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Attitudes of Older Adults Regarding Disclosure of Complementary Therapy Use to Conventional Physicians

Thomas A. Arcury, PhD[1], **Ronny A. Bell, PhD, MS**[2], **Kathryn P. Altizer, MS**[1], **Joseph G. Grzywacz, PhD**[1], **Joanne C. Sandberg, PhD**[1], and **Sara A. Quandt, PhD**[2]

[1]Department of Family and Community Medicine, Wake Forest School of Medicine

[2]Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine

Abstract

Many older adults use complementary therapies in health self-management but do not disclose this use to their physicians. This paper examines factors affecting disclosure of complementary therapy use, and it considers ethnic and gender differences in disclosure. It is based on a systematic qualitative analysis of in-depth interviews conducted with 62 African American and White adults aged 65 and older. Twenty-three of the 39 older adults who acknowledge using complementary therapies disclose this to their physicians. Themes leading to disclosure are believing that physicians are supportive and the importance of sharing information. Themes for not disclosing complementary therapy use include physicians' negative views, complementary therapy use affecting physicians' incomes, and the need to protect cultural knowledge. African American women were least likely to disclose use. Disclosure by elders to their physicians is a complex decision process. Medical encounters, including decisions regarding information to disclose, are embedded in broader social structures.

Keywords

Complementary therapies; patient-provider communication; minority aging

Introduction

Many older adults include complementary therapies in their health self-management regimens (Cheung, Wyman, & Halcon, 2007; Arcury, Bell, Snively, Smith, Grzywacz, & Quandt 2006a; Arcury, Suerken, Grzywacz, Bell, Lang, & Quandt, 2006b; Ness, Cirillo, Weir, Nisly, & Wallace, 2005). Conditions for which older adults often use complementary therapies include arthritis (Quandt, Chen, Grzywacz, Bell, Lang, & Arcury, 2005), cancer (Bennett, Cameron, Whitehead, & Porter, 2009), mental health (Grzywacz, Suerken, Quandt, Bell, Lang, & Arcury, 2006a), and sleep disorders (Pearson, Johnson, & Nahin, 2006). The specific complementary therapies older adults use differ by ethnic group (Arcury et al., 2006b). However, complementary therapies widely used by older adults include herbs

Correspondence Thomas A. Arcury, PhD, Department of Family and Community Medicine, Wake Forest School of Medicine, Winston-Salem, NC 27157-1084, tarcury@wakehealth.edu, Phone: 336-716-9438, Fax: 336-716-3206.

(which the National Center for Complementary and Alternative Medicine (NCCAM) classifies as a Biologically-Based Therapy) (Arcury et al., 2006b; Arcury, Grzywacz, Bell, Neiberg, Lang, & Quandt, 2007), chiropractic (classified as a Body-Based and Manipulative Method by NCCAM) (Arcury et al. 2006b), and prayer for health (classified as a Mind-Body Medicine by NCCAM) (Bell, Suerken, Quandt, Grzywacz, Lang, & Arcury, 2005). Older adults also frequently use home remedies, although these are not generally included in surveys of complementary therapy use (Grzywacz, Arcury, Bell, Lang, Suerken, Smith, & Quandt, 2006b). Other, widely publicized complementary therapies, such as acupuncture, yoga, and energy therapies, are seldom used by older adults (Arcury et al., 2006b).

Understanding complementary therapy use by older adults is important in the clinical setting (Teutsch, 2003). The manner in which older adults include complementary therapy use in their health self-management regimens and the factors affecting their use of complementary therapies may influence their well-being and the ways in which they use conventional medical care (Ness, Cirillo, Weir, Nisly, & Wallace, 2005; Robinson & McGrail, 2004). Older adults who use complementary therapies, particularly those who have difficulty accessing conventional care, may increase their risk of negative health outcomes (Pagan & Pauly, 2005; Krousel-Wood, Muntner, Joyce, Islam, Stanley, Holdt, Morisky, He &Webber, 2010). For example, older adults are more likely to use multiple prescription medicines for chronic disease management; complementary therapies, particularly biologically-based therapies, may interact with these medications (Elmer, Lafferty, Tyree, & Lind, 2007; Dergal, Gold, Laxer, Lee, Binns, Lanctot, Freedman & Rochan, 2002; Loya, Gonzalez-Stuart, & Rivera, 2009). Further, older adults might discontinue use of a prescribed, proven therapy for an unproven complementary therapy. Due to their multiple chronic health conditions, older adults are more likely to have regular interactions with a physician, providing an excellent opportunity for a constructive interchange between patient and physician regarding the total spectrum of health care.

Although complementary therapies are widely used, reported rates of disclosure to physicians of complementary therapy use vary greatly (Robinson & McGrail, 2004; Sleath, Rubin, Campbell, Gwyther, & Clark, 2001; Sleath, Callahan, DeVellis, & Sloane, 2005; Sleath, Callahan, DeVellis, & Beard, 2008; Chao, Wade, & Kronenberg, 2008; Pappas & Perlman, 2002). For example, Sleath and colleagues (2005) report that 71% of patients recruited in primary care practices disclose their complementary therapy use. In another analysis, Sleath and colleagues (2008) report that 54% of rheumatology patients who use complementary therapies disclose this use to their rheumatologists. Chao and colleagues (2002) found that 39% of adults disclose their use of complementary therapies to their physicians. A national survey indicates that two-thirds of older adults disclose their use of complementary therapies to their physicians (AARP-NCCAM, 2007). Nondisclosure of complementary therapy use appears to be related to factors commonly associated with health disparities. Those least likely to discuss complementary therapy use with their physicians are members of minority groups, those lacking private health insurance, and those lacking a regular physician (Sleath, et al., 2008; Chao et al., 2008; AARP-NCCAM, 2007). Being female, being married, and having lower health status and a greater number of health conditions are associated with greater disclosure (Sleath et al., 2008; Chao, et al., 2008; Cooper-Patrick, Gallo, Gonzales, Vu, Powe, Nelson & Ford, 1999). Several reasons for non-

disclosure of complementary therapy use have been delineated: patients perceive that physicians have limited knowledge about these therapies; physicians never ask about use; office visits do not provide enough time to discuss complementary therapy use; use is a personal decision not requiring a physician's input; physicians do not need to know about complementary therapy use; patients do not realize they should discuss their use of complementary therapies; complementary therapies are not harmful; and "cultural barriers" (Robinson & McGrail, 2004; Pappas & Perlman, 2002; AARP-NCCAM, 2007; Shelley, Sussman, Williams, Segal, & Crabtree, 2009; Cooper-Patrick et al., 1999; O'Beirne, Verhoef, Paluck, & Herbert, 2004).

The purpose of this analysis is to expand the discussion of reasons for disclosure and non-disclosure of complementary therapy use by older adults to their physicians. This analysis uses a qualitative approach that allows older adults to provide their reasons for disclosing complementary therapy use to their physicians and to explore the meaning these older adults attach to disclosure. This analysis expands on the existing literature by providing a more in-depth examination of this topic through the use of qualitative data and by examining these issues in a multi-ethnic population.

Methods

Study participants included adults aged 65 and older who resided in three south central North Carolina counties. A site-based procedure (Arcury & Quandt, 1999) was used to implement the ethnographic sample design (Werner & Bernard, 1994). The purposeful sample was designed to recruit 60 community dwelling participants with equal numbers of African American and White women and men aged 65 and older. As with most of the southeastern US, African Americans and Whites comprise the majority of the populations in these counties. Inclusion criteria were community dwelling, aged 65 and older, African American and White, and sufficiently healthy to complete a one to two hour interview. The study had no exclusion criteria. A sample of approximately 60 participants was recruited to reflect the range of knowledge, beliefs, and practices in the community (Werner & Bernard, 1994). Participant recruitment ended when this number was interviewed. Participants were recruited from 26 sites across the study counties that served different ethnic and social groups. These sites included four congregate meal sites, two home-delivered meals programs, two senior housing sites, four senior centers and clubs, a local AARP affiliate, three churches, three county social service programs, three county health department programs, a local restaurant, and two other research projects. A gate keeper at the various facilities or a project staff member presented information about the project to the older adults who were present at the facility. Based on the project information, older adults would provide contact information if they desired to participate in the project. Once contacted by a project team member, a time and location for an interview was decided upon.

Data collection was completed from February through October, 2007. Interviews were conducted with individual participants in a location in which the participants were comfortable, usually their homes. Interviewers obtained signed informed consent from participants. The interviews ranged from one to three hours. The interview guide was structured to focus on the participants' knowledge and use of complementary therapies,

including history of use, purposes for use, beliefs regarding effectiveness, and how complementary therapy use related to utilization of conventional medical care (Arcury, Grzywacz, Stoller, Bell, Altizer, Chapman & Quandt, 2009). A copy of the interview guide is available online at _____. Complementary therapies discussed in the interviews included home remedies; herbs; supplements; practices such as meditation, biofeedback, yoga, massage, and acupuncture; and complementary practitioners, such as chiropractors, homeopathic physicians, and naturopathic physicians. Participants who reported using complementary therapies were asked if they disclosed and discussed their complementary therapy use with their primary care physicians. Questions elicited their reasons for disclosing information about complementary therapy use with their physicians, or for withholding this information. Participants who reported not using complementary therapies were asked to discuss their general communication with their physicians. The Wake Forest School of Medicine Institutional Review Board approved the data collection protocol.

Data analysis was based on a systematic, computer assisted approach (Arcury & Quandt, 1998). The Atlas.ti 6.0 software program was used for qualitative data management, systematic coding and analysis. All interviews were transcribed verbatim and were edited for accuracy. Each transcript was first read and coded by one member of the research team, and then a second team member reviewed the coded transcript and made additions and changes. Differences between team members in coding were discussed until consensus was reached. A subsample of transcripts was coded by the entire team to ensure consistent application of the coding dictionary.

For this analysis, segments were reviewed that were coded with a tag defined as “discussion or reference to allopathic physicians, including discussion or reference to other health care providers affiliated with allopathic physicians, including physician assistants, nurses, and pharmacists.” Additionally, transcripts were reviewed for the words “doctor” and “talk” separately for any additional discussion on verbal interaction with health care providers on complementary therapy use.

Whether a participant actually used complementary therapies was important to this analysis; participants who do not use complementary therapies would not be expected to discuss their use of these therapies. The participants were divided into three major groups identified by a previous analysis (Arcury et al., 2009): mindful users of complementary therapies, non-mindful users of complementary therapies, and users of only conventional health care. Mindful complementary therapy users are individuals who freely, immediately, and openly discussed complementary therapy use. They are eager to discuss complementary therapies and they are able to show examples of the different complementary therapies they use. Non-mindful complementary therapy users did not discuss use of complementary therapies unless pressed during the interviews. They simply did not think much about the use of these therapies. Those who used only conventional health care stated throughout the interviews that the only health care that they used came from a physician.

Results

Participants

Interviews were completed with 17 African American women, 14 African American men, 15 White women, and 16 White men (Table 1). They include 21 participants aged 65 to 69, 15 participants aged 70 to 74, 13 participants aged 75 to 79, and 13 participants aged 80 and older. Disclosure of complementary therapy use could not be clearly discerned for one participant, an African American woman.

The participants reported a wide range of chronic health conditions common among older adults. Common conditions included osteoarthritis, high blood pressure, heart disease, diabetes, and high cholesterol. Several were cancer survivors, with several men were being treated for prostate cancer. Many had had surgery to repair or remove organs, or to replace joints. The types of complementary therapies used by these participants, while diverse, were largely limited to a few categories including home remedies, herbs, supplements, and prayer for health. A few participants had been treated by a chiropractor. The use of widely discussed types of complementary therapies, such as yoga, meditation and acupuncture, or practitioners, such as naturopathic physicians or homeopaths, was virtually non-existent among these participants.

Attitudes of Older Adults Who Disclose Complementary Therapy Use

About a third (23) of the participants indicated that they used complementary therapies and that they disclosed this use to their physicians. These included mindful and non-mindful complementary therapy users. Most of the White women indicated that they spoke with their physicians about their use of complementary therapies, while less than one-third of the African American women, African American men, or White men indicated that they did so. Two themes emerged from the discussions of these older adults as to why they disclosed their complementary therapy use to their physicians; first, they felt that their physicians were supportive of this use, and, second, they felt that it was important to share all information with their physicians. At the same time, some of these participants indicated times that they withheld this information.

Supportive physician—Participants specifically stated that they had a supportive relationship with their physicians, and this supportive relationship was the key component underlying disclosure of their complementary therapy use. Participants reported their physicians openly affirmed or supported their complementary therapy use, or they believed their physician was open to complementary therapy as a form of health self-management. A White woman (CAM045) appreciated that her doctor was open-minded about her complementary therapy use: “I have a doctor that’s very open minded.” An African American woman (CAM043) also expressed her physician’s understanding of her use of a home remedy: “When I use it [home remedy], I tell my doctor if I had a headache or something that I used vinegar and she said that, my doctor, she said that’s good.” An African American woman (CAM011) was forthright with her physician about her use of complementary remedies because she felt that her physician had her best interests in mind:

> Whenever I use something like that, I'll tell him. I don't lie about it. I'll tell him whether it do good or it don't, and if I use something that helps me I don't mind telling him. He always tells me that, to do what I think is best for me.

Informing the Physician—Other instances of disclosing complementary therapy use were focused on ensuring that physicians were aware of health self-management approaches. Several participants took a proactive approach in discussing with their physicians their use of complementary therapies or their consideration of initiating complementary therapy use. For example, a White woman (CAM021) was very emphatic about informing her physician about her complementary therapy use:

> Your doctor has to know what all you're doing and if you're going to someone else than he, and then you go back to your doctor, your doctor doesn't know what you've been doing and it's sort of really sort of silly to take a chance unless you keep your doctor up to date with what you're doing.

Other participants felt that it was important to discuss potential interactions between complementary therapies and prescribed medication; for example:

> I think it's important that he prescribe stuff that will be compatible with what I'm using and not overdose myself in some, but as a matter fact when I had this aneurysm job done he ordered Plavix for me which is a - something to grease up the skin so that cholesterol and stuff will slide on by, you know? So, I told him, you know, I said - because he was a surgical person. I have a heart doctor, cardiologist, and I have a practitioner that I see on a scheduled basis; and I wasn't sure that he knew all the things that I was taking. So, we discussed that in detail even though I had given him a list of what I was taking, I wanted to know things, so we talked about it. He very clearly told me that was not something that would create a problem for me. (White man, CAM007)

An African American female (CAM031) also expressed reservation about her use of an herbal tea without medical consultation:

Interviewer: If you were using something like that (herbal tea), would you tell your doctor?

Participant: I know you're supposed to but I don't think, I don't know. It all depends I guess. I think that's why I stopped using that tea, because you know I didn't know how it would react with all the other medication I was taking, my prescription medication, so I think that's one reason why I stopped using that, because I wasn't sure if it would be like a reaction to that.

Withholding Information—Some participants initially withheld information about their use of complementary therapies in an effort to have their physicians affirm their decision to use the therapies. These participants seemingly tested their physicians' knowledge of complementary therapies. One participant decided complementary therapies would work better than the medications he would have received from his physician and to confirm this decision, he compared what he was using with what the physician suggested: "I don't tell him anything 'cause I'm going to see what he says. I go to see if he'll give me the same

thing" (White man, CAM058). An African American woman (CAM048) waited until after she tried the medication prescribed by her physician to tell her physician that it did not work as well as her complementary therapy:

> I'll wait and see what he's going to say and what he's going to do about it and then if he gives me medication and stuff I'll probably try it and see if it works. Then I'll let him know your medicine didn't work but mine did. Basically ain't nothing for him to say but more power to you.

Attitudes of Older Adults Who Do Not Disclose Complementary Therapy Use

Seventeen participants who were mindful users of complementary therapies stated that they would not disclose this use to their physicians. Many of the African American women and several of the African American men indicated a reluctance to disclose their complementary therapy use, while fewer of the White women and White men had this view. Several reasons for not disclosing complementary therapy use with their physicians emerged, including the perception that their physicians had negative views of complementary therapies, physicians did not ask about complementary therapy use, the use of complementary therapy affected their physicians' incomes, the use of complementary therapies was not their physicians' business, and the need to protect cultural knowledge.

Physicians' negative views of complementary therapies—Participants expressed concern about their physicians' negative view of their complementary therapy use. They perceived that their physicians' negative views about complementary therapies would result in a negative evaluation of them. An African American woman (CAM047) did not tell her provider about her home remedy use, and expressed dissatisfaction with the views of physicians of people who use them: "I don't tell him unless he asks me because I think he'll think that I'm crazy. From a certain doctor I mentioned some herbs and their reaction was, like, 'Are you nuts or something?'"

Physicians do not ask—Participant attitudes toward not disclosing complementary therapy use was reinforced by their physicians' behavior. Their physicians did not ask about their use of complementary therapies, and so they did not feel they should volunteer this information.

Complementary therapy use affects physicians' income—Several participants also mentioned that physicians were not supportive of their patients using complementary therapies because of the perception that it would result in lost revenue for the physicians. An African American man (CAM014) expressed this sentiment:

> I don't tell him nothing. They'd be surprised. If he would ask me did that still hurt, I would tell him no and then he would ask me well wonder what stopped it from hurting, then I might would tell him, but since he don't ask me I don't tell him. . .Well I feel like he's the doctor, he should know but a lot of things doctors don't know about these old remedies and sometimes, some doctors is against old remedies you know because that's going to cut their money off.

A White woman (CAM050) was even blunter:

> If you go to a surgeon he's going to want to cut because that's what he does for a living. You know if you, whatever you, he'll find you something wrong with you because if something wasn't wrong with you, you wouldn't be going and a lot of things will just go away.

It's none of his or her business—Many participants said they simply did not feel obligated to disclose complementary therapy use during the clinical encounter. An African American man (CAM051) believed that his complementary therapy use was none of his physician's business:

> I won't tell him anything unless he asks me. If he asks me anything I'll tell him what I used, but if he don't ask me, I don't tell him. I just figure it ain't his business unless he asks me.

Another participant was frustrated in his encounter with his physician and decided that he would not share his use of complementary therapies:

> Well it's like I said while ago, I tried to talk to the doctor about my condition in my chest and he wouldn't go along with that. He never give me anything for my chest but after I found out he wasn't going to I took my own medicine. . . . That's my own business. That my own remedies work. (African American man, CAM064)

Two of the older African American women were local experts in the use of home remedies and herbs. They indicated that they did not tell their physicians about their use of complementary therapies as this is a topic in which they were the experts, and this knowledge belonged to them. One of these participants inadvertently mentioned her use of a complementary therapy to her doctor:

> No, no I don't do that, but I, one day he wanted me to, my side was hurting and I said oh, you know I had a pain in my side. He said [name left out], maybe you need to go to the hospital and take an X-ray. I said nope, I said I'm going back home and take my eggshells tea. He said what good is that going to do? I said when I come back I'll tell you. No I don't because I don't think it's none of his business. (African American woman, CAM029)

Attitudes of Older Adults Who Do Not Acknowledge Using Complementary Therapies

Two other groups are present among these older adults. Nine of the older adults were non-mindful users of complementary therapies. Unlike the non-mindful users who indicated that they had disclosed use of complementary therapies with their physicians, these non-mindful users had not disclosed their use of complementary therapies. Comments from these participants were generally positive regarding their physicians. They stated that they would disclose their use if they thought about it during visits with their physicians.

Twelve of the older adults, most of whom were men, indicated that they use only conventional health care. However, these participants generally indicated that they would tell their physicians about complementary therapies, if they ever used them. Participant (CAM040), a White man, said he would not hesitate to tell his physician about a decision to use a complementary therapy if he decided to use one. An African American man

(CAM038) felt that it was important to talk with his physician before starting a complementary therapy: “I’d have to check with my doctor first. I’d listen to it. I’d take it to account, but I’d give my doctor a call before I do it.”

Discussion

Disclosure by older adults of complementary therapy use to their conventional physicians is a complex decision process. Twenty-three of the 39 older adults who acknowledge using complementary therapies stated that they disclosed this use to their physicians; this is similar to the two-thirds of older adults in a national sample who state that they disclose their complementary therapy use to their physicians (AARP-NCCAM, 2007). Although only 16 older adults who generally acknowledge use of complementary therapies (mindful users) did not disclose this use to their physicians, another nine older adults who generally do not acknowledge using complementary therapies (non-mindful users) did not disclose this use. Twelve older adults did not use any complementary therapies.

The explanations given by patients deciding to disclose their use of complementary therapies indicate that their physicians were supportive of their decisions to use these therapies and that their physicians needed to be aware of their health self-management approaches. Both of these explanations indicate positive physician-patient communication and participatory decision-making. Participants who disclosed their complementary therapy use felt that their physicians were supportive of their decision to use these therapies. Sleath and colleagues (2005) also found that patients who reported that their physicians used a participatory decision-making style were more likely to disclosure their complementary therapy use. Stewart’s review (1995) showed that a positive relationship between effective patient-physician communication and improved health outcomes. Conversely, participants’ open questioning of the physicians’ primary motivation during the encounter led to hesitation in discussing their complementary therapy use. If they view such factors as physicians’ financial gain as being the primary motivation for providing care, the individual may be more reluctant to disclose complementary therapy use to the physician.

Some participants were very proactive in discussing complementary therapy use in the clinical encounter. They expressed feeling supported by their physicians, and were comfortable in discussing their concerns about complementary therapy use interacting with their prescribed medications. They were appreciative of their physician’s open-mindedness to freely discuss complementary therapy. Flannery and colleagues (2006) showed that a positive attitude of the physician toward patient complementary therapy use is positively associated with the level of comfort the physician feels in advising their patients. Similarly, Shelley and colleagues (2009) showed that the perception that patients have regarding how their physicians would react to their complementary therapy use was the biggest factor in determining whether they discussed complementary therapy use with their physicians.

The older adults in this study who did not disclose their complementary therapy use had many of the attitudes about disclosure reported in other analyses (Robinson & McGrail, 2004; Pappas & Perlman, 2002; AARP-NCCAM, 2007; Shelley, et al., 2009; Cooper-Patrick, et al., 1999; O’Beirne, et al., 2004). They do not disclose their use of

complementary therapies to their physicians because their physicians did not ask, that it was a personal decision and not the business of their physicians, that their physicians had limited knowledge of these therapies, and that their physicians had negative views about complementary therapies. The belief that physicians had limited knowledge about complementary therapies was even reflected in the behavior of those who disclosed the use of these therapies; some of these older adults initially withheld this information in what appeared to be an effort to test their physicians.

Two additional factors shaping non-disclosure emerged. The first of these was the belief that the use of complementary therapies affects physicians' incomes. Some of these older adults also saw that their knowledge of complementary therapies was knowledge that they held which was different from the physician's knowledge. They indicated that keeping this cultural knowledge from physicians was important to its preservation. Many of the attitudes limiting disclosure reflected a lack of physician trust among these older adults (Charon, 2001; Halbert, Armstrong, Gandy, & Shaker, 2006; Hall, Dugan, Zheng, & Mishra, 2001).

The non-mindful users who did not disclose their use of complementary therapies may reflect individuals who did not realize they should discuss their use of complementary therapies or for whom office visits did not provide enough time to discuss complementary therapy use. These individuals generally stated that they forgot to discuss their use or consideration of use of complementary therapies with their physician. Clinic "prompts" designed to remind patients or physicians to discuss this topic might increase the likelihood that this topic is discussed in the clinical encounter.

Several salient differences in attitudes toward disclosure by ethnicity and gender are apparent. Most African American women were mindful in their use of complementary therapies but they did not disclose this use to their physicians. African American women were also the experts in complementary therapies who presented a need to protect their cultural knowledge. Similarly, African American men in general were mindful in their use of complementary therapies and did not disclose their complementary therapy use to their physicians. Most White women were mindful in their use of complementary therapies, and they did disclose their use of complementary therapies. Half of those who used only conventional care were White men. Among White men who used complementary therapies, half disclosed this use to their physicians. This variation provides an indication of the role that gender and ethnicity play in the patient-provider relationship as it relates to communication about complementary therapies use.

Medical encounters, including decisions patients make regarding information to disclose, are embedded in broader social structures. Access to resources, including economic, political, educational, and medical, as well as social status, continue to be influenced by an individual's ethnicity and gender (Blau, Brinton, & Grusky, 2006; Collins, 1990; Oliver & Shapiro, 1995; Omi & Winant, 1994; Reynolds, 1997). Differential access to resources has resulted in poorer health for African Americans (Williams & Sternthal, 2010), elevated reports of experiencing disrespect in healthcare settings (Blanchard & Lurie, 2004), and lower levels of physician-encouraged involvement during African American patients' medical visits (Cooper-Patrick et al., 1999) compared to their White counterparts. African

American patients are more likely to report involvement in treatment decisions when they are seen by an African American physician than a White physician (Cooper-Patrick et al., 1999). However, the disproportionately low number of African American physicians limits the number of African American patients who may be treated by a physician of their own ethnic group. Many African American women perceive that their encounters with the healthcare system are negatively affected by their gender as well as race (DiMatteo, Murray, Williams, 2009; Sims, 2010). The experiences that African American women have had throughout their lives would be expected to affect decisions regarding disclosure of personal information, including complementary therapy use, to their current provider. Given that African Americans continue to experience poorer health than Whites, and that ethnic minorities have higher levels of mistrust of health care providers and the health care system than Whites (Stewart, 1995; Kennedy, Mathis, & Woods, 2007; Whetten, Leserman, Whetten, Osterman, Thielman, Swartz & Stangl, 2006), further research specifically as it relates to communication of complementary therapy use is warranted.

This study has limitations which should be considered. It did not interview physicians, so it is cannot speak to their attitudes regarding discussion of complementary therapies with their patients. The data do not indicate if discussions of complementary therapy use were initiated by the participants or their physicians. The sample used in this study is limited to a few counties in one state; these characteristics of the sample indicate that generalizations should be made with caution. However, this study has a number of strengths. It uses a qualitative approach that allows for in-depth discussion on topics that would probably not be well elucidated in a structured survey instrument. The sample is large for a qualitative study and includes African American and White older adults.

This study provides insight into the motivations of older adults about disclosing their complementary therapy use to their physicians. Further research should provide additional detail on these factors, and develop strategies to ease the barriers that inhibit disclosure. For example, the types of complementary therapies that older adults use may affect their willingness to disclose this use. Efforts should also be made to increase awareness of the importance of effective communication between patients and physicians with the goal of increasing the likelihood of discussion of complementary therapy use. Particular attention should be paid to increasing cultural competence among physicians when discussing the use of complementary therapies with patients. The National Center for Complementary and Alternative Medicine has initiated a program entitled, “Time to Talk,” to encourage such interactions (http://nccam.nih.gov/timetotalk/, n.d.). Pappas and Perlman (2002) suggest that discussion about complementary therapies between patients and physicians can provide opportunities to develop shared comfort in the clinical encounter. Further research is encouraged to fully understand this dynamic.

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Table 1

Disclosure of Complementary Therapy Use to Health Care Provider by Older Adult Ethnicity and Gender

	Total	African American Women*	African American Men	White Women	White Men
All Participants	61	16	14	15	16
Disclose Use	23	5	5	8	5
Mindful Complementary Therapy Users	12	1	3	6	2
Non-Mindful Complementary Therapy Users	11	4	2	2	3
Do Not Disclose Use	38	11	9	7	11
Mindful Complementary Therapy Users	17	8	4	3	2
Non-Mindful Complementary Therapy Users	9	3	2	1	3
Use Conventional Care Only	12	0	3	3	6

*The disclosure status of one African American woman could not be discerned from the interview transcript.

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