

Understanding The Convergence of Complementary, Alternative & Conventional Care

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THE CONVERGENCE OF
COMPLEMENTARY, ALTERNATIVE &
CONVENTIONAL HEALTH CARE

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Understanding the Convergence of Complementary, Alternative & Conventional Care is one publication in a series entitled *The Convergence of Complementary, Alternative & Conventional Health Care*, developed as an educational resource for health professionals by the Program on Integrative Medicine, University of North Carolina at Chapel Hill, with support from the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health.

This series responds to the many questions raised as conventional health care practitioners encounter widespread and increasing use of complementary and alternative therapies. Each publication in the series highlights one or more of the key issues facing health professionals today—including assessing information, safety, effectiveness, and the integration of conventional, complementary, and alternative health care.

Understanding the Convergence of Complementary, Alternative & Conventional Care explores the changes and challenges facing American health care as various healing modalities—conventional, complementary, and alternative—interact.

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foreword

Despite the dominance of biomedicine and the considerable influence of its partner pharmaceutical and medical insurance industries, health care in the United States remains pluralistic. Indeed, shortcomings of conventional health care such as high costs, adverse events, uneven access, uncoordinated care, and poor outcomes with chronic-disease treatment have probably encouraged the persistence, growth, and development of health care and healing practices outside of biomedicine. These so-called “alternative medicine” practices are a wide-ranging assortment of traditional healing systems, folk practices, and medical innovations that have not been adopted by mainstream medicine. They include, for example, touch therapies, meditation, acupuncture, diet modification, energetic and electro-magnetic healing, and herbal remedies. Although diverse in origin and technique, these therapies share philosophical characteristics that distinguish them from biomedicine, including a holistic view of the human being and an emphasis on the body’s self-healing potential. In contrast, biomedicine’s philosophy centers on western scientific concepts and values, efficiency, and application of biotechnology.

For our purposes here, conventional and alternative health care practices may be viewed as two distinctly different health care cultures, with tension arising from diverse, often deeply held beliefs and widely varying, sometimes unfamiliar practices. As these two worlds meet, often brought together by patients who use both forms of care, there are challenges for everyone involved, as well as opportunities for increased openness, communication, and understanding.

Of course, there is already overlap between mainstream and alternative forms of care. Many persons educated and employed in biomedicine have become advocates and even practitioners of certain alternative therapeutic approaches. And many providers and most users of alternatives are also consumers in the conventional system. A small number of therapies, for example certain dietary supplements such as glucosamine, have been incorporated into conventional practice.

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The acceptance of alternative medicine by the public and the increasing amount of data that provide evidence of efficacy and effectiveness of a variety of alternative therapies suggest that a convergence between the two cultures is underway. Conventional practitioners naturally view this trend through the lens of their own training and a culture of scientific reductionism. These same medical practitioners are generally unfamiliar with alternative healing practices and are inclined to evaluate their efficacy, safety, and acceptability in the context of their own paradigm. For example, they may be alarmed by the lack of evidence (in biomedical terms) of efficacy and safety for these alternatives. Yet the kind of evidence sought—such as data from randomized controlled clinical trials—may be inappropriate or inadequate for assessing the effectiveness of a given alternative therapy.

A concern often voiced by alternative providers and consumers is the tendency of the predominant health care culture to define the “convergence” of conventional and alternative medicine as the gradual assimilation of selected, sanctioned alternatives into biomedicine practice. To some extent, the emerging trend of so-call “integrative medicine” reflects that assumption since, for many, integrative medicine has been viewed as merely adding alternative techniques and therapies to conventional medical practice, without a concomitant shift toward a holistic conceptual paradigm.

We believe that the growing interest in health care alternatives is not merely new, uncharted territory for conventional medical science, but a healthy challenge to its values, assumptions, priorities, and direction. The commingling of different approaches to health and healing demands an expanded understanding and objectivity from practitioners. A first step is to become familiar with and appreciate the different philosophies and approaches of the alternatives that consumers find so attractive.

Moreover, this movement challenges researchers to discover new ways of evaluating healing modalities. It calls for health-professions educators to appropriately incorporate information about alternative practices and concepts into standard health-professions curricula. It challenges clinicians, health administrators, and policy makers to explore ways in which a variety of healing practices can be utilized for effective, affordable, appropriate, and accessible health care. The following pages outline some of the critical issues facing healers today. It is our hope that this overview will offer an objective perspective on the significance of and the opportunities presented by the convergence of conventional and alternative health care.

A note about the terminology used in this publication: In recent years, reflecting the public’s simultaneous use of both alternative and conventional treatments, the term “complementary” has come into vogue, giving rise to the umbrella phrase “Complementary and Alternative Medicine,” often abbreviated as CAM. Despite its convenient brevity, the acronym has some unfortunate implications. It suggests, for example, homogeneity among the practices included under the umbrella term. In reality, these practices are quite heterogeneous. It also implies a clear a complete distinction between conventional and CAM systems of care. That is also inaccurate.

The term CAM is therefore used sparingly here. And, when used, it is shorthand for a group of diverse medical and health care systems, where the emphasis is on the word “diverse.”

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