

What can general practice learn from complementary medicine?

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SUMMARY

Complementary medicine is popular in Britain. This suggests that patients who use complementary medicine believe that there are deficiencies in the care they receive from their general practitioners (GPs). Studies of patients using complementary medicine have shown that these patients are sometimes dissatisfied with the communication skills of conventional doctors, the explanations they give for their illnesses, the dangers of modern drugs, and a perceived lack of holistic care. The patients using complementary medicine trusted their bodies' own healing potential and they generally believed that they had more control over their bodies than those patients who did not use complementary medicine. They particularly valued the longer appointment times usually given by the complementary therapists and also the in-depth discussions of their illnesses. Patients using complementary medicine tended to be those with chronic illnesses and these patients particularly valued the positive approach of, and the psychological support given by, the complementary therapists.

General practitioners know that all of these aspects of care are important, but the fact that many of our patients go to complementary therapists to satisfy them should encourage us to look at our own practices to see how we as GPs can fulfill these needs.

Keywords: complementary medicine; holistic care; psychological approach.

Introduction

THE use of complementary medicine is said to be increasing both in Britain and worldwide.¹⁻³ Complementary therapies are popular, although there have been no comparable longitudinal studies that show this. In Britain, surveys have found that as many as 30% of the population have used complementary medicine at one time or another.⁴ A recent American study discovered that Americans made almost a million more visits to complementary medicine providers in one year than they did to conventional primary care physicians.⁵ Doctors are also becoming more interested in providing some complementary medicine for their patients. Approximately 20% of Scottish general practitioners (GPs) have completed their basic training in homeopathy.⁶

At present in today's evidence-based rationing National Health Service (NHS) there is insufficient good quality evidence for complementary medicine to be purchased on a large scale by many health care providers. Yet complementary medicine appears to be thriving, both where it exists in the NHS and also in the private health care sector. We know that patients who use complementary medicine also use conventional medicine.^{7,8} This would imply that those patients who choose complementary medicine in certain situations, or for certain conditions, do so where they feel

that conventional medicine is lacking in some way.

By studying why some of our patients choose to use complementary medicine, we as GPs might learn where some of our patients think we are deficient. We may discover what patients get from their complementary therapists that they cannot get from their GPs. We can then use this information to improve our own services.

Why patients choose complementary therapies

Studies that compared groups of patients who were currently using one or more of the complementary therapies with those using only conventional medicine have found four main areas where important differences of opinion existed.

1. Dissatisfaction with conventional medicine. Furnham and Forey⁹ found that the patients who used complementary medicine were more critical and skeptical of conventional medicine. They expressed an overall dissatisfaction with it and this has been confirmed in other similar studies.^{8,10-12} The patients believed that conventional medicine had failed them in the past, and that they had either suffered from the side-effects of, or were worried about the potential side-effects of the drugs used in conventional medicine. Some of these patients also felt that conventional doctors were poor communicators and did not give adequate explanations of their illnesses.

Vincent and Furnham's study¹¹ found that those patients using complementary medicine rated their complementary therapists better communicators than conventional doctors and believed that the complementary therapies used were generally safe and natural. Ernst *et al* discovered that patients of complementary therapists thought that complementary therapists had better bedside manners than conventional doctors.¹³ The patients using complementary medicine valued the much longer consultation times that are generally used in complementary medicine. They also found it important to have an in-depth consultation with their therapist about their illness. Specifically, the patients of the complementary therapists were unhappy about the last visit, or a recent visit, to their GP/conventional doctor.

2. Lack of holism in conventional medicine. Patients of the complementary therapists believed that their therapists were more holistic in their care.^{9,14} They felt that a holistic outlook was very important to their care and they thought that conventional doctors should be more holistic. They believed that the state of mind and emotions played an important part in one's health and also felt that conventional doctors should pay more attention to these areas, not only in making a diagnosis but also in explaining their illnesses.

There was some evidence that the patients of complementary therapists were more susceptible to stress and psychosomatic illnesses, and they generally believed that their condition could be partly psychological in its origin.^{8,12}

3. A greater sense of self-control. The complementary medicine patients believed that they had more control over their own health and they trusted their bodies' innate healing abilities.^{8,12} These patients generally took more responsibility for their illnesses and looked to understand what their illnesses were saying to them about their lifestyles. They also believed that

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complementary therapists concentrated more on promoting good health than the conventional doctors.

4. *Support in chronic illness.* Patients who try complementary medicine tend to be those with chronic illnesses.^{5,15,16} These patients were less satisfied with conventional treatment because of the lack of hope of cure. Patients reported psychological benefits such as optimism and hope from the use of complementary therapies. This has also found to be true in a study surveying cancer patients who said they mostly wanted psychological help from their complementary therapies.¹⁷ Another study found that patients with chronic illness rarely expected cures for their chronic diseases but wanted an alternative explanation for their health problems.¹⁸

Discussion

We know that the users of complementary medicine are not usually people who come from widely different cultures or who have hugely different belief systems from those who do not use complementary medicine. We even have some evidence that the users of complementary medicine tend to be no more dissatisfied with conventional medicine than those who do not use complementary therapies.⁷ In essence, the reasons why some people choose to use complementary medicine are the same reasons that some people are dissatisfied with conventional medicine. This is probably telling GPs what we already know.

Throughout our general practice training we learn that the cornerstone of general practice is the consultation and that the quality of that consultation depends heavily on the quality of the relationship between patient and doctor.¹⁹⁻²¹ We learn that communication is all, to listen and not talk, to explore our patients' ideas, concerns, and expectations, and to put the illness, its causes and consequences in a biopsychosocial perspective in a way that our patients can understand. We are told to respect our patients' autonomy, and above all, our behaviour must make it clear to our patients that we care.²²

Yet the number of complaints against GPs is rising fast²³ and it appears that patient satisfaction is lowest in training practices, which are usually assumed to lead the way in good practice.²⁴ It has been suggested that it is a lack of compassion, in conventional medicine and its doctors, which is responsible for patients' dissatisfaction and their seeking alternatives such as complementary medicine.²⁵

Some patients seek complementary medicine because of perceived past failures of orthodox medicine or because of concerns over safety and side-effects of drugs. This may be because some doctors are poor in communicating to patients the realistic expected benefits and risks of treatment. Alternatively, some complementary therapists may be giving unrealistic hope to their patients.

It is also interesting that complementary therapy patients believe that complementary therapies are more holistic than orthodox medicine. If we take it that 'holism' means treating a patient from a biopsychosocial perspective then how holistic is inserting an acupuncture needle at a point on the skin for vomiting in pregnancy, or giving arnica for bruising? Modern day complementary therapies contain many more pathologically focused treatments that could not be described as holistic. As Pietroni points out, look in any modern textbook on complementary therapy and you will find little mention of the influence of housing, class, poverty, and education on health care.²⁶ Many forget that GPs sometimes see individual patients very regularly and accumulate a massive amount of information on them, but because the time spent together is spread out over many consultations it is often forgotten about. From a general practice perspective perhaps it is more relevant to talk about 'patient-centred

care' rather than holistic care. Patient-centred care encompasses not only holistic care but also caring and empathy, mutual trust, and shared decision-making.²⁷

Patients complain of lack of time with their GPs^{24,28} and of not understanding what their GPs have said to them.²⁸ Approximately 60% of patients in one small GP study did not obtain their medication after they were issued with a prescription.²⁹ This could be a further reflection of the dissatisfaction that some patients experience with their GPs. This appears to compare badly with the studies quoted in this paper; however, the complementary medicine studies quoted here looked only at the opinions of current complementary medicine users. It would be very interesting to know the opinions of complementary medicine users after the treatment was completed.

The reasons why patients sometimes need to turn to complementary medicine for psychological support in their chronic illnesses are far more worrying. This could be a warning that, for some patients, doctors are not providing patient-centred care, and the doctor-patient relationship is weakened. It has been suggested that one of the main ways in which the doctor-patient relationship could be strengthened and satisfaction increased is by providing a more personal service for patients, thus improving the continuity of care.^{24,25} Current trends in general practice are putting increasing pressure on patient-centred care. The ever increasing volume and diversity of work that GPs are required to perform, the potential dilution of personal care by the use of team working, and managerial and rationing tensions can all threaten patient-centred care.

General practitioners and complementary therapists could no doubt argue at length in support of their own discipline and those at the extremes of the professions would probably never find anything that they could agree on. However, there are some points to take away from this discussion. GPs should concentrate more on the positive aspects of health, not just the absence of disease. This is made clear by the complementary medicine patients with chronic illnesses who do not expect a cure for their disease but who do want psychological support by positive thinking physicians, who can help them live their lives to the full with their chronic illnesses. A positive state of mind is an important prognostic factor in chronic disease.³⁰

General practitioners must always strive to provide holistic and patient-centred care. Even a very small specific self-limiting injury can have consequences for patients' work, home, and leisure lives, as well as potentially threatening their financial and emotional security. GPs must try harder to incorporate patients' own beliefs into the reasons why illness has arisen. GPs must also be realistic in communicating expected benefits and risks from treatments while remaining optimistic.

Finally, GPs should be more open-minded about complementary therapies. We should be aware of what evidence exists for the efficacy of such therapies and thus know which complementary therapies would best suit our patients. Many of our patients choose complementary therapies, sometimes at great expense and in desperation, without knowing about their safety and efficacy. Some do so in secrecy, afraid to tell us of their perceived betrayal of their GPs. Only in an atmosphere of awareness, openness, and honesty can we maintain our privileged position as trusted doctors and help our patients to make informed decisions about whichever treatments they decide suit them best.

So to return to the question 'What can general practice learn from complementary medicine?' In short, the answer is to appreciate that the popularity of complementary medicine may be an indicator that general practice is not always providing what all good GPs know that it should: deeply caring doctors who provide a service that they would be happy to use themselves.

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