Available online at www.sciencedirect.com
ScienceDirect
European Journal of Integrative Medicine 7 (2015) 1–4
European Journal of INTEGRATIVE MEDICINE
www.elsevier.com/eujim

Editorial

Traditional and integrative approaches for global health☆

"The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully."

Address at the WHO Congress on Traditional Medicine – Dr. Margaret Chan, Director General – WHO, Beijing, 7th Nov 2008

Welcome to this Open Access Special issue 'Traditional and Integrative Approaches for Global Health' which contains contributions from all corners of the world: Argentina, Brazil, Sweden, USA, UK, Hong Kong, Macau and Australia.

As early as 1978, the WHO, in the Declaration of Alma Ata on Primary Health Care, appealed to the international community to support the inclusion of such traditional medicine that is considered effective and safe into national health systems, on the basis that they may benefit public health in low-income countries. The more recent quote above from a speech made by Dr. Margaret Chan at the World Health Organization (WHO) Congress on Traditional Medicine was held in Beijing in 2008, which welcomed governments representing over 70 countries. As well as participants from high-income countries, low- and middle-income countries were represented. Traditional medicine plays an important part of the health care system for many low-income countries where what is now called Traditional & Complementary Medicine (T&CM) by the WHO is increasingly being used by people and even in some cases, governments as legitimate health care options. The size of this meeting and the fact that it brought together senior government decision makers and policy leaders demonstrates not only the global importance of T&CM, but also its growing and continued importance to global health. Dr Chan's challenging quote sets the stage for this Open Access Special Issue.

While more about the WHO Strategy for Traditional Medicine can be found in a paper in this edition at the highest level it provides member states with a road map as to how to either continue or to start to integrate relevant T&CM into their national health care systems [1,2]. It also, for the first time, specifically identifies the importance of self-care (referred to as self health-care in the strategy itself): the fact that consumers are increasingly using products and practice without seeing a health care provider first. The strategy also recognises and aims to reflect the different face of T&CM across the world and the fact that as with all forms of health care, T&CM should not been used and implemented in vacuum but as a tool in promoting universal health and well being in a safe and effective manner.

Many people reading this will think, so – what importance is the strategy to me and my work: after all it is written for governments and not researchers, practitioners or even consumers. To a certain extent, this is all true. The WHO has no authority to change government authority and nor does WHO strategy come with any new dedicated funding sources. What this strategy does do is provide suggestions and encouragement as to how T&CM can continue and grow as an important and integral part of global health-care. Though it is true that the WHO has no direct authority over governments, its work can influence individual government decisions regarding national and sometimes regional funding, access, regulation and integration: a useful tool for anybody working in T&CM.

Unlike the previous WHO Traditional Medicine Strategy 2002–2005, this new strategy is intended to be a living document, able to adapt and evolve to reflect an ever-changing environment [2]. In addition, it identifies the need to ensure all parts of the T&CM and wider health-care sector are actively involved.

To a certain extent, these sentiments of the strategy are shared by authors of a recent article in the British Medical Journal which provoked interest by suggesting that although the awareness of the world's great inequalities has increased over the last decade, there is a broader agenda which needs to prioritise social and political action as well as medical interventions and technologies [3]. The 3 key health priorities identified were mental health, non-communicable diseases and universal health coverage. Although Clark argues that focusing on biomedical

☆ "This editorial belongs to the Special Issue: Traditional and Integrative approaches for Global Health.".

http://dx.doi.org/10.1016/j.eujim.2014.12.005
1876-3820/© 2014 Elsevier GmbH. All rights reserved.

approaches limits success and that a population's health will depend on various other factors such as poverty, lack of access to health services, environment, education, housing, safe water and sanitation, the potential for self care and T&CM was not addressed.

Latin America, historically has various medical traditions used by indigenous peoples, the first records on medicinal plants was written in 1493. Estimates suggest that over 400 million people in Latin America use traditional/natural and/or complementary/alternative medicine [4]. Although Cuba and Brazil, lead in embracing these advances by including these practices within healthcare and providing a more integrative approach, considerable advances are also being made in other countries, such as Mexico, Peru, Chile, Argentina and Colombia. There are challenges of how to improve integration as it will involve multidisciplinary management, availability of evidence based research, professional training, as well as involving legal/policy issues.

The recent WHO strategy document suggests that responsible professional staff need to determine their own national situations in relation to traditional and complementary medicine, in order to develop and enforce policies, regulations and guidelines to reflect their local use [2]. This useful Latin American review analyzes the history of the integration of natural and traditional practices inside various formal health systems and also describes different levels of integration in the different countries [4]. It explores the range of integration strategies in relation to the problems, barriers, challenges and perspectives of their use within diverse health systems.

As the evidence base increases, a world strategy designed to encourage integration, regulation, and appropriate supervision of these practices would be useful for countries who wish to develop dynamic policies in order to provide true integrative medical practice.

Defining integration is problematic and controversial and it depends on how traditional and complementary health care approaches are provided in relation to conventional medicine. The problem when trying to carry out systematic reviews on integrative medicine is discussed by authors from USA, Australia, UK and China [5]. Although different models of integrative medicine (IM) practices are emerging within different health care settings, the definition of IM is still unclear. It is however assumed that in practice it is the apparent simultaneous use of a combination of western medicine and complementary medicine. When it comes to research, the clinical evidence for IM consists largely of studies of individual CAM practices. The package of care provided is rarely considered and is problematic to research. The paper by Hu et al. [5] explores key definitions in sources from 4 diverse countries, USA, UK, China and Australia in order to determine and define the elements of IM for future narrative and systematic reviews. This is an initial attempt to debate and define the elements of IM for future research, in particular for carrying out narrative and systematic reviews.

For example, the potential contribution of approaches such as acupuncture, commonly provided as part of integrative practice in China such as during stroke rehabilitation, appears to have barely been acknowledged outside of China as a possible low cost intervention which could be integrated into care provision. There is however still a need for more research. This Special Issue contains an article on a small, before and after study using Thai traditional therapies which demonstrated significant improvements in activities in daily living after 3 months, when compared to conventional treatments during a stroke rehabilitation programme [6]. The authors suggest that a fully powered randomised controlled trial with an evaluation of cost effectiveness is now a priority.

Although Brazil has had a policy for using CAM in the national health system since 2006, few studies have explored the pragmatic use of acupuncture for the care of patients with cancer. An observational pilot study of acupuncture provided as part of an integrative oncology setting, suggests that patients' report improvements in symptoms and wellbeing when acupuncture is used in combination with conventional care [7].

In Europe, a survey in 14 European countries explores European health professionals' experience of integrated cross-border health care and their views on continuity of care mechanisms for patients returning to their country of residence [8]. Three common conditions were considered in this cross-sectional survey: acute myocardial infarction, acute ketoacidosis in type 2 diabetes, and hip arthroplasty. Half of respondents (54%) stated that continuity of care was only provided through discharge summaries, while one third of respondents (29%) reported that no mechanisms were in place. Harmonising hospital discharge summaries, making IT systems more compatible and informing health professionals on ways to best support patients could improve continuity and quality of care across Europe. The substantial differences in definitions, regulations and laws, professional backgrounds of providers and in reimbursement practices among the Member States and the need to ensure that accessing and/or practicing CAM across international borders is critically important to ensure that the seamless continuity of care is available and that information is adequately provided for cross border health care for all countries.

Electronic prescribing enables clinical practitioners to manage and transfer prescriptions via computers and this can improve the quality of patient care as well as support clinical decision making. The facilitators and barriers of IT and electronic prescribing systems is highlighted in research carried out in Hong Kong on Chinese Medicine practitioners and academics views [9,10]. The implementation of health information technology in Chinese medicine for routine daily care is low among practitioners in private clinics. This paper highlights that to embed and implement such health information technology in Chinese medicine practice there is a need to consider professionals in different settings to ensure its effective use. Although this could facilitate data sharing among Chinese Medicine professionals, its use could promote interprofessional working between Chinese and Western medicine professionals through information exchange. This would also ensure that any drug/herbal interactions may be picked up quickly. However at present less than a third of private practitioners in Hong Kong had

Download English Version:

https://daneshyari.com/en/article/2479811

Download Persian Version:

https://daneshyari.com/article/2479811

Daneshyari.com