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# Integrated medicine

*Imbues orthodox medicine with the values of complementary medicine*

Integrated medicine (or integrative medicine as it is referred to in the United States) is practising medicine in a way that selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment. The concept is better recognised in the US than in the United Kingdom, but a conference in London next week, organised by the Royal College of Physicians and the US National Center for Complementary and Alternative Medicine, may help to raise its profile in the UK.

Integrated medicine is not simply a synonym for complementary medicine. Complementary medicine refers to treatments that may be used as adjuncts to conventional treatment and are not usually taught in medical schools. Integrated medicine has a larger meaning and mission, its focus being on health and healing rather than disease and treatment. It views patients as whole people with minds and spirits as well as bodies and includes these dimensions into diagnosis and treatment. It also involves patients and doctors working to maintain health by paying attention to lifestyle factors such as diet, exercise, quality of rest and sleep, and the nature of relationships.

Conventional medicine has become dependent on expensive technological solutions to health problems, even when they are not particularly effective. In its enthusiasm for technology, it has turned its back on holism and simple methods of intervention, such as dietary adjustment and relaxation training, which are prominent in many alternative systems of medicine and are often effective.[1] Patients want guides to help them navigate the confusing maze of therapeutic options, particularly when conventional approaches are relatively ineffective and harmful.[2]

Most patients turn to complementary medicine out of frustration. Research shows that the consultation process and holistic approach adopted by practitioners of complementary medicine make patients feel in more control of their illness.[3 4] Unfortunately, this option is not often available because physicians with the desired attitudes, knowledge, and training are few and far between. Yet the multiple options of complementary therapies range from the sensible and worth while to the ridiculous and even dangerous, and patients need physicians with the biomedical knowledge to distinguish between them.

Conventional medicine can no longer ignore complementary medicine. US expenditure on complementary medicine rose in 1990-7 from $13bn to $38bn a year, and twice as many consultations were with complementary medicine practitioners as with mainstream family doctors.[5 6] This trend is also apparent in Australia,[7] while in the UK a recent survey in Southampton (population 200 000) showed that around £4m a year was spent on complementary medicine outside the NHS.[8]

In Britain a recent report from the House of Lords select committee on science and technology[9] acknowledged that the use of complementary therapy is widespread and increasing. At least 40% of general practices in the UK provide some complementary medicine services,[10] although the evidence base for their use is patchy at best and non-existent at worse. The select committee divided therapies into three groups and concluded that the most organised and regulated (acupuncture, chiropractice, herbal medicine, homeopathy, and osteopathy) have a research base as well as being available in parts of the NHS. Most therapies in group 2 (such as aromotherapy and hypnotherapy) are used to complement conventional medicine and exist in some parts of the NHS, but it is this group that needs proper regulation and a research base. Group 3 contains therapies that are long established and rational in certain cultures, as well as many (such as crystal therapy and dowsing) for which there is no research evidence at all.

However, with no specific funding for research into complementary medicine, evidence will not be forthcoming. The NHS research and development directorate and the Medical Research Council need to support research into complementary therapies. The National Center for Complementary and Alternative Medicine, which has been set up as a centre within the National Institutes of Health in the US, offers a model. Writing recently in the *Times*, HRH the Prince of Wales pointed out that the Medical Research Council spent no money researching complementary therapies in 1998-9 and in 1999 UK medical research charities spent only 0.05% of their total research budget.[11] However, even when research funds are available there may be few high quality applications. We need to foster research excellence in complementary medicine.

In addition, there are no clear guidelines for the regulation of, and training in, complementary medicine for licensed health professionals who want to use a complementary therapy in their practice. Familiarisation with complementary therapies needs to start in medical schools and other institutes of higher

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education. In Britain, such provision is uneven, though awareness is growing and some schools already have some teaching. In the US many practitioners are being trained with a distance learning, internet based module, and medical education is also being restructured.[12] The Consortium of Academic Health Centers for Integrative Medicine aims to have programmes of integrated medicine in a fifth's of the county's 125 medical schools within the next few years.

Such programmes will produce fundamental changes in the way physicians are trained because integrated medicine is not just about teaching doctors to use herbs instead of drugs. It is about restoring core values which have been eroded by social and economic forces. Integrated medicine is good medicine, and its success will be signalled by dropping the adjective. The integrated medicine of today should be the medicine of the new millennium.

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# Enhancing human healing

*Directly studying human healing could help to create a unifying focus in medicine*

All therapeutic avenues meet at life's innate healing or destructive processes. So direct study of human healing might serve as a unifying focus, bridging disparate worlds of care—a truly integrated medicine. In recent decades orthodox medicine's successful focus on specific disease interventions has meant relative neglect of self healing and holism, and from this shadow complementary medicine has emerged, with its counterpointing biases. The gap between them is, however, narrowing with the emerging view, backed by the study of placebo and psychoneuroimmunology,[1] that to ignore whole person factors is unscientific and less successful.

Almost 20 years ago young doctors' interest in complementary medicine surfaced,[2] presaging major changes in Western medicine that seemed unimaginable at the time. For example, acupuncture is now used in most chronic pain services,[3] and about 20% of Scottish general practitioners have basic training in homoeopathy.[4] But is integration just bolting on the scientifically proved bits of complementary medicine to the "leaning Tower of Pisa" of orthodoxy?[5] To stop there would ignore the fundamental imbalances that complementary medicine's rise reflects but cannot fix. Indeed, complementary medicine may be largely driven by medicine's main omission—the failure of holism. Consider the needs (of both doctors and patients) revealed by these remarks of doctors after training in complementary medicine: "This has rekindled my interest in medicine" and "I now see the whole person and not a biochemical puzzle to be solved."[4]

But how can primary care deliver its whole person perspective and honour a biopsychosocial perspective[6] in too short consultations with rushed doctors whose human contribution is so undervalued it is excluded from treatment protocols? The back up is a pressured secondary care system designed around a mind-body split. So we end up too often resorting to our Western based, limited range of interventionist, expensive tools, with their resultant iatrogenesis. A Trojan horse delivery of holism by complementary medicine may help but won't cure this system failure.

Both orthodox and complementary medicine are in danger of identifying themselves and their care with the tools in their tool boxes—be they drugs or acupuncture needles. Our research and our "evidence based" treatment guidelines echo our focus on technical treatments for specific diseases, ignoring the critical impacts of whole person factors in these diseases. We are the artists hoping to emulate Michaelangelo's David only by studying the chisels that made it. Meantime, our statue is alive and struggling to get out of the stone. Take ischaemic heart disease, for example: evidence that hopelessness accelerates the disease and increases mortality[7] is ignored in our guidelines. In developing and assessing care we cannot ignore that human caring and interaction is a powerful, creative activity with impact, which tools can serve but should not lead. Complementary medicine has similar blind spots, and its need to defend its specific interventions undervalues what it has to teach about holism and healing.

It might help to speak of integrative care (as in the United States), rather than integrated care. If we defined it as care, aimed at producing more coherence within a person or their care it would be measurable. For example, Howie's patient enablement index[8] has

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