

Making room



Are physicians warming to complementary, alternative medicine?

Marla Fletcher

In 2000, the Canadian Medical Association (CMA) participated in what was then considered a radical venture. It copublished, with the Canadian Pharmacists Association, a reference book on the medicinal use of 57 popular herbs and herbal products.

In his foreword to *Herbs: everyday reference for health professionals*, then-CMA president Dr. Hugh Scully, noted “The use of medicinal herbs and related remedies has increased exponentially over the past few decades.” Moreover, he wrote, “Health resides in the individual and it is our responsibility as professionals to work together to respond to the individual’s needs.”

That’s still a view that resonates with many physicians. In the 2007 National Physician Survey (NPS), more than 40% of all physician respondents agreed or strongly agreed that complementary and alternative medicine (CAM) “includes ideas and methods from which conventional medicine could benefit.”

Some 11% of family physicians/general practitioners (FP/GPs) and 3% of other specialists say they regularly collaborate with CAM providers.

Caution about survey findings

However, this was new territory for the NPS. Some observers say survey designers fumbled by not defining exactly what was meant by the term “alternative/complementary medicine” in survey questions. Myriad practices and products fall under the CAM umbrella, and the list changes constantly.

“We don’t really know from these questions what these physicians [survey respondents] are answering,” observes Dr. Lloyd Oppel, a Vancouver emergency physician and clinical assistant professor at the University of British Columbia. “I think they need to ask better questions.”

A self-confessed “hawk” on the subject who has participated

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LES médecins sont toujours divisés face aux fournisseurs, produits et services de médecine parallèle ou complémentaire. Même si plus de 40 % des répondants du SNM 2007 sont d'accord ou fortement d'accord pour dire que ces approches ont une certaine valeur, 61 % sont d'avis qu'il «faudrait décourager les traitements qui ne sont pas testés par des méthodes scientifiques reconnues» et 17 % croient que les médecines complémentaires ou parallèles constituent une menace pour la santé

publique. Ce clivage apparent peut découler en partie de l'incertitude qui règne au sujet de ce que comprennent les médecines parallèles et complémentaires. Les opposants insistent pour que l'on assujettisse ces thérapies et produits à la même rigueur scientifique que la médecine traditionnelle, tandis que la Direction des produits de santé naturels de Santé Canada continue d'accepter des données non scientifiques à l'appui des affirmations sur leur efficacité.

in CMA's policy development process for CAM, Oppel says some physicians might have indicated they regularly collaborate with CAM practitioners without realizing that the term could include not only those who practise acupuncture or massage but also those who offer less-conventional treatments, such as meditation, electromagnetic field manipulation or naturopathic medicine.

CAM's enduring appeal

Some forms of CAM have existed for thousands of years, and our appetite for non-standard healing and treatment options has not diminished. Simply put, to some these products and therapies offer hope beyond what is available from today's traditional medicine.

A study released in 2007 by the Fraser Institute showed that almost 3 of every 4 Canadians have tried a complementary or alternative medicine at least once. More than half did so in the year prior to the institute's 2006 survey. The study pointed out that, in 2006, Canadian consumers spent more than \$5.6 billion on alternative therapy providers and another \$2.2 billion on herbs, vitamins, special diets, books, classes and equipment. An earlier (1997) study by the same organization pegged spending at \$5.4 billion for those 2 areas combined.

On its website (www.chfa.ca), the Canadian Health Food Association estimates that a "conservative projection would see retail sales for the [natural health products] sector grow to \$2.75 billion or more by 2010."

As patients become more active in their own health care, interest in CAM increases. The physicians we spoke to said patients frequently ask about products and services they find on the Internet or through other sources — and the doctors feel it's their duty to be as well informed as possible.

Caution required

One of the medical community's long-standing criticisms is that health benefits claimed by CAM products and services are seldom backed by sound, evidence-based research. In addition, many CAM practitioners are unregulated or only regulated in some parts of the country. But some treatments that were once considered CAM therapies are now mainstream, integrated into doctors' standard practices.

Dr. Mel Borins, a Toronto family physician who has been teaching doctors and medical students at the University of Toronto about CAM for many years and provides a few CAM therapies himself, acknowledges, "It's true that there are dangers. Not every herb is safe, and there are potential side effects with every approach ... [and] there are quacks out there who take advantage of people who are sick, and that's what we as physicians don't like to see."

Although only 17% of NPS respondents agreed that "alternative/complementary medicine is a threat to public health," some 61% felt that "treatments not tested in a scientifically recognized manner should be discouraged." Fewer than 7% of FP/GPs said they personally offer some form of CAM.

Physicians' caution is understandable when you consider that patients don't always tell their doctors they're using CAMs. The Fraser Institute's 2007 study revealed that among those who said they had used a CAM service or product in the previous year, fewer than half had discussed this with their doctors. Contraindications to taking both prescribed traditional medications and CAM products — such as herbals — are, therefore, an issue. Allergic reactions, side effects and contaminated or faulty products are also feared. Doctors are particularly worried about reports that some CAM practitioners advise against vaccinations for children or against other accepted medical treatments.

The CMA has revised its policy on CAM, and sums up the profession's concerns this way in a draft document: "Use of CAM carries risks, of which its users may be unaware. Indiscriminate use and indiscriminating acceptance of CAM could lead to misinformation, false expectations and diversion from more appropriate care, as well as adverse health effects, some of them serious."

The association's policy is likely to recommend that all CAM products and interventions available in Canada be held to the same rigorous, scientific evidence-based standards that apply to the approval of prescription drugs, medical devices and other elements of the health care system. It will also support ongoing development of well-designed and controlled studies into the use and efficacy of CAM products and therapies and to related informational and educational activities.

Introducing regulation

In 2004, the federal government stepped into the no-holds-barred natural health products marketplace, hoping to exert some control. It created a regulatory program managed by the newly minted Natural Health Products Directorate. This Health Canada department employs an expert advisory panel — including several CAM practitioners among its members — to guide its decisions. Unlike the process for licensing pharmaceuticals, the directorate allows products to be approved based on evidence of their traditional use(s), not necessarily on scientific proof of health claims.

This summer, changes are coming that will loosen the federal rules that govern natural health products, such as vitamin supplements, minerals, herbal preparations and homeopathic medicines. As of June 2008, there will be fewer restrictions on the kinds of claims manufacturers can make about a product's ability to prevent medical conditions and serious diseases such as arthritis, cancer and heart disease. Critics say such health claims could be based on faulty, biased or inadequate scientific research.

Nudging the door open

Although only 7.5% of all NPS respondents said they regularly collaborate with CAM providers, the number is somewhat higher for chiropractic — a whole-body-based manipulation practice that is sometimes considered a CAM therapy. Some 13% of all physicians said they regularly collaborate with chiropractors; among FP/GPs, the rate was 21.3%.

Physicians we interviewed about CAM felt their profession is becoming more aware and accepting, with some doctors taking special courses to learn more and perhaps offer some CAM practices in combination with conventional treatment. There's also recognition that the diverse cultures that make up their client base demand that other healing traditions be respected.

Dr. Ralph Masi, another Toronto family doctor, feels it's important to let his patients know that he's there for them as

they explore CAM. "My issue is how can I help my patient? ... I feel that I'm their consultant." He'll ask questions about treatments and products, warn about excessive cost and try to work with the CAM practitioner when he feels it will benefit the patient.

Knowledge, openness encouraged

One way to move forward is to "apply the same standards of proof to CAM as to other elements of medicine and treatment,"

Oppel insists. "If proof [of health benefits] comes out, then there's no challenge." He believes physicians would be quick to adopt any CAM treatment that passes this credibility test and is a reasonable, cost-effective solution to a health problem.

Oppel advises doctors to be knowledgeable about what's out there and understand why these products might be alluring. Be ready to discuss CAM with a patient anytime. Read the research, he urges, and apply critical thinking to its findings. There are ways to develop random controlled trials that would fill in the gaps, he notes. One credible source of information that he cites is the United States National Center for Complementary and Alternative Medicine (nccam.nih.gov).

In another decade or so, Borins believes CAM will be a core part of medical education instead of an add-on. This will evolve because patients are eager to embrace some CAM therapies and expect their doctors to be open and willing to collaborate. He envisions physicians graduating with at least a basic understanding of herbal treatments, acupuncture, chiropractic and other CAM practices for which clinical evidence of effectiveness exists.

"Every physician needs to be able to talk intelligently about alternative medicines," Borins states. "More effective communication with our patients leads to better health outcomes."

Marla Fletcher is on the editorial staff of MD Pulse.

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— *Canadian Medical Association*