What’s in a name: integrative medicine or simply good medical practice?

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Objective. Integrative medicine, a popular movement in the USA and Europe, is taught in many US medical schools. This study describes how Australian doctors define integrative medicine, what motivates them to work in integrative medicine and the incorporation of complementary and alternative medicines (CAM) into their practice.

Methods. Semi-structured interviews were conducted between May and December 2009 with 23 doctors in two Australian states working in integrative medicine. A thematic analysis of interview transcripts was undertaken.

Results. Doctors’ interpretations of the term ‘integrative medicine’ varied considerably. All maintained a strong belief in the usefulness of conventional medicine, while a holistic and patient-centred approach, promoting well-being, was central to their practice. Doctors’ motivations for choosing an integrative approach to their practice of medicine also varied, but personal and professional experiences of alternative approaches to illness were influential in this decision. The nature of their clinical practice was also diverse; few doctors in this sample practice or professionally use CAM; a small number were happy to advise patients on the use of different modalities while even less referred to complementary practitioners.

Conclusions. The concept and practice of integrative medicine among the doctors interviewed were diverse. This has implications for the Royal Australian College of General Practitioners inclusion criteria for the membership of their integrative medicine chapter. More broadly, the findings have implications for all medical practice and the education of medical students, as much of what integrative medicine doctors do may be considered simply as ‘good medical practice’.

Keywords. Complementary medicine, general practice, integrative medicine.

Background

A recent editorial in the Canadian Family Physician journal was provocatively entitled: Blending in. Is integrative medicine the future of family medicine? In the USA, integrative medicine is defined as a medicine with a healing orientation that takes account of the whole person (body, mind and spirit), encompasses all aspects of lifestyle, emphasises the therapeutic relationship and makes use of both conventional and complementary therapies. Integrative medicine has a high level of acceptance in the USA, with 20% of medical schools forming a consortium to advance integrative medicine in academic institutions and complementary and alternative medicines (CAM) included in medical curricula. Similarly, in many European countries, CAM have been integrated into conventional primary care. The conceptual basis for integrative medical practice is less well defined in Australia, despite the increasing acceptance and use of CAM in general practice. CAM, which includes a broad spectrum of biological, herbal, traditional mind-based and manipulative modalities considered to be outside the paradigm of conventional biomedicine, is being used by an increasing number of Australians as a health care option. A recent survey of Australian GPs found that while they often did not identify with the term ‘integrative medicine’, they did employ CAM practices such as acupuncture and recommended the therapeutic use of herbal medicines. Some CAM are now considered ‘mainstream’ as many Australian GPs feel that they may be beneficial. Doctors are, however, generally more confident about therapist-based CAM use if the practitioner is also medically trained, and an increasing number of doctors have
undertaken additional education to practice CAM.\textsuperscript{12,13} There are also recent moves to legitimize integrative medicine in the Australian professional medical arena. In 2009, after several years of work between the joint Royal Australian College of General Practitioners (RACGP) and Australasian Integrative Medicine Association (AIMA) committee, the RACGP endorsed the establishment of an Integrative Medicine Chapter.\textsuperscript{14} The working group is also developing training opportunities for GPs and an integrative medicine fellowship programme as part of the proposed Chapter.

Despite increased acceptance of CAM, the term ‘integrative medicine’ is used infrequently and we know little about why doctors integrate CAM into their medical practice.\textsuperscript{8,10,11,15} Beyond paradigmatic issues,\textsuperscript{16} factors may include structural influences, payment systems, dissatisfaction with biomedical location, gender and type of practice.\textsuperscript{17} Eligible doctors who self-identified as practising integrative medicine were also made to actively recruit a diverse sample of doctors.\textsuperscript{19} Twenty-three agreed to participate in either a face-to-face (\(n = 7\)) or telephone (\(n = 16\)) interview (see Table 1). Nearly two-thirds (63\%) of the participants were female and most had undertaken their medical education in Australia (78\%) and practised in metropolitan areas (74\%). There was diversity among the doctors participating in terms of their type of medical practice. Only half the female doctors worked solely in a traditional GP role with the remaining either combining an academic career with medical practice or working in a specialist non-prescribing role such as health coaching. Of the male doctors, six worked in a traditional general practice role and three worked in specialist non-prescribing medical roles.

**Defining integrative medical practice**

Doctors’ interpretations of what constitutes integrative medical practice were diverse, and their interpretation was dependent on individual characteristics, their knowledge and beliefs, and mediated by their clinical and personal experiences. For these doctors, integrative medicine was a multidimensional construct related to maintaining holism and providing patient-centred care. Compared to the perceived illness or curative focus of conventional medicine, doctors believed that integrative medical practice was defined as a philosophy of well-being. Integrative medicine focused on health promotion and maintenance, included a concept of the body as self-healing and incorporated the use of both

**Methods**

**Setting and participants**

The study was conducted between May and December 2009. Using a maximum variation sampling strategy, we attempted to recruit medical board registered doctors who self-identified as practising integrative medicine and who were diverse in terms of geographic location, gender and type of practice.\textsuperscript{19} Eligible participants were identified from two sources: the publicly available AIMA Website and electronic Yellow Pages listings of doctors offering complementary or integrative medicine. These doctors were sent an invitation to participate in a single face-to-face or telephone interview and follow-up telephone calls were also made to actively recruit a diverse sample of doctors.

**Data collection and analysis**

A qualitative approach was chosen because this method provides rich information that imparts insights into topics not well understood and is effective in obtaining a wide range of views.\textsuperscript{20} A semi-structured interview schedule was developed from the available literature and consultation with an expert in this area (MP).\textsuperscript{21} The interview schedule covered key topics including descriptive information about participants, their philosophical approach to medicine and definition of integrative medicine practice and their use of CAM modalities in clinical practice.

The interviews, conducted by experienced qualitative researchers (JR and KW), took on average 1 hour to complete. All were digitally recorded and transcribed verbatim to capture not only what was said but all the features of the talk, including utterances, pause in speech, hesitations and changes in voice tone, which can also convey meaning. The transcripts were coded using NVivo\textsuperscript{8} software,\textsuperscript{22} which allowed the researchers to systematically search across all transcripts for common ideas, claims and practices. From the coded data, key themes were identified, and their relationships with each other and the research questions were mapped into concept ‘nodes’. This occurred in conjunction with multiple readings of the transcripts to ensure that participants’ responses were not decontextualized nor their original meanings lost. The study was approved by the human ethics committees of each researcher’s university.

**Results**

Forty-three doctors were invited to participate in the study. Twenty-three agreed to participate in either a face-to-face (\(n = 7\)) or telephone (\(n = 16\)) interview (see Table 1). Nearly two-thirds (63\%) of the participants were female and most had undertaken their medical education in Australia (78\%) and practised in metropolitan areas (74\%). There was diversity among the doctors participating in terms of their type of medical practice. Only half the female doctors worked solely in a traditional GP role with the remaining either combining an academic career with medical practice or working in a specialist non-prescribing role such as health coaching. Of the male doctors, six worked in a traditional general practice role and three worked in specialist non-prescribing medical roles.
conventional and non-conventional modalities that ‘worked’. They believed that a ‘broader view of medicine’ was required, one of which incorporated the different ways of improving and maintaining health, and they envisaged their role as one of assistance, ensuring that modifiable risk factors, such as lifestyle and diet, were considered.

...I try and make the patient help themself through their diet and exercise, and nutrition. (Male, 12 years in practice)

...Well it is listening to the patients’ environment, what is going on in their lives, what their interests are, and then taking a history from a mainstream [medical] perspective. It is very much looking at underlying nutrient deficiencies and then a healing approach. (Female, 27 years in practice)

Doctors reported that the practice of integrative medicine enabled them to ‘bring together the “best” treatments that worked’. ‘Best treatments’ were determined by reading the research evidence in combination with their own clinical experience and could include complementary as well as conventional modalities. In this way, integrative medicine allowed doctors to ‘think outside the conventional’, even if they did not actively use CAM therapeutically.

...I think it would encompass in a nutshell, combining the best of both (conventional and CAM) when it’s appropriate. (Female, 4 years in practice)

...I think integrative medicine is complementary medicine. I think it just stands up to say we are using both. We are using what the mainstream has recommended and when there’s no place or when it’s not sufficient then we can complement. (Male, 16 years in practice)

Having ‘a patient-centred view of health’ was thought to be fundamental to the practice of integrative medicine. A patient-centred view of health facilitated self-healing, enabling people to heal themselves on all levels of their physical, emotional and social being.

... My approach is that as human beings we have an innate ability to heal and given the right opportunity the body will endeavour to heal to its best ability. The right environment emotionally, physically and spiritually, so I do create an advantageous atmosphere to assist the healing process. (Male, 22 years in practice)

...Well, I like to talk about integrative healing—facilitating people to heal on all levels of their being—the physical side, the emotional side, the psychological side and the energetic side. (Female, 35 years in practice)

These doctors’ patient-centred approach to medical practice was also evident in the provision of longer consultations, which they believed allowed them to build relationships, take an adequate history and develop a considered and co-operative plan of care.

**Motivations to work as an integrative medical practitioner**

‘Family of origin health beliefs and practices’ were an important influence on the doctors’ philosophical approach and their decisions to work as an integrative medical practitioner.

...When I grew up it was not uncommon that I would see my aunties and uncles preparing all sorts of things. My auntie laying me on her lap and putting breast milk in my ear and drinking chamomile tea for a sore belly...there was lots of things that influenced me. (Female, 23 years in practice)

...There is a long tradition in [country of origin] of using a herbalist. I heard things from my mum and my grandma and those ideas were there. (Male, 16 years in practice)

The ‘personal or close family illness experiences’ reported by doctors were also influential in motivating them to practice integrative medicine. These experiences included non-conventional approaches to health and illness and the use of CAM as treatment modalities.

...I had my own illness - depression and a very bad back. I’d been on medication for years and I got sick of taking medications and I was given a prognosis of chronic illness with relapses and I really didn’t like it. So I started to look elsewhere and that took me in to the world of mind-body medicine. (Female, 24 years in practice)
Other doctors cited ‘professional experiences’, often early in their careers, of different theoretical approaches to medicine as being a powerful stimulus to practice integrative medicine. These included being inspired by a medical lecturer, an interesting, usually non-conventional experience during a placement as a medical student, and professional experiences of CAM modalities during their residency or early medical career.

“We had this subject Medical Studies 3, where there was a discussion of the French fur trapper in the Yukon who had shot himself in the stomach and the local doctor who was experimenting with various emotional states. There was just that sort of moment, of thinking, that’s the sort of area that I want to work in.” (Male, 26 years in practice)

“I found myself doing a clinical attachment at a hospital in Switzerland that used integrated medicine, they had a course and I thought I’ll just do this for interest. I came in contact with an Indian person who did homeopathy and I found his stories quite interesting.” (Male, 22 years in practice)

‘Dissatisfaction with the conventional approach to medicine’, which was perceived to be too illness focused or commercialized, was also cited by some doctors as a precursor to adopting an integrative approach to medical practice.

“More and more I’m realising that medicine is a personalised thing. We need to learn the art of treating people individually rather than en masse as a sick lung or a sick toe or a sick whatever because it doesn’t work like that.” (Male, 22 years in practice)

“Medicine was hijacked by the market; i.e.: big pharmaceutical companies. And they have seduced the government, the colleges, the universities, general practice, everybody. GPs, in my opinion, have been deskilled.” (Female, 19 years in practice)

**The use of CAM in integrated medical practice**

There was ‘diversity in the type of clinical practice’ among participants, and most did not use CAM (defined as practices outside the biomedical paradigm). Only eight doctors interviewed practised integrative medicine that comprised conventional treatments and CAM practices for therapeutic effect. The most common CAM used or practised by these doctors were acupuncture, homoeopathy and herbal medicine. A further seven doctors can be categorized as ‘specialist integrative doctors’. They tended to focus on one CAM—most commonly mind-body or lifestyle medicine—and a few did no general medical practice. The remaining eight doctors did not use or practice CAM in their medical practice but would accept the use of CAM by the patients who consulted them.

“I’ve been doing acupuncture for 15 years and I’ve done some herbal training as well. I haven’t been using it actively but I can give an opinion. I can warn people about possible side effects or possible interactions with medication.” (Female, 20 years in practice)

“I don’t do any prescriptive stuff. I don’t prescribe herbs, I don’t prescribe medication. Mine is totally mind work, whatever modalities I need, it is for the mind.” (Male, 30 years in practice)

Most of the doctors interviewed had undertaken additional education including some CAM modalities such as acupuncture and herbal medicine. Very few doctors practised herbal medicine, but acupuncture was practised by those who had undertaken the accredited course. The most frequently used CAM, as defined by the doctors interviewed, were environmental medicine (comprising mainly advice on nutrition and lifestyle changes), counselling and mind-body medicine. Many reported having undertaken ongoing education in these areas. Environmental medicine was considered as a part of ‘good’ medicine because it related to their philosophical approach to holism in medical practice.

Eight doctors reported that they referred patients to CAM practitioners. Six doctors reported that referrals were mostly to other doctors who had specialized in CAM or to other health professionals generally accepted as working in the biomedical paradigm such as psychologists, podiatrists or dieticians. Some doctors reported that they suggested naturopaths, osteopaths and herbalists to those patients who requested this; however, they had reservations about the lack of evidence to support the use of some CAM and concerns about the level of complementary practitioner education.

“Doctors do a medical course, and in that medical course they’ve done anatomy, pharmaceutical medicine. So there is a difference in the expectation of knowledge in becoming a doctor and in becoming a massage therapist or a chiropractor. There is a difference in the education.” (Female, 23 years in practice)

“I love it when there’s evidence. It means that I can give a little bit more enthusiasm in my recommendations to let people know exactly what is understood instead of saying ‘Well we don’t really know but traditionally this has been a very helpful part of treatment for this condition’. (Female, 24 years in practice)
Most doctors acknowledged that the people consulting them told them that they used CAM, and some doctors also reported using CAM themselves. The doctors described how people actively sought to consult them because they were integrative medical practitioners and because of their non-judgemental attitude to CAM use.

Discussion

We found that the doctors in this study revealed a view of integrative medicine that overlaps with that accepted in the USA but is different. Definitional debates about integrative medicine were evident in analysis of the interviews and the motivations for practising integrative medicine related to a range of factors. However, while knowledgeable of CAM, most of the doctors interviewed were generally not actively incorporating them into their practice nor referring to non-medically trained CAM practitioners. Rather, integrative medicine was seen as a way in which they could re-conceptualize their approach to medical practice incorporating more of a holistic, ‘patient-centred’ approach to care, rather than defined through the use of specific CAM.

The shift towards ‘integrative practice’ as a legitimate medical activity in Australia can be evidenced in the fact that the RACGP is involved in a working committee with the AIMA. Previous researchers have written about the practical challenges and definitional debates associated with the practice of integrative medicine.23,24 Some have also begun to argue that the adoption of ‘integrative medicine’ as a term and form of medical practice is at odds with the philosophical basis of CAM24,25 and a response to the increasing acceptance and use of CAM by consumers.24 The findings of this study highlight key differences among doctors as well as between Australia and the USA in the definition and practice of integrative medicine. Doctors are still wary of some CAM with little scientific evidence and prefer to refer to practitioners who have medical training.

Despite our best efforts to recruit a diverse sample of doctors to the study, female doctors practising in metropolitan areas were over-represented. It is difficult for us to determine whether female doctors are more likely to participate in research or whether female doctors are more likely to practice integrative medicine. Despite the bias in terms of more female participants, the doctors who participated were diverse in terms of medicine (general medicine versus specialization) they practised, the type of practice they worked in and the type of CAM modalities they used.

Conclusions

These findings suggest that the Integrative Medicine Chapter of RACGP may need to provide some guidance for doctors wishing to differentiate their practice of medicine and also have implications for clinical practice and medical education more broadly as much of the way in which these doctors practice integrative medicine should be considered as part of ‘good medical practice’. Further research on the role of evidence in shaping doctors’ approaches to decision making and their referral practices both inside and outside of medicine would deepen our understanding of these issues.

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Declaration

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References


