Complementary medicine: use and attitudes among GPs

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**Background.** Information about use and attitudes of GPs towards complementary medicine is required in order to inform the debate about its place within mainstream medicine. There is evidence that public use of complementary medicine is particularly high in the South-West of England.

**Objective.** This study aimed to determine the use of, and attitudes towards, complementary medicine among GPs.

**Methods.** A questionnaire survey was performed of all primary care physicians working in the health service in Devon and Cornwall.

**Results.** Replies were received from 461 GPs, a response rate of 47%. A total of 314 GPs (68%, range 32–85%) had been involved in complementary medicine in some way during the previous week. One or other form of complementary medicine was practised by 74 of the respondents (16%), the two most common being homoeopathy (5.9%) and acupuncture (4.3%). In addition, 115 of the respondents (25%) had referred at least one patient to a complementary therapist in the previous week, and 253 (55%) had endorsed or recommended treatment with complementary medicine. Chiropractic, acupuncture and osteopathy were rated as the three most effective therapies, and the majority of respondents believed that these therapies should be funded by the health service. A total of 176 (38%) of respondents reported adverse effects, most commonly after manipulation.

**Conclusion.** Over two-thirds of the GPs in Devon and Cornwall who responded to the survey had been involved with complementary medicine in some way during the previous week. This figure is higher than the national average. The majority of respondents believed that acupuncture, chiropractic and osteopathy were effective and should be funded by the NHS.

**Keywords.** Attitudes, complementary medicine, primary care, survey.

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**Introduction**

There is currently a debate about the place of complementary medicine (CM) within mainstream medicine. In the UK, primary care physicians are increasingly influential in decisions to purchase medical services, and their attitudes to CM and current rates of use should be researched. Previous surveys of various groups of doctors have investigated use over periods of a year or longer. These surveys also therefore have two limitations: they are likely to be weakened by problems with accurate recall, and they cannot be used to monitor a changing situation accurately. Thomas et al. undertook a survey of one in eight general practices, requesting information about the physicians' involvement with CM during the previous week only. This approach optimizes recall. Since there is evidence from population surveys that the use of CM in the South West of England is high (16% instead of the national average of 10%) we undertook a survey to address the question of whether GPs in the far South West of England are as enthusiastic about CM as their patients.
TABLE 1  Use of complementary therapies: number (%) of 461 south west GPs who reported treating, referring, or recommending/endorsing complementary therapy in one week (each GP only counted once in the total, even if involved in more than one therapy)

<table>
<thead>
<tr>
<th></th>
<th>Treating</th>
<th>Referring</th>
<th>Endorsing</th>
<th>Any of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>20 (4.3%)</td>
<td>37 (8.0%)</td>
<td>89 (19.3%)</td>
<td>138 (29%)</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>6 (1.3%)</td>
<td>58 (12.6%)</td>
<td>156 (33.8%)</td>
<td>204 (44%)</td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>27 (5.9%)</td>
<td>21 (4.6%)</td>
<td>62 (13.4%)</td>
<td>95 (21%)</td>
</tr>
<tr>
<td>Hypnotherapy</td>
<td>8 (1.7%)</td>
<td>9 (2.0%)</td>
<td>25 (5.4%)</td>
<td>38 (8.0%)</td>
</tr>
<tr>
<td>Medical herbalism</td>
<td>1 (0.2%)</td>
<td>2 (0.4%)</td>
<td>15 (3.3%)</td>
<td>18 (0.4%)</td>
</tr>
<tr>
<td>Osteopathy</td>
<td>7 (1.5%)</td>
<td>42 (9.1%)</td>
<td>143 (31%)</td>
<td>176 (38%)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>2 (0.4%)</td>
<td>1 (0.2%)</td>
<td>13 (2.8%)</td>
<td>14 (3.0%)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>3 (0.7%)</td>
<td>9 (2.0%)</td>
<td>32 (6.9%)</td>
<td>41 (8.9%)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (1.3%)</td>
<td>3 (0.7%)</td>
<td>5 (1.1%)</td>
<td>13 (2.8%)</td>
</tr>
<tr>
<td>Total GPs involved</td>
<td>74 (16%)</td>
<td>115 (25%)</td>
<td>253 (54.9%)</td>
<td>314 (68%)</td>
</tr>
</tbody>
</table>

Methods

A survey of all GPs in Devon and Cornwall was undertaken in September 1995. A questionnaire was developed (Appendix), modified after piloting, and then circulated to individual GPs using the Health Authority courier service. The envelope also contained promotional literature for a course on familiarization with complementary medicine given by the Postgraduate Medical School of the University of Exeter, and a free post envelope for reply. Question 2 was reproduced (with permission) from the survey by Thomas et al.7

‘Questionnaire fatigue’ is well recognized among GPs. In an attempt to boost the response to a single mailing, the questionnaire was kept very brief (two sides of A4 paper), there was expert input into its design, and a short accompanying letter stressed the academic origin, assured anonymity, and promised no second mailing. Analysis of the responses was performed with Lotus 123 and SPSS software, using χ² tests for dichotomous variables.

Results

A total of 972 questionnaires were distributed, and 461 (47.4%) usable replies were received; 104 were from females (23%) and 339 from males (77%). The age and sex distribution of the respondents was similar to that of all GPs in Devon and Cornwall.9 Partnership sizes of the respondents were as follows (with Devon and Cornwall figures in parentheses): single-handed 6% (12%); partnerships of 2-3 doctors 30% (38%), 4-6 doctors 46% (41%), and more than seven doctors 14% (9%). Thirty-seven per cent of the respondents were fundholders.

GPs’ use of CM

A total of 314 (68%) of the GPs who responded reported that they were ‘active’ in CM (i.e. either using as treatment, referring to, or endorsing the use of CM) during the previous week (Table 1). This represents between 32% and 85% of all GPs in the area. The percentages of GPs using each individual therapy is shown in Figure 1, which also includes UK estimates from Thomas et al.7 Since GPs use a selection of manipulative techniques and are rarely fully-trained chiropractors or osteopaths, the different forms of manipulative therapy have been combined. However, referrals to chiropractors and osteopaths are listed separately in Table 2, which sets out the numbers of patients treated with the various therapies. There were 1284 patients involved in CM so that each GP who had some dealings with CM did so on an average of four occasions during one week.

FIGURE 1  Percentages of GPs in Devon and Cornwall who practise complementary therapy compared with the UK average ('manipulation' includes all manipulative techniques)
Some form of CM was practised by 74 (16%) of the doctors. The two most common therapies were homoeopathy and acupuncture, used by 5.9% and 4.3% of the GPs, respectively. Medical acupuncturists treated almost twice as many patients each, seeing an average of 5.9 patients compared with the homoeopaths’ average of 3.0. Thus acupuncture was the predominant therapy, being used for 45% of all complementary treatments given by GPs, compared with 32% for homoeopathy. Manipulation was the next most common therapy, being used by 13 (2.8%) of the doctors and accounting for 18% of the total number of patients treated using complementary techniques (48/260).

Other therapies used by GPs included traditional Christian prayer, relaxation/visualization, neurolinguistic programming, autogenics, and aromatherapy.

**Referral to, and endorsement of, complementary medicine**

At least one patient was referred to a CM practitioner by 115 (25%) of the GPs in the previous week and the most common therapies were chiropractic and osteopathy (Figure 2). Eighty-two GPs (18%) referred their patients for one or the other of these therapies, although only 18 GPs referred patients to both. Thus a total of 134 patients were referred for manipulation, which was the majority of referrals for all CM. A total of 253 GPs (55% of respondents) recommended or endorsed CM on at least one occasion in the previous week. Again, the great majority of recommendations (63%) were for chiropractic or osteopathy, and the next most popular therapy, acupuncture, accounted for only 15%.

The results were analysed for different patterns of activity among different groups of GPs. There were no significant differences in use by age, size of partnership or fundholding status. Female GPs were significantly less likely to treat patients with CM than their male colleagues (7% and 19% respectively, \( \chi^2 = 8.7, P < 0.01 \)), but there was no difference in the referral and endorsement pattern.

Other therapies mentioned under ‘other referrals or endorsements’ include the Alexander technique, a Quiet Mind Centre, neurolinguistic programming, kinesiology, healing and Chinese herbs.

**Information about and attitudes towards CM**

GPs were asked to rate the effectiveness of the individual therapies on a visual analogue scale (VAS): Figure 3 shows that the mean rating for effectiveness was more than 50% for acupuncture, chiropractic and osteopathy. The actual percentages of GPs who rated each therapy at over 50% effective were as follows: acupuncture 65%, chiropractic 69%, herbal medicine 11%, homoeopathy 29%, hypnotherapy 31%, osteopathy 69%, and reflexology 9%. The majority of respondents believed that the NHS should pay for three individual therapies: acupuncture (65%), chiropractic (56%), and osteopathy (52%). The characteristics of
the GPs who had most doubts about CM (i.e. who gave the lowest 10% of scores) were analysed: these GPs are significantly more likely to be male (88% versus 75%, \( P < 0.05 \)), to be over 50 years old (29% versus 15%, \( P < 0.05 \)), and to work single-handed (12% versus 5%, \( P < 0.05 \)).

A total of 317 respondents (69%) had had discussions with at least one complementary practitioner, most commonly with an acupuncturist. The importance of learning more about CM was rated as 49% (SD = 24) on a VAS. Figure 4 shows that GPs generally rated their confidence in discussing the individual therapies as rather low, and only 10% felt very confident in the subject of medical herbalism.

Adverse effects of CM were reported by 176 (38%) doctors. There were 78 reports of patients who were worse after CM, 65 following manipulation. (Two specifically mentioned an untrained local manipulator, others referred to osteopathy or chiropractic.) There was also a preponderance of more serious side-effects after manipulation, and six suspected complications were particularly notable: paraplegia, spinal cord transaction, fractured vertebrae, fractures (unspecified), fractured neck of femur, and ‘severe pain for years after manipulation’. Other serious adverse effects reported included ‘caffeine enemata disrupting biochemistry and contributing to death’, ‘liver toxicity’ (2), and ‘anaphylaxis after desensitization’ (2). Delay in obtaining orthodox care or obstructing medical management was reported 17 times. For example, ‘an asthmatic patient stopped conventional therapy when given a homeopathic remedy. Two weeks later she had a cardio-respiratory arrest and ended up on ITU’.

Psychological effects were mentioned by 11 GPs: most reports were of severe disillusionment after failing to experience the promised benefits, but one patient suffered personality changes after treatment by a lay hypnotist. Patients’ ‘waste of money’ was referred to 14 times.

**Discussion**

The main findings of this survey were that 68% of this sample of GPs had been involved in CM in the previous week and 16% had practised it in one form or another. This result must be regarded with caution in view of the low response rate, but the figure is similar to the 63% use found by Paterson.\(^{11}\) It is of interest to note that the response rate of 47.4% was higher than the first response in Thomas’ survey of practice managers\(^{7}\) (38.2%) and may be due to the strategy used (see Methods).

The figures for our sample may be compared with those achieved by the second mailing of Thomas,\(^{7}\) which produced a response of 48.8%. There was greater use of CM in Devon and Cornwall in all three categories: treatment (16.1% versus 12.0%), referral (24.9% versus 20.3%) and endorsement (54.9% versus 44.7%). The difference for endorsements was highly significant (\( P < 0.01 \)). This finding corresponds with the evidence that the overall use of CM is higher in the south-west than in other parts of the country.\(^8\) From responses to four mailings, Thomas\(^7\) estimated that 57.1% of GPs throughout the UK were involved with CM in some way, including 10.4% who practised it themselves.

Surveys of GPs in other regions of the UK have shown that the proportion of GPs practising CM varies from 16% in Oxford\(^4\) and 15% in Dorset\(^4\) to 37% in Avon\(^4\) and 20% in SW Thames.\(^5\) Direct comparison between different studies is questionable since the results of such surveys may be influenced by the researcher’s own attitude to CM.\(^{12}\) International rates for the practice of CM by primary care physicians vary from 8%\(^{13}\) or 13%\(^{14}\) in Israel, through 16% in Canada,\(^{15}\) 30% in New Zealand\(^{16,17}\) and 95% in Germany.\(^{18}\)

Referral to and endorsement of the manipulative therapies was the most common in our survey. The rate of 60% of GPs is similar in the USA.\(^{19,20}\) On the other hand referrals to and endorsements of medical herbalism was uncommon, whereas in Germany it is practised by 78% of primary care physicians.\(^{19}\)

Previous studies have used a variety of questions to estimate the perceived effectiveness of CM.
Anderson asked GPs whether they believed that the therapies had a ‘valid basis’ and obtained positive answers from 71% for manipulation; Wharton and Lewith found that 89% of GPs rated spinal manipulation as ‘useful’. Knipschild et al. reported that 80% of Dutch GPs considered that manual techniques had ‘specific effects beyond placebo effects’. In the present survey, acupuncture, chiropractic and osteopathy were rated at over 50% on the VAS for effectiveness. This result is consistent with the referral and endorsement patterns and with the fact that the majority of GPs believe that these three therapies should be funded by the NHS.

There is a common belief among the public that CM is natural and therefore safe, although there is plentiful evidence of complications of CM in the scientific literature. We previously reported a rather high number of reports of minor adverse effects in a patient survey. In the present survey four out of 10 GPs were able to recall seeing adverse effects of CM. A systematic survey of 1466 Norwegian GPs asking them to recall adverse effects of acupuncture estimated that the rate of complications was 0.21 per practitioner per year. Clearly it is not unusual for GPs to see the side-effects of complementary therapy.

In conclusion, more than two-thirds of GPs in the far South West of England were involved in CM in some way, including 16% who practised it themselves. GPs most commonly practised homoeopathy or acupuncture, but most referrals and recommendations were for osteopathy and chiropractic. GPs believed that acupuncture, chiropractic and osteopathy were effective and more than half GPs recommended that these therapies should be available within the NHS. However, few GPs feel confident to discuss CM with their patients.

References

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