



Commentary

The appeal of medical quackery: A rhetorical analysis

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Summary

Medical quackery has been a pressing issue nearly from the start of the medical profession – whether the nostrums and patent medications of old or the super-foods and miracle supplements of today. Throughout history and into the modern day, the medical establishment has tried to counteract the claims of charlatans in order to protect patients from potentially harmful treatments. Countering today's pseudo-medicine begins with an examination of what makes patients susceptible to the claims of quack medicine. Understanding why patients are susceptible to dubious health claims begins with an examination of the rhetoric used to persuade a demographic toward alternative therapies. This knowledge can then be used to educate patients, and to better demonstrate the benefits of evidence-based medicine while improving patient interactions.

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Introduction

From patent medications and nostrums to super-foods and miracle supplements, medical fraud, often referred to as “quackery,” has historically been a pressing and emotionally charged issue for health care professionals. Much like today, historical analysis of 18th century English quackery shows that those making dubious medical claims excelled at 3 things: taking advantage of new market opportunities, building a brand name, and advertising their product.¹ In fact, as reported by Huisman, the founders of the Dutch Society Against Quackery first wrote a book in the late 1800's aiming to combat quackery by analyzing the techniques charlatans used to sell their remedies.² Like in the past, assessing the advertising of today's pseudo-medicine can provide an understanding of what makes those seeking alternative

medicine susceptible to dubious medical claims. This understanding can provide health care practitioners with new ways to address misleading health care claims with their patients.

Today's quackery is defined by the National Council Against Health Fraud as “promoting health products, services, or practices of questionable safety, effectiveness, or validity for an intended purpose,” and further clarified as therapy that provides risk of harm without providing offsetting benefit.^{3,4} It often takes the form of alternative medicine, marketed under the umbrella of the Complementary and Alternative Medicine movement.^{3,5} Since there has been evidence supporting the safety and efficacy of some forms of complementary medicine (i.e. the use of zinc for the common cold, yoga for chronic lower back pain, or peppermint oil for irritable bowel syndrome), this

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is not a claim that all forms of CAM constitute quackery.^{6–8} Rather, it is an acknowledgment that the overarching definition of CAM includes treatment modalities that have historically been a feeding ground for quack medicine.^{3,5} Organizations such as the National Center for Complementary and Alternative Medicine (NCCAM) and the Cochrane Collaboration recognize the difficulty in providing a definitive definition of CAM outside of an exhaustive list of current CAM therapies. However, it is agreed that CAM consists of treatments that originated outside of conventional Western medicine, are not a part of standard treatment for a disease state, and not generally delivered by conventional medical personnel.^{9,10} A particular CAM therapy is considered “complementary” if it is used alongside Western medicine, and “alternative” if it used instead of Western medicine.⁹ The term “integrative medicine” has also been used for the use of conventional medicine along with CAM therapies backed by high-quality evidence.⁹ Evidence of efficacy is not a part of the consideration in a CAM classification, and therefore CAM includes both “proven” and “unproven” therapies.¹⁰ This unfortunate ambiguity may lead to a tension between CAM rhetoric and conventional medicine throughout this paper. Since it is not the intention to deepen the schism between Western medicine and efficacious CAM, the term “integrative medicine” will be used to refer to evidence-based CAM and the term “CAM” or “alternative medicine” will be used to refer to the broader field from which quackery tends to come. Developing a classification scheme that clearly separates the quackery from the legitimate therapies is beyond the scope of this paper. For clarity, NCCAM’s categorization of different therapies classified as CAM have been summarized and provided in [Table 1](#).⁹ This paper seeks to provide a brief rhetorical analysis of the historical and current

advertising of quackery in the form of CAM rhetoric in order to build an understanding of what makes a consumer or patient more likely to fall prey to quack medicine.

Profile of a CAM user

Understanding the rhetoric of CAM advertising begins with an understanding of the typical CAM consumer, since marketing strategies are focused on attracting a target audience to a product. [Table 2](#) provides a synopsis of several studies focused on the type of person who utilizes CAM, as well as a list of the most common medical problems patients report driving them to seek alternative therapies.

Overall, the typical CAM user tends to be female, middle aged, and college-educated, with lower perceived health and a higher level of spirituality (seeking answers and understanding to ultimate questions regarding life and its meaning and relationship with the sacred).^{11–17} Most patients who used CAM therapies did so in conjunction with some sort of traditional Western treatment, with 60% of physicians reporting recommending some form of CAM to their patients within the past year, utilizing the “complementary” side of CAM.^{5,15} Conversely, patients who rely primarily on alternative medicine for their health care are more likely to distrust conventional health care providers, distrust hospitals, desire control over health matters, express dissatisfaction with conventional practitioners, and have a belief in the importance of one’s inner life and experiences on their overall well-being.¹⁵ Patients who use CAM concomitantly with conventional medicine are often reluctant to disclose this to their providers.¹⁸

For each of the top medical conditions, with the exception of addiction, most patients report seeking a form of exercise, massage, or relaxation as the primary CAM treatment.¹⁵ However, most

Table 1
Classifications of CAM with examples of treatment modalities⁹

CAM therapy classification	Examples
Holistic medical systems	<i>Homeopathic medicine, traditional medicine, Ayurveda</i>
Mind-body medicine	<i>Patient support groups, cognitive-behavioral therapy, prayer, mental healing, creative outlet therapies</i>
Biologically based practices	<i>Herbs, food, vitamins, dietary supplements, herbals, use of shark cartilage to treat cancer</i>
Manipulative + body-based practices	<i>Chiropractic medicine, massage, osteopathic manipulation</i>
Energy medicine	<i>Bio-field therapies, qi gong, Reiki, therapeutic touch, bio-electromagnetic based treatment</i>

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