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Opinions and experiences of physicians regarding complementary and alternative medicine (CAM). A research report from Poland

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Abstract

Background: The term CAM denotes complementary and alternative medicine. However, CAM is practiced by individuals without academic medical education and formal eligibility for treating people. The extent of interest in CAM is considerable. The WHO global report on traditional and complementary medicine has demonstrated that 87% of all WHO Member States legally recognise individual forms of CAM, and 100 Member States have national policies regarding such practices. In Poland, performing medical activities without appropriate qualifications is prohibited.

Material and Methods: Diagnostic survey distributed as Google Forms was used as the basic research method with the research technique of a questionnaire. The questionnaire starting with a metrics part consisted of several questions regarding popularity and tendency of CAM, causes of CAM popularity, approach to those types of practices and patients as well as role of CAM during the pandemic. Sixty-one responses were obtained from physicians of different age, experience and speciality.

Results: Ninety-five percent (95%) of doctors believe that alternative medicine can be dangerous; 67.2% think that the phenomenon of alternative medicine should be combated; almost half of the physicians surveyed believe that there is a fundamental contradiction between evidence-based medicine (EBM) and alternative medicine. Furthermore, according to 48% of respondents, physicians in Poland should be able to recommend and combine methods of traditional and alternative medicine.

Conclusion: Doctors point to the increasing popularity of CAM among patients in Poland, the consequences of which cannot be determined because there is still a lack of research on the safety of alternative methods. The most frequently cited reasons for interest in CAM suggest that there is a need for a better tailored biomedical approach to individual patient needs.

MeSH Keywords: Complementary Medicine, Alternative Medicine, Public Health

Background:

According to literature reports and the World Health Organization (WHO), in recent years, unconventional treatments have enjoyed a significant increase in interest [1]. Complementary medicine, otherwise known as alternative medicine, applies to both diverse practices and biological products (e.g., herbs, vitamins, minerals, probiotics, homeopathic products, and Chinese herbal remedies) that are beyond the scope of the health care system of a given country and conventional medicine [2,3,4,5]. Complementary and alternative Medicine (CAM) is seen by patients as a source of non-conventional methods of treatment, which is frequently observed by physicians in the case of chronic diseases and cancers [6]. The most common CAM methods include massages, homeopathy or acupuncture [4]. However, there is a great variety and regionalization of the CAM methods used. Alternative medicine is prevalent not only among poorer social groups, where financing and access to health care services is difficult. There has been an increase in public interest and use of CAM in affluent societies, despite the lack of many studies on their effectiveness [1,4,6].

The WHO global report on traditional and complementary medicine has disclosed that as many as 87% of all WHO Member States legally recognize individual forms of CAM, and 100 Member States have national policies on such practices. In addition, 124 Member States have national regulations on herbal medicines. Statistically, about 50% of the population of developed countries use some forms of CAM (United States – 42%; Australia – 48%; France -

49%; Canada- 70%) [2].

In Poland, at the beginning of the twentieth century, on average, about 60% of the population declared the use of CAM as the main way to fight diseases and ailments, and only 31% of respondents instantly sought the physician's assistant [7]. The available literature shows that the simultaneous use of CAM and conventional medicine may pose a potential risk to the patient's health. Serious adverse side effects caused by CAM are relatively rare yet there are direct and indirect risks. The use of herbs and supplements from unreliable sources without consulting a physician can be particularly risky. An additional risk is the simultaneous use of alternative methods and conventional medicine without proper supervision [6]. This may pose a special risk in patients receiving active cancer therapy due to uncontrolled interactions [3]. Patients using CAM often withhold this information from healthcare professionals, which may be a serious problem [6].

The aim of the study was to determine the opinions of physicians about the CAM phenomenon as well as the reasons for its popularity and to learn about the "portrait" (profile) of a patient using alternative medical treatments. This professional group was selected for analysis due to their knowledge, but also the possible effects of using CAM in patients. Second aim was to estimate the directions of research on alternative medicine. This pilot study was conducted to assess possible future research directions on CAM.[6].

Material and Methods:

An important element of conducting research is the selection of a suitable method, which first collects and then interprets the collected data. In the present study, a diagnostic survey was applied as the basic method of research based on the authors' questionnaire. The questionnaire consisted of several parts. The first part included questions about the length of providing medical services, current status (without specialization, intern, resident, specialist), the specialty practiced, as well as age, place of residence and province. The next part contained questions concerning the interpretation of the concept of alternative medicine and the knowledge of its kinds.

The respondents were asked to state whether legal regulations on unconventional medicine practices exist or otherwise. Moreover, they were to estimate patients' interest in such services, to determine whether their interest increases, persists or decreases, and to indicate the

potential causes of this phenomenon. Further questions concerned the relationship between interest in alternative methods and the ongoing global COVID-19 epidemic. The next part of the questionnaire included questions about “the portrait” of an individual interested in scientifically unproven practices. The respondents were to indicate patients` personality traits as well as their attitudes towards families and to describe their own perception of patients using alternative medicine practices. Moreover, the respondents were asked to estimate the frequency of meeting such individuals in their practice and to define their attitude towards them and the therapies used, as well as patients` motivations for using scientifically unproven therapeutic practices. The final part of the questionnaire contained statements regarding possible risks of alternative practices, their possible use in combination with academic medicine or doctors` permission for using such solutions. The respondents were to indicate their attitude to the above statements using the Likert scale (definitely yes / rather yes / rather no / definitely not / it is difficult to say). The questionnaire was made available using Google Forms. The study group consisted of Polish physicians. The survey included 64 individuals who underwent a preliminary analysis. All respondents gave their consent to participate in the survey. After excluding the questionnaires which did not fulfill the criteria, 61 respondents (36 women and 25 men) were subjected to final analysis. Almost 70% of respondents (42 respondents) were aged 26-30 years. The vast majority of respondents were from urban regions (56 respondents), 37 of them lived in large cities with over 300,000 inhabitants. The respondents came from 9 different Polish provinces. The highest number of respondents were during their residency (45) and with a work experience of 1-5 years (41), most of them were specialists in family medicine, orthopedics and pediatrics.

Results:

The first question in the main part regarded the definition of alternative medicine. The largest proportion (60.6%) of respondents defined alternative medicine as "the therapeutic activities and practices that were not confirmed by scientific research". The next most common responses were: "traditional, home treatments based on natural ingredients"(16.4%) and "non-medical healing practices"(14.8%). In a multiple-choice question, the respondents were asked to choose the types of alternative medicine they were familiar with. Among the 5 most popular types were: acupuncture (82%), homeopathy (80.3%), acupressure (78.7%), herbalism (78.7%), and bioenergy therapy (68.9%). The least popular types included the Bates

method (3.3%), silvotherapy (6.5%), and lithotherapy (8.2%). Additionally, the respondents mentioned the following types of alternative medicine that were not included in the question: total biology, vitamin infusions, breatharianism, normobaric chambers, Ayurveda, doula birth, climate therapy, and hydrotherapy.

Over 75% of respondents thought that the practice of alternative medicine in Poland was not regulated by law. Almost 90% (88.5%) believed that the use of alternative medicine was common and that interest in alternative medicine services has increased over the years. Another multiple-choice question regarded possible reasons for increased popularity of alternative medicine. The three most common answers were: greater access to information (internet forums, Facebook groups) (57.4%), declining trust in the medical profession (54.1%), and fear of traditional treatments (50.8%). The most unlikely reasons for the popularity of alternative medicine reported by the physicians included: short duration of appointments (6.6%), expensive drugs (9.8%), and high costs of private medical visits (13.1%). In addition, they mentioned the good public relations (PR) of Altmed, low level of education of the society and wider access of uneducated people to TV or Internet where they can present their opinions.

About 50% of respondents believed that interest in alternative medicine has increased during the SARS-CoV-2 pandemic. The most likely cause was organizational problems of medical institutions (closure or suspension of hospital admissions). Contact with a patient using alternative medicine was declared by 77% of respondents. Almost 33% were unable to estimate the proportion of patients using alternative medicine; according to 24.6%, this proportion was 1 in 50 patients and according to 23%, 1 in 10 patients. About 23% of respondents believed that the number of such patients had increased during the pandemic. In the multiple-choice question, respondents were asked to indicate the characteristics of patients using alternative medicine services. Most respondents (65.6%) mentioned credulity, followed by suspicion (44.3%), confusion (40.9%), and desperation (36.1%). As far as the level of intelligence is concerned, only 4.9% of respondents found their patients highly intelligent, while 29.5% regarded them as lowly intelligent.

The attitude of 39.3% of doctors to patients using alternative medicine services was negative. More than 50% of doctors stated that they met patients who sought their assistance only when alternative medicine failed, and 8.3% of respondents attended patients "referred" by alternative medicine providers. In total, 54.1% declared their negative attitude towards alternative medicine. Only 16.4% of respondents changed their attitude to alternative medicine after

treating patients using such practices. Moreover, 54.1% of respondents admitted they met doctors applying some elements of alternative medicine. According to 95% of respondents, alternative medicine could be dangerous; 67.2% stated that the phenomenon of alternative medicine should be combated. Additionally, 72.1% of doctors believed that there was a fundamental contradiction between EBM and alternative medicine; according to 48% of respondents, physicians in Poland should be able to recommend and combine methods of conventional and alternative medicine.

Discussion:

According to healthcare professionals from New Zealand, the reasons for using alternative medicine include failure of conventional treatment, positive effects of the CAM methods used earlier, and supplementation of the treatment already applied [4]. The results of the Anbari study have shown that the most important reason for using CAM is the fear of side effects of medical treatment [8]. According to the authors, a dynamic increase in CAM uses might correspond to an increase in public interest in a holistic approach to health as an opposition to full bureaucracy and schematic approach to diseases in traditional medicine [1,9].

Our study demonstrated that 62% of respondents believed that innovation but also “exotics” of alternative medicine induced the use of this form of treatment. According to a study conducted among German healers and their clients, an important aspect of using CAM was the fact that their clients believed that their relations with the healer supported the healing process. The clients described the healer's empathy and personality as the model to follow. Trust in the healer, his empathy, understanding and acceptance, as well as devoting enough time to talk about all relevant aspects of treatment and answer the client's questions, was considered an essential part of treatment [10]. The above results are partly consistent with our findings, as 54% of respondents in our survey believed that the decline in trust in the medical profession had a huge impact on increased interest in alternative medicine services; however, too short medical visits were not considered a significant reason for this increase (6.6%). Similarly, a friendly atmosphere of visits to practitioners of alternative treatment methods was found to be the factor inclining towards CAM.

Many patients do not admit that they use CAM. The available studies have demonstrated that physicians can play an important role in facilitating patient preferences by being open to

talk about alternative methods, which can increase the frequency of disclosure of this information. It has been shown that such an approach of a physician, accepting and not valuing the patient's CAM activities, can have positive effects [6]. In the United States, 44% in 2004 and about 71% of physicians in 2012 were willing to refer their patients to CAM specialists, which demonstrates increased popularity of CAM amongst physicians [11]. In Poland, the attitude of the medical community towards CAM differs from the data cited above; 48% of respondents believe that physicians in Poland should be able to recommend alternative methods and to combine conventional and alternative medical treatments.

According to the study conducted in Iran, only 21% of healthcare workers have a negative attitude towards CAM [12]. The study by Aveni (2016) has also shown that most healthcare professionals have a positive attitude toward CAM and believe that the use of CAM may be useful in treating patients [13]. In the present study, however, 54.1% of respondents had a negative attitude towards alternative medicine, and only 6.6% positive. Moreover, when asked about their attitude towards patients using CAM, the responses were as follows: positive – 3.3%, neutral- 57.4%, and negative – 39.3%. Furthermore, the knowledge of healthcare professionals in Iran regarding CAM methods mostly concerned exercise therapy (51.7%), herbal medicine (51.7%), vitamin supplements (51.4%), nutritional therapy (46.9%), music therapy (28.4%), bloodletting (27.6%), magnet therapy (24.4%), and hydrotherapy (24.1%) [12]. In another study, the most common methods were massages, non-herbal supplements, and music therapy [14].

A study conducted in Babol, a central city in northern Iran, has revealed that the CAM methods most frequently applied include herbal medicine, traditional medicine, homeopathy, chiropractic treatment, acupuncture, reflexology, and massage [15]. In Europe, the methods mostly applied are herbal medicine, homeopathy, chiropractic treatments, and acupuncture [16]. In this study, the five most commonly used methods in alternative medicine were: acupuncture (82%), homeopathy (80%), acupressure (78.7%), herbal medicine (78.7%), and bioenergy therapy (68.9%). The studies involving healthcare professionals from New Zealand have shown that the practice and referral of patients to some forms of CAM therapy is a common phenomenon and regards about 30% of GPs. In addition, many of them personally use massages and CAM methods to cope with ailments; however, about 45% have noticed the lack of reliable scientific evidence and research concerning safety of CAM therapy.

The study findings available in literature have shown that there is a need for better regulation

of CAM procedures and products [4]. An interesting example of the implementation of methods not used by academic medicine into the standards of care offered by public medical institutions can be observed in Brazil. Initially, five alternative practices were approved for use in the public health care system; now, this number has increased to 29. Moreover, there are no studies describing the use of certain methods, such as thermotherapy/cryotherapy or anthroposophical medicine [17]. Most of the physicians surveyed in a multi-centre study in Italy observed the therapeutic effects of CAM, including improved well-being of patients. Nevertheless, as many as 70% of them do not use CAM methods themselves [18]. In our survey, 54.1% of respondents admit that they know a physician who uses some elements of alternative medicine in practice.

Conclusion:

The concept of CAM is very broad and there is no unambiguous definition that can determine which techniques and methods to be considered “alternative”. In many foreign studies, methods such as massage or hydrotherapy have been considered unconventional, while in Poland such techniques are commonly used in medical rehabilitation departments. The physicians stress increased popularity of CAM among patients in Poland, the consequences of which cannot be determined, as there are still no studies on the safety of alternative methods. The skeptical attitude of most Polish doctors towards introducing some elements of alternative medicine in everyday practice may indirectly prevent unambiguous cohort study-based verification of the impact of such practices on the patient's treatment.

The above attitude results from the lack of evidence on efficacy and safety of such therapies as well as contradiction with evidence-based medicine. The most frequently mentioned reasons for interest in CAM suggest the need for better adaptation of the biomedical approach to the individual needs of patients.

Authors declare no conflicts of interest.

The research has no external founding.

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