



remarks

An Alternative Point of View Knowledge of complementary and alternative medicine can help physicians better serve their patients, says one industry consultant.

BY KEITH M. SARICH



A health partnership representing 14 hospitals recently asked me to make an

initial assessment of their complementary and alternative medicine (CAM) needs, (which seems to be occurring with greater frequency). During the course of physician interviews I was conducting to ascertain the level of receptivity to CAM within their practice, I had an interesting conversation with a cardiologist. He appeared to be in his mid-50s, caring, affable, and highly professional. When I asked him about alternative therapies, he gave me probably the best, most sincere answer I have heard yet about how

physicians view the subject. His answer sums up what I have found to be true for physicians practicing today.

"Keith," he said, "I really don't buy off on this CAM stuff. I know some of it may be helpful to my patients.

Some may be detrimental. My biggest concern is the current lack of knowledge I have regarding CAM. I simply do not have the time and energy to research it... and my patients bring a laundry list of questions regarding CAM. I'm sure I may remain skeptical, but

armed with more information, I suppose I would feel more comfortable discussing the topic with my patients."

I have to admit that when I first began my career in CAM consulting, I really thought that CAM, with its myriad of therapies and philosophies could, quite literally, solve the health-care equation. I believed these low cost, low tech, holistic approaches could solve the complex issues associated with chronic care. I still believe that elements of CAM can and do

have a significant and positive effect on consumers as well as patients. For example, no one can deny that therapeutic massage has a profound effect on the reduction of stress, lowering of blood pressure, reducing cortisol levels, and promoting a general feeling of well-being. Therapeutic massage is CAM. And cranberry's effects on the integrity of the urinary tract are well known. That's CAM.

However, five years into the business and a whole lot wiser, my position has somewhat changed. Today, I would suggest that my personal belief in the power of CAM might mirror that of the allopathic or osteopathic physician practicing in front-line medicine as well as those physicians completing medical school and residen-

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REMARKS

Continued from previous page

cies. I believe that CAM is a wonderful “tool” available in a physician’s bag. An augmentative agent by nature, it reflects the very essence of its name, “complementary.” If I ever thought CAM would replace the role of the physician, I was wrong. There is no stronger force than that of a well-armed, yet opened-minded physician.

I believe that many physicians are receptive to CAM, especially the younger physicians in practice today. Certainly the medical students exhibit a great deal of interest and knowledge in CAM. Many of these individuals use CAM themselves. Chiropractic, massage therapy, and dietary supplementation are only some of the many complementary therapies I find are frequently used by physicians.

The dilemma faced by my cardiologist friend may be eliminated for future physicians through the expanded training they receive in medical school and residency. A growing number of medical schools now have formal and informal coursework in alternative therapies. Residencies also are adding complementary therapy components to their curricula, ranging from basic to complex. As a result, new physicians have a baseline knowledge of CAM that provides a greater degree of confidence when discussing these treatments with their patients.

This, of course, is good for the patient. In my surveys of patients interested in or using CAM, a great majority say, “My doctor doesn’t listen.” Physicians such as the cardiologist, however, most likely did not have access to information on alternative medicine while they were in medical school and training. Herein lies the problem.

The patient, for whatever reason, believes in an alternative therapy, uses it, and expects his physician to understand it, often in all of its intricate theories and practices. If the physician does not

share the patient’s enthusiasm or lacks knowledge in the field, communication is strained. Cynicism may develop on both sides and what follows are cases highlighted in the press about interactions between prescribed drugs and herbal interventions, often with deadly results. Sadly, the physician is completely unaware of the patient’s “clandestine” CAM activities since the patient felt uncomfortable discussing it with the physician. This does not have to occur.

To prevent such situations, physicians must understand these therapies well enough to discuss them with their patients. The cardiologist I interviewed felt pressured and confused about the complexities of CAM. Therefore, for older physicians, or younger physicians desiring to take CAM to a higher level in their practices, education is the key.

However, CAM education that is scatter-shot, irrelevant, or questionable at best is not the solution. The best, most respected information comes directly from the organization in which the physician practices, from the professional association to which she belongs, or through respected research arms such as the [National Center for Complementary and Alternative Medicine of the National Institutes of Health](#).

I would propose a formalized continuing education program be developed within each professional organization, regardless of specialty, that addresses CAM treatments. Many associations and organizations already offer such courses. In addition, it may be prudent for medical directors to encourage even the most cynical physicians to participate in at least one yearly CEU event specifically targeting CAM.

Why would I suggest this, knowing the incredible demands on a physician’s time? In a word, statistics. More than half of all Americans are using CAM in

one form or another. More than 20 billion dollars per year are spent out-of-pocket on dietary supplements alone. Every year, almost twice as many outpatient visits are made to CAM “providers” as primary care MDs or DOs.

Repeats of tragic drug/herbal interactions need not occur. Through an initial or refresher course built into a monthly staff meeting, “comp” time for Internet research of relevant CAM Web sites, and formal CAM CEUs that provide up-to-date information from credible sources, today’s physician will be knowledgeable enough to reduce her patient’s frustration and fear factor. By educating herself, the physician takes a quantum leap in the direction of better patient satisfaction and safety. ■

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