing pain and disability.^{11–14} Bear in mind some important therapeutics have their roots from CAM. A good example is the blockbuster drug oseltamivir for treating H1N1 influenza, which is made from shikimic acid extracted from the fruits of Chinese staranise,¹⁵ a well recognised Chinese herb used to treat influenza.

Drawing from personal experience, the author feels that Canada has to catch up with Australia and the USA in its attitude toward CAM. Physicians should be well versed with evidence based guidelines on CAM usage and the potential harm if applied inappropriately. Established databases such as the Bandolier, Cochrane reviews and PubMed can supply the most up-to-date information regarding CAM. Physicians are encouraged to access these databases.

In summary, usage of CAM among the general population will continue, and primary care physicians should adopt an open minded approach with basic knowledge to advise their patients where appropriate.

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