

God knows what they teach them at medical school these days.

HISTORY OF MEDICINE

- **BC – Here, eat this root.**
- **AD – That root is heathen. Here, say this prayer.**
- **1850 AD – That prayer is superstition. Here, drink this potion.**
- **1940 AD – That potion is snake oil. Here, swallow this pill.**
- **1985 AD – That pill has side-effects. Here, take this new pill.**
- **2000 AD – I am not sure I want that pill. Where is that root?**

COMPLEMENTARY ALTERNATIVE MEDICINE (CAM)

www.som.soton.ac.uk/compmed

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Aim

- To introduce you to different (C & A) ways of looking at and thinking about health
- To be aware of the use of CAM by patients and the basic principles of the main CAM's
- To be able to reflect on the use of CAM and enquire about the different health beliefs patients and colleagues hold

What is True?

Our contact with and perception of reality is destined to reveal itself by an indefinite range of yet unforeseen consequences.

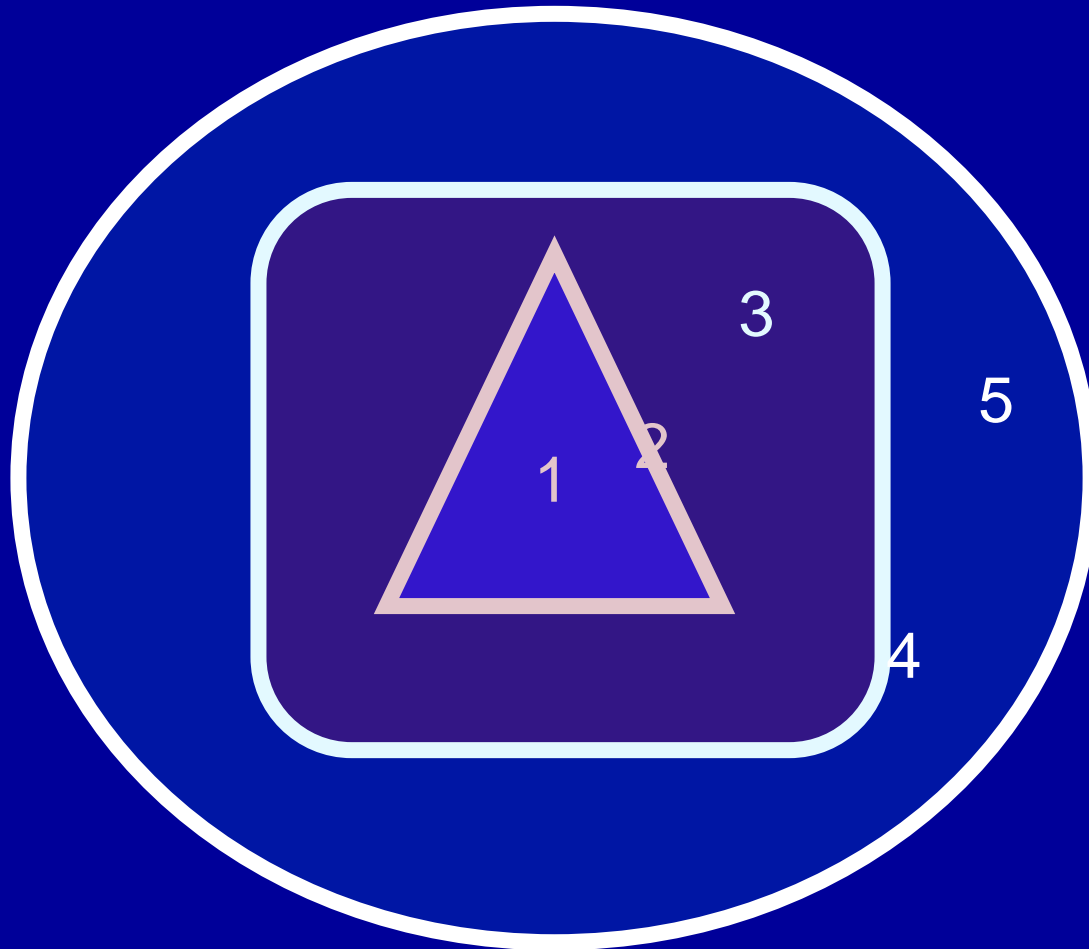
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Polyani

Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in
information?

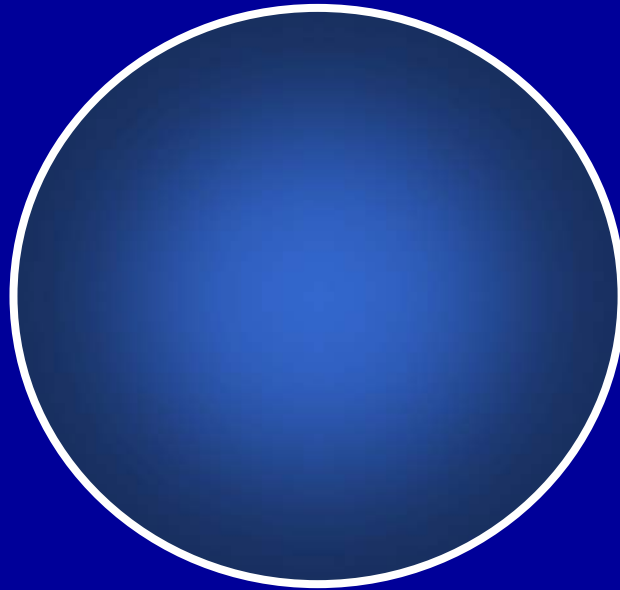
Eliot

The relationship between disease ▲
patient ■ and doctor ●

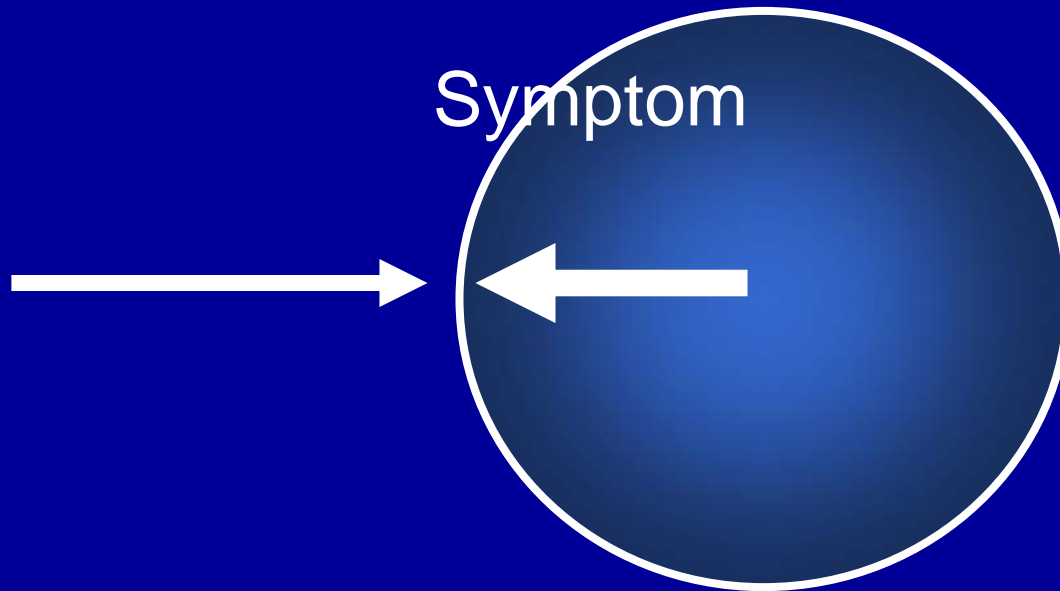


Pathogenic

Causation



Biological



What is a disease?

- Illness is what the patient has on the way to see the doctor
- disease is what they have on their way home

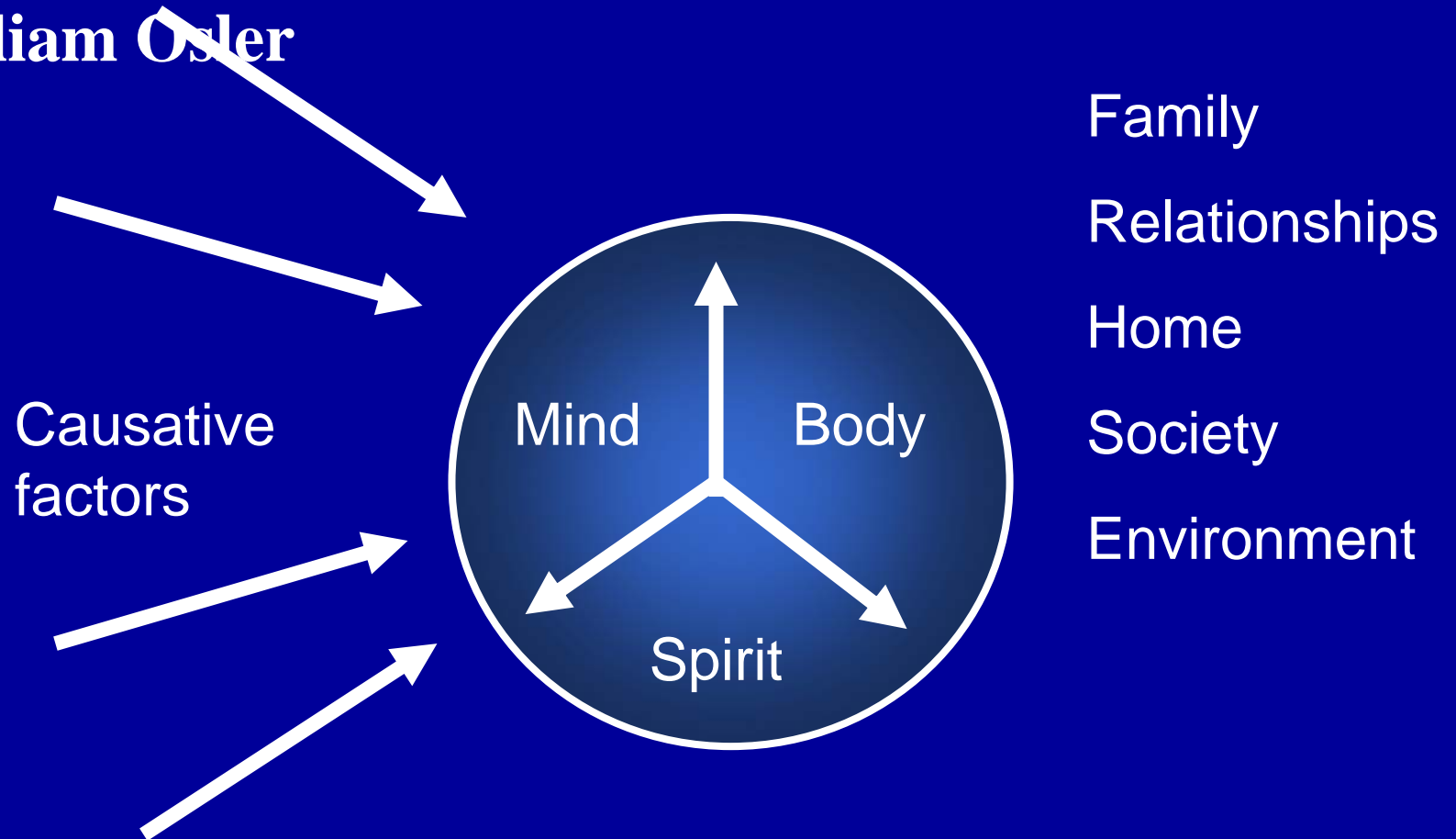


"I'm afraid you've got cows, Mr. Farnsworth."

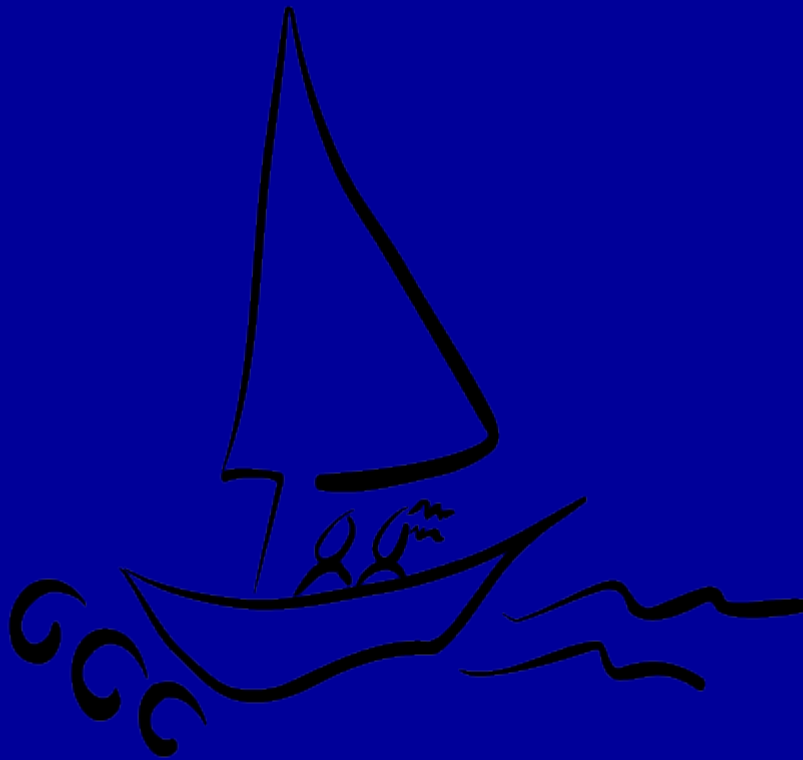
Holistic

“It is more important to know the patient who has the disease, than the disease the patient has” Sir

William Osler



The Boat



- **sinking is ‘a threshold event’**
- **how quickly it is filled up-
lifestyle eg nutrition**
- **balance how big or leaky-
structure eg osteopathy**
- **how efficiently it is bailed
out - vitality eg
acupuncture**

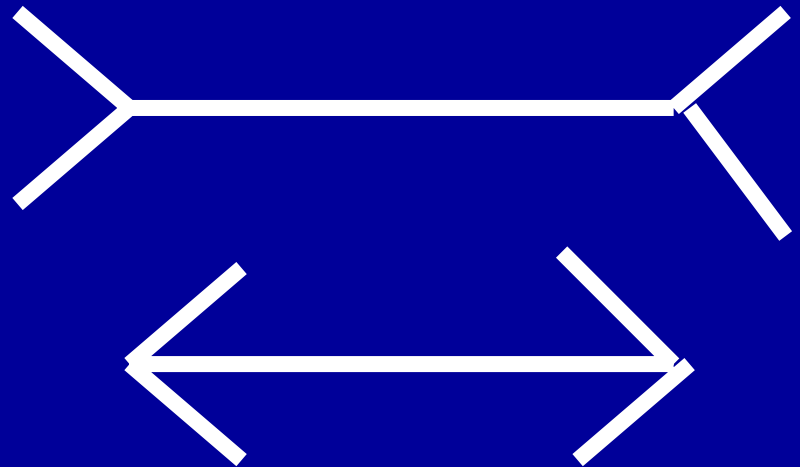
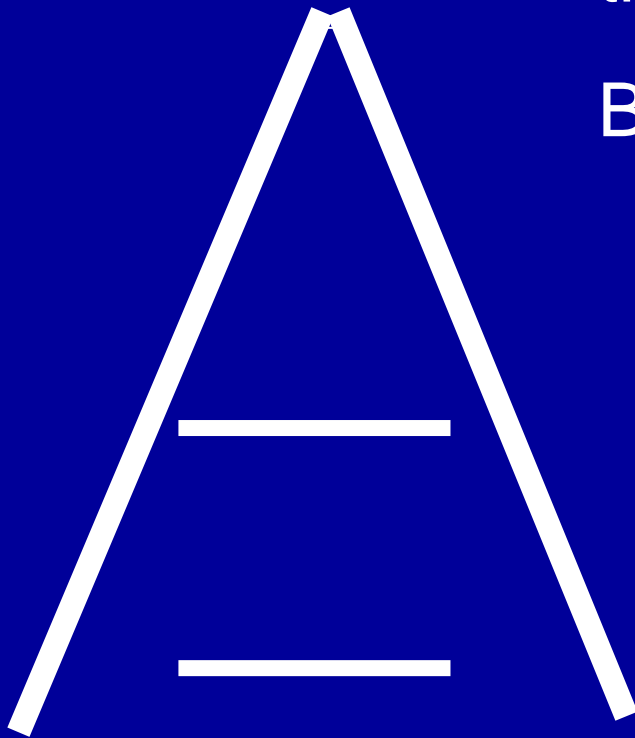
What is objectivity

- the spin of one particle-would effect its twin
A Einstein, B Podolsky, N Rosen 1935
- relationship and interaction
- Like coloured glass or a lens
- observer can never be unbiased while...
- they can allow for and reduce their bias

The Quirks of Constancy

Even if we know 2 lines are the same we cant help seeing them differently

But we can allow for the bias



Holographic

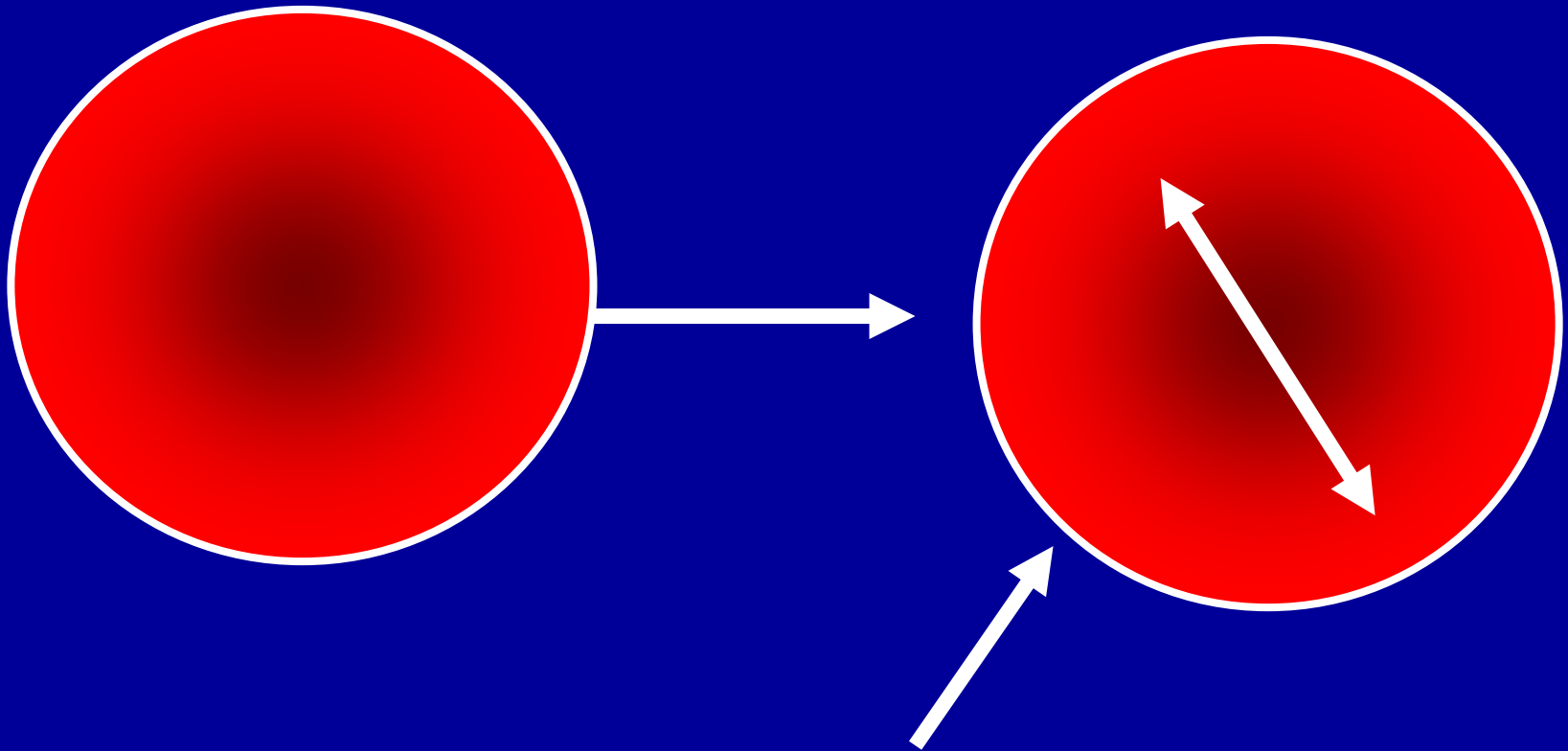


Relational

The observer reflects the observed

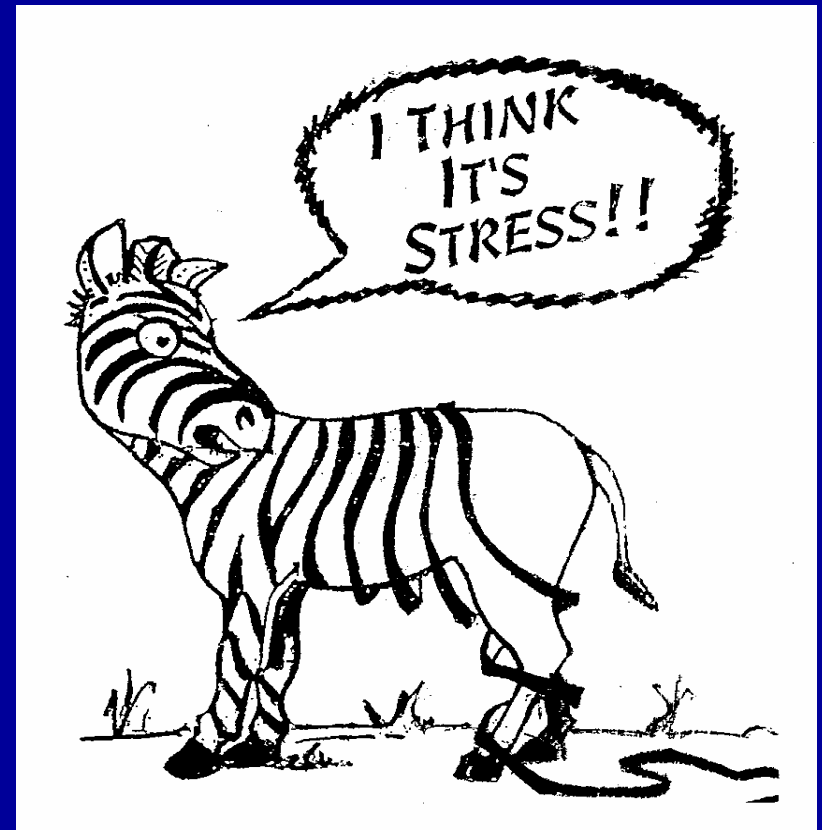
Patient

Doctor



The first task is to assist the patient to tell his or her story

- The starting point is some form of distress
- desires have been thwarted or hopes dashed.
- You work as an assistant **autobiographer** Narrative Based Medicine - Greenhalgh and Hurwitz BMJ books
- Different treatments tell different stories



Professional Reality

- The pattern of 'conventional' health care determines our clinical experience and our exploration or assumptions of reality
- Our professional reality is shaped by two pressing realities of present day medical science that **SHAPE WHAT WE CAN PERCIEVE**. These are the prevailing medical paradigm and the burden of proof.

PARADIGM

Thomas Kuhn (1922-96)

Determines the parameters of '*normal science*'

An explanation of –

- the way that scientific attitudes and beliefs, and the research and development programmes that follow from them become established
- the difficulties involved in changing them
- the kind of revolution required to do so

STANDARDS OF PROOF

Karl Popper (1902-94)

Falsifyability

The necessary test of any scientific proposition.

Requires that a hypothesis be stated in such a way that it can be disproved by experiment.

HEARTS AND MINDS

- Scientific procedures and scientific beliefs are mutually determined.
- Expectations govern procedures; outcomes shape expectations.
- It is the normal practice of scientists to ignore evidence which appears incompatible with the accepted system, in the hope that it will not be asked about in an exam or irrelevant.

Polyani

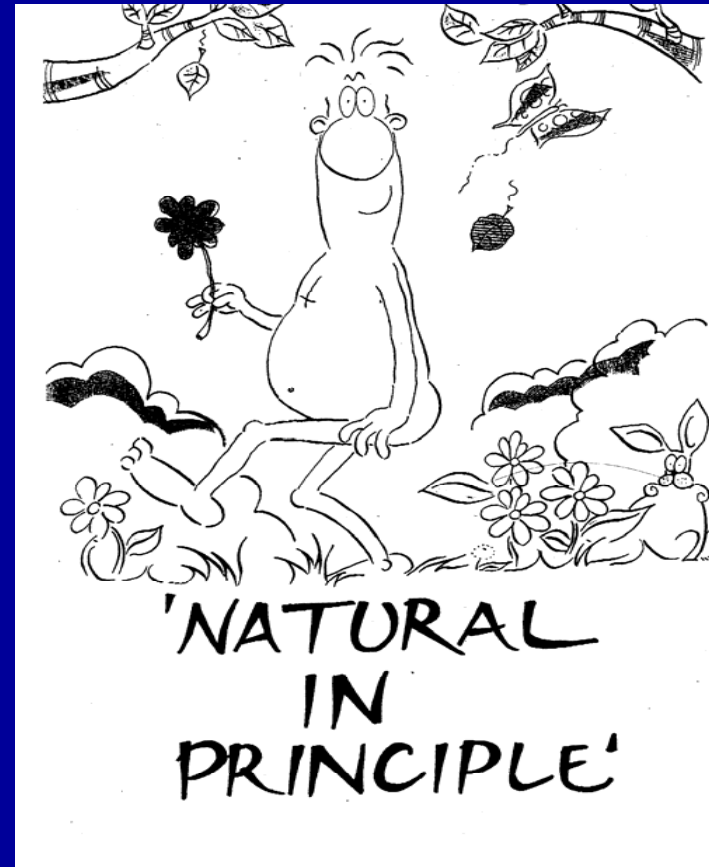
Owen

Illness as metaphor, Susan Sontag

- **Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship in the kingdom of the well and in the kingdom of the sick.**
- **Although we all prefer to use only the good passport, sooner or later each of us is obliged at least for a spell, to identify ourselves as citizens of that other place.**

Is it?

- **natural in principle**
- **holistic in perception**
- **integrated with each other**
- **fringe in community**
- **alternative in philosophy**
- **complementary in practice**



Nutritional

- Many diets
- Vits and Mins
- Overlap with conventional advice
- “allergy” v. sensitivity
- Use..
- What people do v. what you are taught
- legislation

HERBAL MEDICINE

- Origin of conventional drugs
- Side effects, interactions versus consistent dosing
- Regulation
- Training
- Signatures

OSTEOPATHY & CHIROPRACTIC

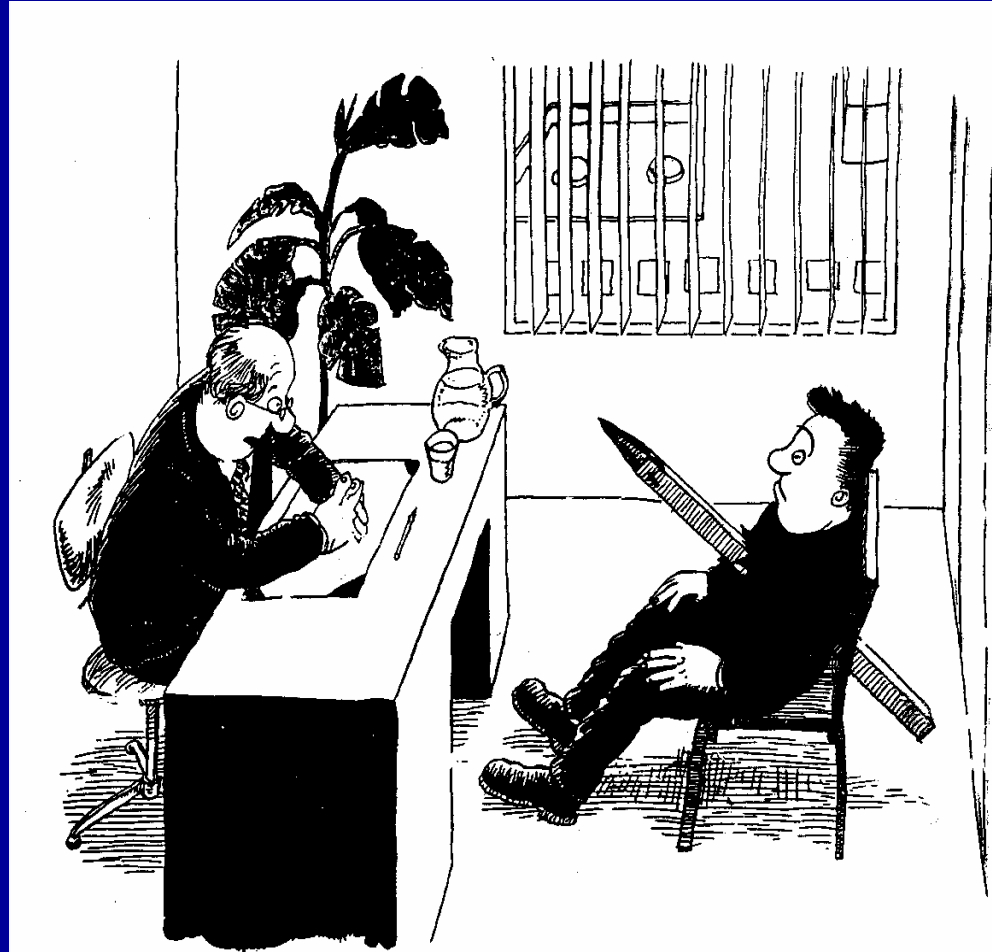
- Structure versus function
- Long lever, low thrust v. Short lever, high thrust
- Soft tissue
- The model makes sense
- Protection of title

ACUPUNCTURE

- Western and Traditional
- A system of meridians/channels in which chi flows
- Illness because of an excess or deficiency, not just needling
- Evidence

HOMEOPATHY

- Like treating like
- Symptoms – the body's reaction
- Ultra-high dilutions/model doesn't make sense
- Homeopathic hospitals
- Idea of vitality



'I think, initially, we should clear up the issue of what can and cannot be treated by homeopathy

Others

- Hypnosis
- “Psycho-dynamic”
- Aromatherapy
- Reflexology
- Massage
- 300 different registers
- Many others some diagnostic some treatment
some both

How many of you use CAM and Why?

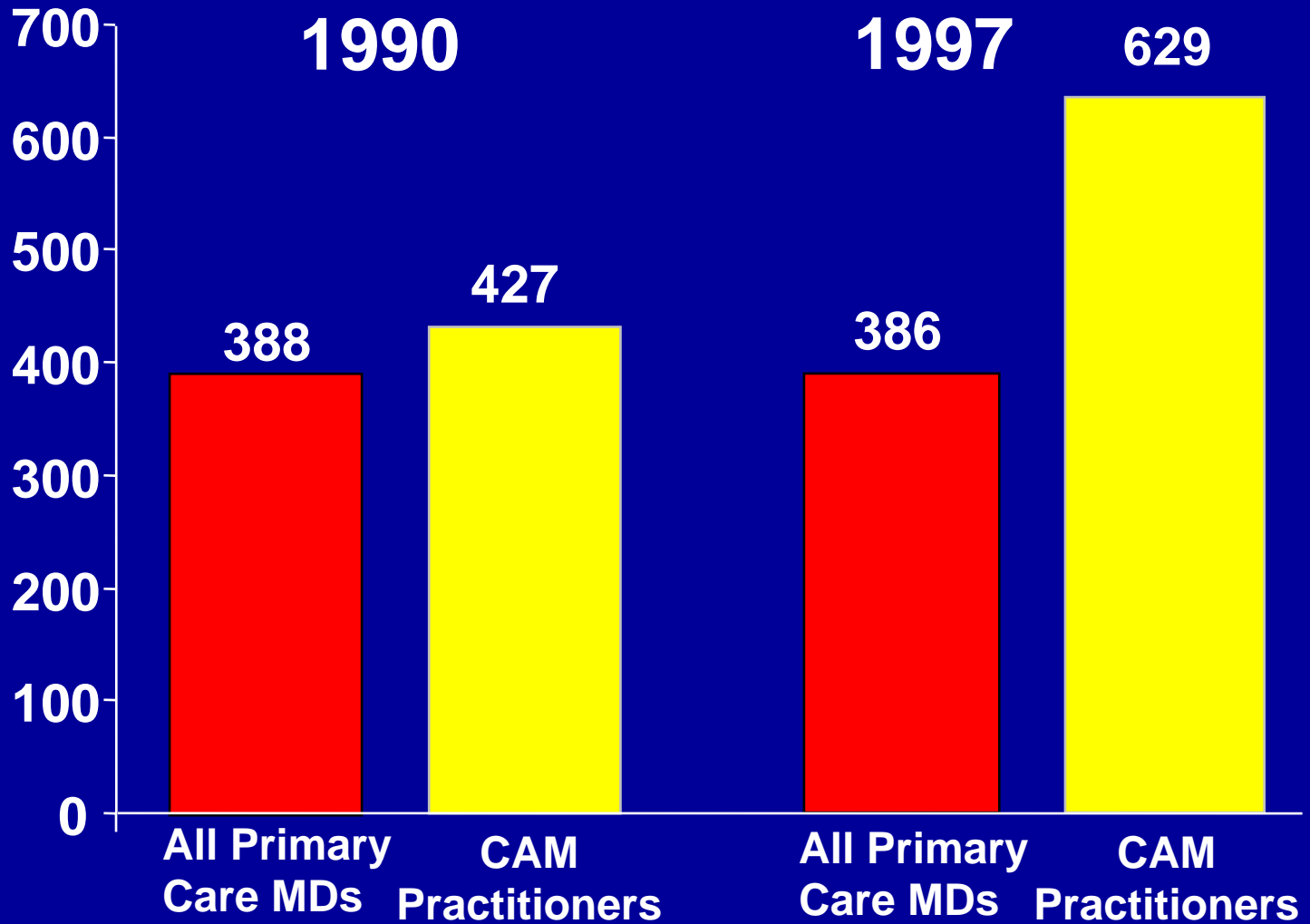
- **42% of Americans were using ‘alternative care’**
- **More than 15% of Americans visited a provider of ‘unconventional therapy’ in 1990**
- **32% of these visits were to homoeopaths, with a mean of 6 visits per user in the previous year**
- **\$13,7 billion was spent on alternative health care in 1990, \$30 billion in 1997**

Eisenberg, D.M. et al NEJM

- **22 million visits to complementary therapies, N.H.S. funded about 10% of these contacts**

Thomas K.J. et al

Trends in Annual Visits



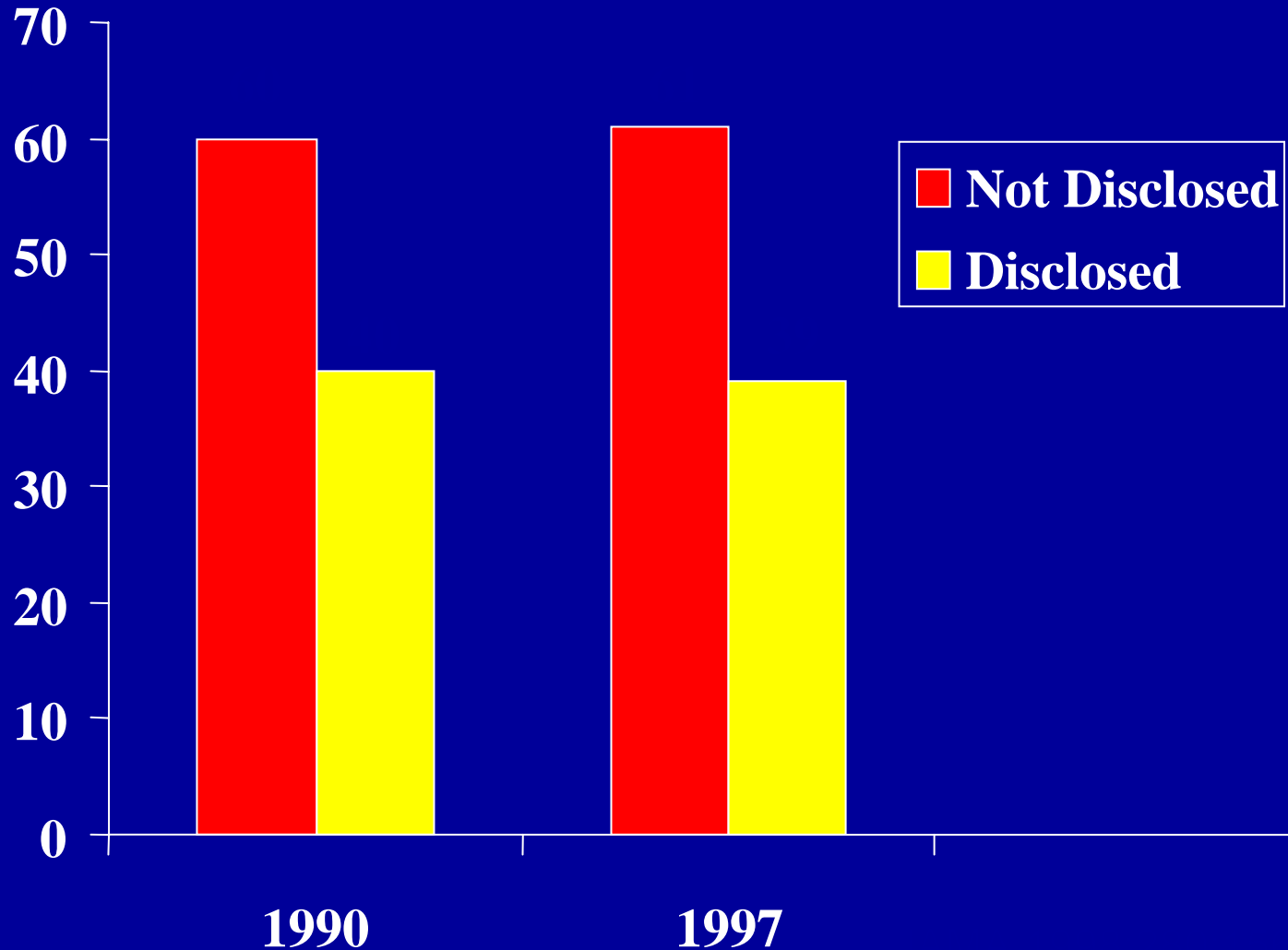
PUSH FACTORS

- Dissatisfaction with orthodox medicine
 - Ineffective
 - Adverse effects
 - Poor communication with doctor
 - Insufficient time with doctor
- Waiting lists
- Rejection of orthodox medicine
 - Anti-science or anti-establishment attitude
- Desperation
- Cost of private orthodox medical care

PULL FACTORS

- Philosophical congruence
 - Spiritual dimension
 - Emphasis on holism
 - Active role of patient
 - Explanation intuitively acceptable
 - Natural treatments
- Personal control over treatment
- Good relationship with therapist
 - On equal terms
 - Time for discussion
 - Allows for emotional factors
- Accessible
- Increased well-being

CAM Therapy Disclosure Rates to Medical Doctors

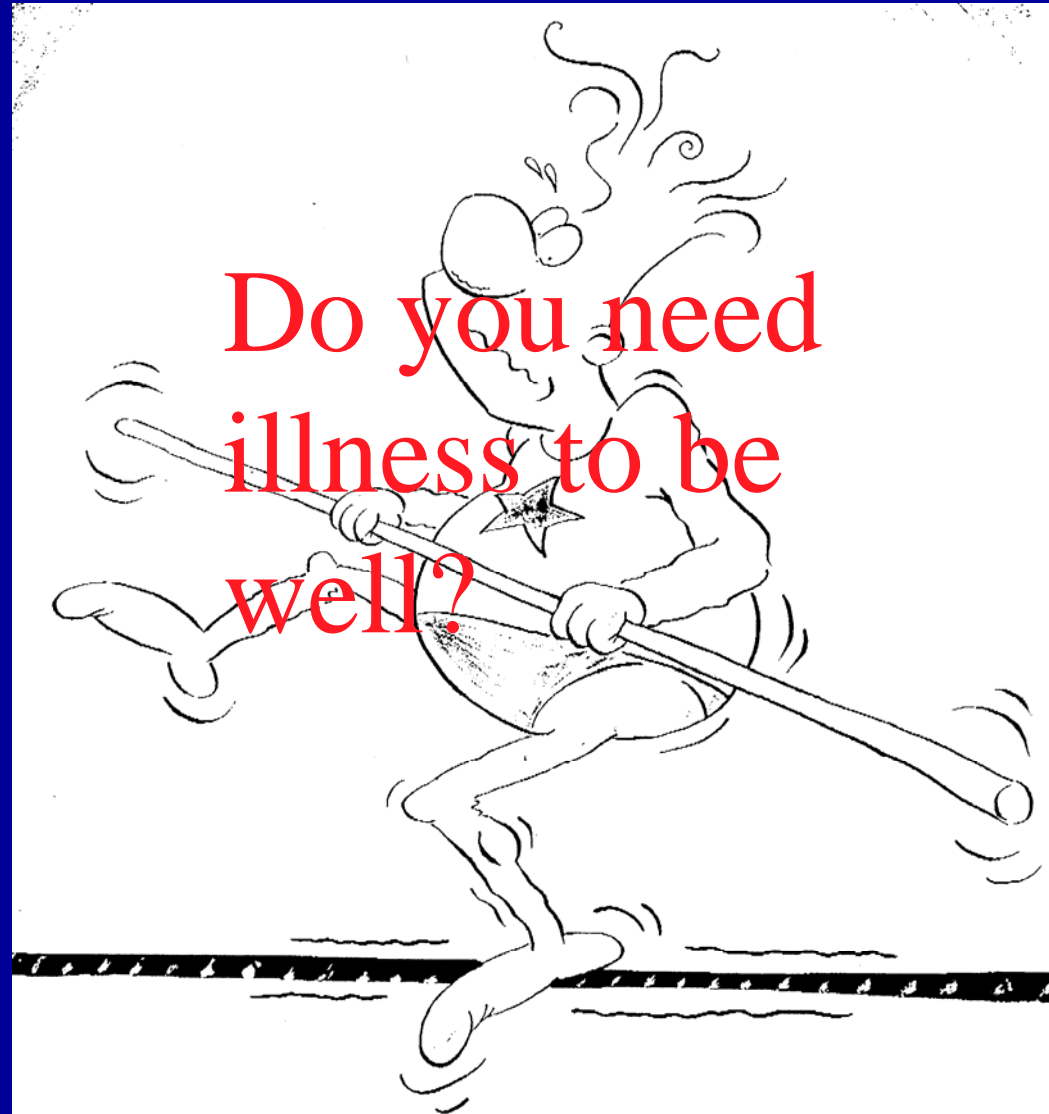


What do you think health is?

- A lady who feels perfectly well is referred for a check mammogram and a suspicious lump is found, she remains symptom-free. Is she ill and at what point has she become ill?
- A patient has been seen by a complementary therapist and has been prescribed a course of treatment. There are no symptoms or signs that you are aware of, he informs you that he simply wants to feel better and stay well. Is he healthy?

What is health?

- Balance
- Well being
- Free
- Absence of symptoms
- Not needing a doctor
- Being unaware of your body
- Mental, emotional and spiritual



CAM at Southampton

- In patients and the community
- 2nd year pain
- 3rd year SSU
- 4th year study in depth

Evidence network

- 1. Is it effective when examined scientifically with a range of evidence?**
- 2. Does this evidence relate to effectiveness when applied clinically?**
- 3. Does it provide a clinically relevant treatment?**
- 4. Can the treatment be integrated with other healthcare approaches to make it a useful delivery mechanism, i.e. can it be complementary or is it only alternative?**
- 5. What is the safety profile?**
- 6. Can we know that it is professionally safe to use, i.e. primary versus secondary safety**
- 7. Is it cost-effective?**
- 8. Is it treatment that is progressing and developing?**
- 9. Is it in demand by patients and meeting patients' expectations?**
- 10. Is it in demand by healthcare practitioners and meeting their expectations?**
- 11. Is it patients' legal entitlement?**

“So what can I do now”

Observe

- **availability and usage**
- **the variety of factors contributing towards patients' health**
- **different expectations**
- **different models of health**

“So what can I do now”

Examine

- **Attitudes to CAM in patients, Drs, each other**
- **Your own bias and prejudice**

Reflect

- **Where your and others ideas come from**
- **How attitudes, use and skills change**

“So what can I do now”

Reflect

- That healthcare changes
- What health means to you
- Your role as a “healer”
- Your relationship with other “healers”



Look after your own health



Themes from year 3

- Types of evidence
- Primary or secondary care
- Heart v Head
- Private v State
- expert patient
- Patient centred v Dr centred
- Safe v efficacy
- Therapeutic consultation v “real” treatments eg Placebo, length of consultation etc
- Choice v protocol

Any Questions?

What is CAM

Who uses it

Why people use it

How you will hear about CAM

A process of reflection

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Use in UK

- **10-20% UK population using CAM *Thomas / Earnst***
- **22 million visits to complementary therapies, N.H.S. funded about 10% of these contacts, *Thomas K.J. et al***
- **83% consulting CAM practitioners had tried conventional Treatment *Anelli***

Growth

- **in 1995, 1.83% Norwegians (1 in 50)visited a homeopath in the previous 12 months. In 1975 it was 1 in 2000 and in 1985, 1 in 400.**
- **1 in 4 patients visiting homeopaths in 1998 were children between 0 and 9 years of age, compared to 1 in 10 in 1985** *Steinsbekk A., Fonnebo V Users of homeopaths in Norway in 1998, compared to previous users and GP patients Homeopathy 2003 92(1): 3-10*
- **9 million people (16% of the population) used at least one ‘unconventional therapy’ in 1997-9** *Menniti-Ippolito F. et al European Journal of Clinical Pharmacology 2002 58(1): 61-4*

Why do you think patients use CAM?

- **Positive valuation of complementary treatment (it works)**
- **Ineffective ‘orthodox’ treatment for their complaint**
- **Concern about the adverse effects of orthodox medicine**
- **Concerns about communication with doctors**
Vincent C, Furnham A. An empirical study Br J Clin Psychol 1996 35:37-48
- **Cultural factors/ For support / To “feel well”**

Mr K.S. aged 48, male - presenting with irritable bowel syndrome (IBS) and lower backache.

- IBS started in his early twenties after an episode of 'food poisoning'. Treated with "local" medicine while overseas, since then nausea, bloating and diarrhoea. Symptoms worse from anxiety and after certain foods and have deteriorated significantly over the last five years, passing a loose stool five to ten times a day, anxious about travelling more than one hour. Treated with antispasmodic drugs and tried some dietary modification with slight symptom improvement. He has seen a gastroenterologist but declined a colonoscopy.

2

- Lower backache started aged 43, when his back 'just went'. He has had X-rays of the back, which showed slight degeneration and he has had physiotherapy with temporary relief of symptoms. Better from firm pressure, worse anxiety, worse driving, better gentle activity.
- Prone to catarrh, sinusitis, and had three sinus operations since his twenties, the last one being seven years ago. Indigestion from spicy or rich foods.
- Infantile eczema, headaches from stress.

3

- *Medication:*
- Codeine Phosphate gives some pain relief of the back, little benefit to the bowel, he takes Gaviscon several times a week for indigestion and has required several courses of antibiotics for the sinusitis, particularly over the last few years.
- *Social history:*
- Works in Sales, feels under pressure from having to meet targets. Made redundant six years ago having been through a difficult time at work. Married, two children, son aged 17, daughter aged 13.
- *Family history:*
- Father had carcinoma of the bowel aged 63, six years ago. Mother alive and living independently but requiring some support from the family.

4

- *Question:*
- Is this patient suitable for CAM treatment? If so, what might point to a particular CAM treatment being helpful, what likely course of treatment would be required and with what results expected? What change, if any, to his conventional medication might be made and what dialogue, if any, could/ should be made with his GP?

5

- On follow-up the patient reported the gradual improvement of his symptoms, as long as he continued receiving his complementary medical treatment. He is now more bothered about his catarrh and wants help with this, also to prevent recurrence of his sinus infections as an alternative to antibiotics. The patient reports that he now feels so much better, and hadn't mentioned before that they were on medication for mild hypertension since a stressful time at work seven years ago. Blood pressure now seems well controlled and he feels so much better he would like to try coming off his blood pressure medication.
- *Question:*
- What needs to be done here from the patient, practitioner and GP perspectives?

6

- In response to correspondence between the practitioner and general practitioner, the practitioner is invited to talk to the GP practice about what they do. What points is it important for the practitioner to make and what questions do you think it is important for the doctors to ask?
- Practitioner
- GP

How would you respond ...

- A patient with primary breast disease and no obvious secondary, refuses to have conventional treatment with a good prognosis. They seek alternative advice with limited evidence for only slight benefit.
- What information does the patient and practitioner need for informed consent regarding treatment?
- What communication might you expect to happen?

The majority of alternative medicine users appear to be doing so not so much as a result of being dissatisfied with conventional medicine, but largely because they find these health care alternatives to be more congruent with their own values, beliefs and philosophical orientation towards health and life (Astin 1998)

Does use relate to income?

CAM use relates to income, but not that much

Income in 1000s (\$)	Use	Out of pocket expenditure (\$)
20	43%	265
20-30	37%	440
30-50	44%	321
50+	48%	505

ASTIN PREDICTORS OF USE

(Astin, JAMA 1998)

- More educated
- Poor health
- Transformational experiences
- Chronic non-malignant problems (pain and anxiety)