



Editorial

Educating for integration

A recent *Viewpoint perspective* in the British Medical Journal calls for a re-examination of the integrative medicine curriculums in the USA [1]. There are over 50 medical and nursing schools which have integrative medicine centres and in this article the author states, ‘unfortunately many endorse the use of complementary and alternative medicine (CAM)’. The arguments are based on the fact that the systematic reviews have highlighted problems with methodology and that recent trials have failed to show ‘evidence of efficacy above placebo’. The author also concludes that medical curricula are misrepresented as being evidence based and have not been updated in accordance with recent evidence. Cost and safety are other issues raised, in particular to the use of dietary supplements and poor reporting of adverse events. Further, it is suggested that British and Australian universities ‘as the result of a campaign to expose the lack of evidence supporting those practices have discontinued CAM courses’.

It is tempting to dismiss those comments as the rantings of a known sceptic who continually maligns members of the faculty at prestigious institutions by accusing them of forgoing sound science for funding dollars and advocacy of CAM. But let’s set that aside and consider the broader question: why have over a third of US medical schools elected to become members of the Consortium of Academic Health Centers for Integrative Medicine and are actively working to advance complementary and integrative medicine by developing new curricula, exploring new research questions and creating innovative clinical delivery models? Clearly, the leaders of these institutions recognize the importance of expanding the understanding of this field. Indeed, in a report issued by the Institute of Medicine (IOM) in 2005 on the use of CAM in the US, there was an unequivocal acknowledgement: ‘CAM is here to stay’ [2]. Data from multiple surveys consistently indicate that one out of four adults in the US uses at least one form of CAM yearly to improve their health and well-being [3], which creates a urgent need for research. It is important to know which CAM therapies work (and in which populations) and which do not. It is vital that safety be established as well as efficacy. And both practitioners and patients certainly need to know what might be dangerous or might have serious contraindications. It is for that reason that the Consortium, which now numbers over 50 leading academic centers

in the US, 3 in Canada and 1 in Mexico, sponsors the largest international research congress biennially to showcase the best science from around the world [4]. But the Consortium also recently sponsored an International Congress for Educators in CAM and Integrative Medicine [5], because it recognizes the educational imperative. Academic institutions must train health professionals with the knowledge, skills and attitudes to meet the public need. Again, the IOM report was very direct with its recommendation on education: ‘*The committee recommends that health profession schools (e.g. schools of medicine, nursing, pharmacy, and allied health) incorporate sufficient information about CAM into the standard curriculum. . . to enable licensed professionals to competently advise their patients about CAM*’ [2]. It is essential that we learn about educational initiatives aimed at incorporating both traditional, native medicine and conventional, Western medicine and adopt best practices to improve the literacy of the healthcare workforce about CAM and Integrative Medicine. There is much to learn from our colleagues around the world.

For example, in China, Traditional Chinese Medicine (TCM) education has been incorporated into the conventional medical education system for the last 30 years. The TCM curricula is taught to conventional medicine students in their 3rd and 4th year of medical training. Its content has not changed since the 1980’s and includes TCM theory, TCM pattern differentiation, Chinese material medica, herbal formulation, acupuncture, and TCM internal medicine. The curriculum with up to 80 hours of teaching has as its objective providing TCM education for conventional medicine practitioners to equip them with basic knowledge of traditional medicine which aids its integration into the health care system. China legally implements a parallel health care system of western conventional medicine and TCM. The Chinese government has also encouraged integration of both systems into the health care even prior to the 1950’s. In addition, 48 medical colleges/universities (including 22 western medicine and 26 TCM universities) have set integrative medicine undergraduate education programmes [6]. This option provides a five-year education, and the graduates can register as integrative medicine doctors. Postgraduate education for integrative medicine is also available in some of the TCM or western medicine universities. This includes masters and PhD programs

in integrative medicine, which involves an additional three-year of education, respectively. On the hospital level, three different licenses can be registered through a national registration system, which requires passing a national examination. They are as follows: the conventional medicine license, TCM license, and integrative medicine license. In conventional medical hospitals, there are usually TCM divisions and/or acupuncture divisions, which can provide TCM services and provide consultation to other divisions. While in TCM hospitals, the majority of departments apply an integrative approach incorporating TCM therapies in daily practice, sometimes, acupuncture is provided as a stand-alone independent outpatient department.

Another example is in Italy, where traditional and non-conventional medicines are beginning to gain ground, making room for training in traditional healing practices, despite the opposition of the biomedicine dominant health and education system. Recent research has highlighted that more than 50% of general medical doctors have recommended homoeopathic medicines to their patients, 14.5% of the Italian population prefers not to take conventional medicines and that 16.2% used homoeopathic medicines [7]. A website analysis and survey of 42 undergraduate and postgraduate courses in Italian schools of medicine showed the extent and quality of academic training in traditional and non-conventional medicine in different regions in Italy geographically [8]. Training provides either a practical qualification or gives a general university certificate but demonstrates how education centers are broadening their offerings.

The European Journal of Integrative Medicine is pleased to announce that during 2014 there will be a new section for articles on education and integrative practice and that two special issues – Safety and Clinical guidelines will soon be published. The next the Special issue is '*Traditional and Integrative Approaches for Global Health*' and we welcome your submissions now. This issue coincides with the second World Health Organization's (WHO) global strategy for T&CM, which is being considered and ratified by the World Health Assembly in May 2014. It is hoped that this issue will help to foster dialogue and promote evidence informed development within the T&CM and medical communities. The issue will be co edited by Professor Torkel Falkenberg, Karolinska Institute, Sweden and Dr. Michael Smith.

In this first issue of 2014, the opinion article [9] is in tune with the first part of this editorial and argues that in view of the increasing demand for person centred health care services, maintaining a polarization between integrative and conventional medical care is damaging, especially to the therapeutic relationship. The authors suggest that medicine, the humanities, ethics and philosophy all have a part to play in a health care model, and should combine conventional health care with traditional health

care systems. In underdeveloped countries the aim is to achieve accessible, affordable, safe and effective health system for all, as recommended in 2008 by Margaret Chan, Director General of the WHO. The WHO has recently released its 2014–2023 vision for Traditional medical systems which will be addressed in the Special issue next year.

The potential opportunity for conventional and traditional Chinese medicine acupuncturists and herbalists to work together is illustrated by a colorectal screening programme piloted in a Chinese American Community [10]. In this study the TCM providers were shown to be a valuable and culturally appropriate resource to encourage and promote colorectal screening as a potentially cost effective preventive measure within an immigrant community.

As mentioned earlier in this editorial cost was an issue raised by Marcus [1]. A study from Sweden provides an indication that integrating 7 complementary therapy sessions over 10 weeks for people with back and neck pain might be cost-effective compared with conventional primary care [11]. The study demonstrated an increase in QALYs, with a slightly higher cost of health care provision but at a reduced cost of using other health care resources.

Homoeopathy clinics have been included in a hospital within the public health system in Lucca, Italy since 1998. Rossi et al. have evaluated the long term effect of homoeopathy for patients consulting for a range of acute, chronic and recurring diseases [12]. Costs for homoeopathic therapy seemed to be significantly lower than those for conventional pharmacological therapy.

Self help approaches are likely to be cost effective and this is demonstrated in the next 4 studies. Lipschitz et al. explore the feasibility and acceptability of using a self-help mind–body intervention delivered over the Internet to help people who had problems sleeping [13]. Three consecutive daily sessions (20 min each for a total of 60 min) were provided with improvements maintained at three month follow-up. The study also supports the great potential of implementing this promising self-help program on the Internet to increase accessibility and promote better health through the use of novel, evidence-based mind–body interventions.

Lee and Lee demonstrate improvements in arterial stiffness and pulmonary function in older women walking for 1 h in the natural environment compared with those who walked in and urban area for the same amount of time [14]. This article has been chosen as 'The Editor's choice' for this issue because of its innovative nature and the fact that a relatively easy self help technique could potentially conferred such health benefits.

An fMRI study has shown that people presenting with mild cognitive impairment or subjective memory complaints showed improvements in a memory task after 4 weeks of jaw-tapping training practised at home [15]. In addition, more brain regions were activated overall, in the regions related to memory function. The study concluded that jaw-tapping movement could be a useful self help exercise for improving memory and cognitive function in elderly people with memory disturbance by stimulating brain regions related to these functions.

Managing stress is a problem for everyone but when working in stressful clinical environment such as palliative care there

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