



Opinion

A Model for Equalizing Access to Knowledge and Use of Medicine - Orthodox, Complementary, Alternative or Integrated Medicine

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The primary goal of medicine, whether CAM or orthodox is to provide better patient care and improved well-being. Unfortunately, the classification of medicine into orthodox or mainstream western medicine and unorthodox, which includes Complementary and Alternative Medicine (CAM) and Traditional Medicine (TM) has created a long standing debate. The debate remains mostly healthy and has led to significant public enlightenment and policy changes. The emergence of integrative medicine for instance is partly an outcome of this dialogue. However, due to strong ideological underpinnings of the debate, it has very often distracted from what the primary goal should be, which is supporting and promoting public right to healthcare access and the right to choose treatments that do not compromise safety. Unfortunately, it is the negative aspects of the debate between CAM and orthodox medicine that have often drawn greater attention. The debate is both contentious and highly politicized [1], and the arguments underpinned by vested status, social and economic interests. In the midst of this struggle for supremacy and hegemony, over the right and wrong type of medicine, the greatest loser has been the ordinary people who consequently receive less than optimal care than they should have. The purpose of this paper is to briefly explore the basis and facts of the arguments for and against CAM therapy and integrative medicine, and to propose a possible model for achieving the goals of supporting consumer choice, promoting wellness, and providing unrestrained access to healthcare that is universally accessible and affordable.

Although the concept of CAM is widely discussed in the literature, there exists quite a degree of divergence in how it is

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conceptualized. This is not unexpected, given that CAM is an umbrella term that means different things to different people. CAM has been used to categorize over 200 different types of therapies and the number will continue to expand [2,3]. The practices, procedures and nature of these therapies are different and vary significantly. Hirschhorn and Bourgeault [4] identified some of the common characteristics associated with CAM to include holism, vitalism, individualized or personalized care, self-healing, a focus on wellness and subjectivity, search for causes rather than the provision of symptomatic treatment. According to Archer [5], “complementary medicine views health as a balance of forces to achieve optimum wellbeing of body, mind and spirit”. As a holistic medicine, CAM refers to a system of therapy which is based on the wholeness of mind, body, and spirit [6,7]. The holistic approach suggests a way of seeing that considers all possible perspectives, and an intersubjective understanding of the reality. The goal of holistic medicine is to help the individual achieve optimal health and well-being [8].

In the last 3 decades, CAM has become an increasingly popular therapy especially for the treatment of chronic diseases and upkeep of wellness in developed countries [9,10]. In the United States, it is reported that over 30% of the adults patronize CAM [11]. Archer [5] identified some of the numerous reasons many people patronize CAM to include “dissatisfaction with technological medicine, increasing individual responsibility for health, and more client involvement in treatment.” Across the globe CAM and TM are commonly used for the treatment of a wide spectrum of illnesses and diseases, particularly in developing countries where access to orthodox medicine is limited. CAM in particular is popular for treating chronic diseases and illnesses where orthodox medicine appears to have less satisfactory outcomes for the users, such as in cancer treatment [12]. The rise in demand for CAM is probably the major driver of the spread of integrative approaches to health and wellness. It is believed that integrative health care system evolved to bridge the gap between CAM and orthodox medicine.

Integrative Medicine

In the west, the rise of consumerist philosophy has revolutionized the way individuals seek treatment and the choices they make. Prior to this, the biomedical model has occupied a hegemonic position in medicine, which it still maintains today [13]. Biomedical model sees illness or disease as the result of a physical pathology that is intrinsic to the individual, and seeks to cure or manage the disease. This contrasts with CAM which adopts a holistic approach. The rise of consumerism brought in its awakening series of social, economic and policy changes. With the increasing consumer rights and demands for choices in Europe and America, the stringent segregation of biomedicine and CAM began to crumble [14]. In response to the consumer demands and consumer rights protection movement, governments, medical practitioners and manufacturers have sort to integrate some aspects of CAM within orthodox medicine. Also, in an attempt to maintain its stranglehold on the global medical market and in response to the rise of medium level firms seeking to invest in the emerging CAM markets, western multinational pharmaceutical and biomedical companies embraced the integrative medicine. Besides, the emergence of research evidences that support “effectiveness” of CAM therapies

contributed to its spread and integration into orthodox medicine. With the rise of integrative medicine in the 1990s, an increasing number of therapies which were hitherto considered as alternative are being integrated into mainstream healthcare. According to the National Center for Complementary and Integrative Health in the United States [11] integrative health care is a coordinated process of bringing conventional and complementary approaches together. This practice has become widespread, including in medical educational programs [15-18]. In UK, the National Center for Complementary and Alternative Medicine (NCCAM) spends more than \$70 million USD annually in funding CAM research [19]. Previous studies indicate that many mainstream healthcare providers today include spirituality and balance in their model of care [20,21].

Resistance to Integration

Despite this progress, the conflict between orthodox medicine and CAM, and the often forgotten TM still persist today. A large number of the unorthodox medical practices are still excluded and classified as either TM or CAM. What are the reasons for this dichotomy and disagreements?

CAM and orthodox medicine are diametrically opposed to each other because they are rooted in different traditions and philosophies, which are somewhat inherently contradictory with opposing views. While orthodox medicine is based on reductionalist philosophy, which explains illness and diseases from biological perspective, CAM therapies often involve cosmological perspective [22]. Medicine as a social construct is rooted in a people's culture. Orthodox medicine has its origin in western culture, but CAM and TM remains predominantly non-western. Hence, the debates about appropriate methods, effectiveness and how it can be measured have persisted over the years. CAM treatments are frequently individualistic and their application may not be transferable from one client to another.

This dichotomy is also sustained by the presence of powerful unions, conflicting vested economic interests among the protagonists, patency rights, legislative controls, government lobbies and very importantly the stranglehold on the instrument of media propaganda by the protagonists of western orthodox medicine. While the orthodox western medicine has been sustained by the enormous resources from pharmaceutical and biomedical industry, CAM and TM, until recently, did not receive such patronage and lacked a cohesive platform to promote common views and strategies.

It is important to note that the integration of CAM and orthodox medicine was not necessarily a matter of choice for the biomedical and pharmaceutical companies, but was imposed by the changing forces of consumerism, and government inevitable response to the demands for consumer rights protection. Also, with the shifting consumer demands, there was much to lose by the biomedical and pharmaceutical companies. So, there was the need for strategic positioning to take advantage of the emerging CAM market. Unfortunately, what we see today is the hijacking of the emerging CAM products by these conglomerates, where it soothes their economic interests, and the continued imposition of restrictive conditionalities for the acceptance of other CAM products that do not have the economic potentials.

Existing evidence shows that in most cases, the opposition against CAM and TM does not come from the ordinary people, but an elitist group with vested economic, status and professional interests. As a matter of fact, the literature suggests that the progress made so far

in integrative medicine were engendered by the rise of consumerism and popular demands for CAM therapy and products. This rise in demand, especially in developed countries of Europe and America where consumers have greater access to health information and are better informed, has forced the governments of UK, United States, and some Asian countries like Korea, China, and Malaysia to officially adopt integrative medicine. In some of the Asian countries TM has been integrated into the mainstream health care system. It is quite obvious that the heated debates and conflict between CAM and western orthodox medicine in many situations do not reflect the desires and demands of the ordinary people. Thus, the pertinent question is whose interest is being protected or projected by these decades of struggle and resistance against CAM and TM? To answer this question, it is important to consider the diverse viewpoints and arguments for and those against CAM.

Those who argue against CAM have often used negative labels such as unconventional, placebo effect, unscientific, lack of evidence, ineffective treatment, magic, quackery, and primitive to describe CAM therapies. Yet these campaigns have not dissuaded millions of CAM users. Existing literature points to variations in healthcare professionals' attitude towards CAM, which were influenced by professional training and personal beliefs [4]. There are several valid reasons why some orthodox medical practitioners have opposed CAM use or its integration with the mainstream medicine. The fear that seeking CAM may prevent ill persons from seeking early treatment in hospital, thereby leading to late presentation for care, lack of scientific evidence supporting the "effectiveness" of several CAM therapies, unknown effects of therapy or drug interaction are some of the common arguments [6]. Also strict professional practice guidelines and regulations imposed by professional regulatory boards/associations, professional orientation and indoctrination, personal beliefs and often ignorance have constituted serious obstacles to the acceptance and integration of CAM by orthodox healthcare practitioners.

In addition, the concept of evidence based medicine has been used as a tool for discriminating and dismissing CAM and TM practices as ineffective, unproven, and placebo effect. Ernst [2] noted that evidence-based medicine "means that our medical interventions should be based on objective facts rather than on personal opinions". However, the principle of evidence-based medicine negates the fact that CAM and orthodox medicine are fundamentally different, and many CAM procedures may not be amenable to RCT. Moreover, the demand for proof of effectiveness using RCT is problematic as the concept of effectiveness in itself is debatable and is not always exhaustive of the relationship between treatment and effect [22]. The question is whether this is really a desired goal and the best approach to understand the "effectiveness" of all types of medicine, given that a lot of CAM and TM therapies are deeply rooted in a people's culture and belief systems. How does one proceed with measuring the effects of prayer, meditation, miracles and similar therapies whose outcomes are individual-based and mostly incomparable with another person's experience? In view of the heterogeneity within the CAM family, it will be misleading to expect the type of standardization similar to those in biomedical medicine or to assume that all CAM therapies can be understood using the same method of inquiry. There are many parts of CAM that cannot reasonably be subjected to RCT, yet their efficacy and value to the partakers are true and valid. The essence of medicine is not just to cure diseases but to promote wellness, prevent and cure diseases and illnesses of the mind, body, and spirit. CAM

advocates for this type of holistic therapy that considers the whole aspects, as distinct from the biomedical that seeks to locate disease and treatment in the individual human body. Just as the clinical medicine is distinct from public health and from social model of health, so is CAM distinct in some very specific ways.

Although several of the arguments against CAM appear valid and cogent, they do not address the basic issue of consumer needs, interests and the rights to choose. While there has been a growing research evidence indicating effectiveness of some CAM practices and lack of evidence among others, it does not seem rational to dismiss CAM practices where there is no evidence of harm or where the risk is not greater than what users would ordinarily encounter in life. It is evident that many conventional medicines have more harmful effects than many CAM therapies, yet these conventional therapies are supported and prescribed everyday by conventional healthcare professionals, despite very serious contraindications. A fundamental principle of the orthodox western medicine is “do no harm” and respect for the autonomy of the client.

Recommendations for New Medical Model

In light of the controversies surrounding the status quo, the need for a new system of healthcare based on freedom of choice and consumer sovereignty is being advocated [5,23]. In response to the dysfunction of current integrated medicine, the Prince of Wales in a speech at the World Health Assembly, Geneva, Switzerland, called for a concerted effort to “find creative new ways of developing an integrated approach to health” [23]. Some of the initiatives taken by European countries to address the conflicts between CAM and orthodox medicine includes consumer protection, development of appropriate research and finances for research [5,24]. Archer [5] had called for an “ideological shift in understanding health, illness and treatment” as holistic. Others have advocated for biomedical pluralism suggesting that even biomedical practices are diverse; similar to what is seen in CAM [4].

Based on existing gaps and some ongoing initiatives, this paper recommends for the creation of a functional integrative medicine that would equalize global access to integrative medicine. The new system has to address the current power imbalance and unequal opportunities for CAM and TM. There is the need for devolution of power, greater protection of individual autonomy and opportunities for real consumer choices. Governments should establish mechanisms that guarantee recognition of the validity of all medical knowledge - empirical, humanistic and interpretative, and for enforcing social responsibility of biomedical and pharmaceutical industries towards the support and promotion of all medical knowledge. The removal of discrimination in publishing of all medical research findings, irrespective of the research methods used will ensure accessibility of all medical information. The success of this model will depend on stronger and more cohesive partnership among the diverse interest groups from the governments, corporate organizations, research community, and consumer movements.

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