



Research paper

What can acupuncture bring to Western medicine? The perspective of health professionals also trained in Traditional Chinese Medicine-based acupuncture[☆]



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ABSTRACT

Introduction: The inclusion of acupuncture into conventional healthcare is being internationally considered in response to increasing chronic diseases. The aim of this study was to understand health professionals' perceptions of the collaboration between Traditional Chinese Medicine-based acupuncture and Western medicine in Spain.

Methods: A total of 27 in-depth interviews were conducted with Spanish health professionals who were trained in and practiced acupuncture. Grounded Theory Dimensional Analysis guided this research in order to obtain a theoretical explanation of the perceptions of participants.

Results: Four main categories emerged from the analysis: styles of practice, benefits of the collaboration between acupuncture and conventional medicine, key factors for this cooperation and barriers to the practice of acupuncture into conventional healthcare settings.

Discussion: A combination of both approaches may result in the amplification of health professionals' knowledge and the improvement of the healthcare. Acupuncture contributions to conventional medicine were valued because of its therapeutic properties and its proposals for personal development (lifestyle recommendations, Qi gong, meditation, breathing exercises, prayer, and creative activities). Barriers to acupuncture and Western medicine collaboration were related to the dominance of the biomedicine paradigm.

Conclusion: Acupuncture was revealed as a new avenue of cooperation between professionals and a way to transcend the traditional division between disciplines.

1. Introduction

Acupuncture originates from Traditional Chinese Medicine (TCM) and is one of the most popular complementary therapies in the Western world [1]. TCM-based acupuncture considers each person as whole being, not fragmented into body parts or into body and mind. Accordingly, it provides holistic treatments [2,3]. The insertion and manipulation of needles along specific body points is often used in conjunction with other TCM techniques such as moxibustion (heat stimulation), acupressure (finger pressure), massage and lifestyle counselling [4]. Although acupuncture is included in other East Asian Medical Systems (TEAM) as Tibetan or Japanese Traditional Medicine, and is also incorporated into the biomedical practise but may be empty of TCM worldview as is the case of Western Medical Acupuncture (WMA), which is focused on nerve stimulation [5]. We considered

TCM-based acupuncture for this research because it is more widely practised in Spain. Furthermore, acupuncture is never entirely disassociated from traditional knowledge [4].

The World Health Organization (WHO) recognised its effectiveness and recommends the inclusion of acupuncture into the National Health Systems (NHS) in order to reduce the pressure of the high costs of some conventional treatments. It is also thought to be helpful in response to the increasing chronic and degenerative diseases [6–8].

Benefits of acupuncture in collaboration with conventional medicine have been evidenced in the treatment of knee osteoarthritis, paediatric pain and cancer. These advantages were related to improvements in physical and emotional symptoms, quality of life and physician-patient relationship. Gaining control over patient well-being, improvement of the immune system and reduction in drug side effects have also been reported [9–13].

[☆] Collaboration between acupuncture and Western medicine.

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Austria and Germany offer acupuncture for the treatment of some types of chronic pain by the state regulated health insurance carriers [14,15]. It is occasionally available in the United Kingdom National Health Service through physiotherapy treatments [16]. In Germany, 77% of clinics dedicated to pain management use this therapy, and in the United States of America, 20% of hospitals offer complementary therapies including acupuncture [17,18].

In Spain, 7.4% of the population use acupuncture due to its holistic and preventive approach, the absence of side effects and the possibility to complement conventional treatments [19]. In principle, this therapy is not included in the service portfolio of the Spanish health system, but there are some initiatives to practise it in some hospitals and primary health care settings, particularly in the Andalusia Autonomous Community [20]. Regarding the regulatory framework, Spanish health centres registered as Non-conventional Therapy Units may provide acupuncture treatments under the responsibility of a physician [20].

The European Parliament considers acupuncture practitioners as a health workforce and highlights the need to further research in acupuncture considering the perspectives of health providers [21]. Perceptions of Western health professionals, practising acupuncture about its integration into conventional medicine have been recently collected in a systematic review [22]. This included the point of view of physicians, nurses, midwives and physiotherapist. Accordingly, the idea of cooperation between both medicines is grounded in the perception of acupuncture as a complementary therapy, which may supplement and add benefits to conventional treatments due to its holistic approach. Health professionals highlight the need to improve knowledge of acupuncture among healthcare providers in order to support the recommendations of acupuncture and facilitate constructive dialogues between both medicines. They also highlight the importance of increasing the investigation on acupuncture effectiveness considering also qualitative studies and outcome measures. Reported barriers to integrate acupuncture into conventional medicine are the primacy of the biomedical paradigm and the subordination of medicine to economic interests. Health professionals particularly refer patients to acupuncture in the case of chronic diseases and in cases where a lack of efficacy and contraindications for conventional treatments are observed [22].

Instead of a real integration between both medicines (Western medicine and TCM-based acupuncture), acupuncture is generally adapted to the conventional medicine practice and paradigm. The integration of acupuncture into the Western healthcare practice tends to be problematic due to conceptual differences between the two approaches and the dominance of the biomedical paradigm [23–25]. Therefore, we refer to the collaboration in order to reveal constructive and practical factors for an improvement of the healthcare assistance and also to avoid giving more importance to Western medicine over acupuncture or vice versa.

Existing research in this area involves mainly North-western European countries. Further analysis of health professionals' perceptions of the collaboration between acupuncture and Western medicine may reveal factors which can improve the quality of healthcare. This may also facilitate an effective and universal healthcare assistance. It would be especially relevant in countries which experienced an increase of chronic diseases such as Spain. This increase is the result of the Western lifestyle (physical inactivity, high dietary fat intake and stress), and the absences of preventive healthcare resources [26–28].

The aim of this study was to understand the perceptions and conceptualisations of health professionals training in both medicines, concerning the collaboration between TCM acupuncture and Western medicine in Spain.

2. Methodology

2.1. Design

In-depth interviews and Grounded Theory Dimensional Analysis were used to collect, analyse and interpret the data. This inductive method was chosen to obtain a theoretical explanation by analysing health professionals' conceptualisations. According to this methodology, data collection, analysis and theory stand in a reciprocal relationship with each other [29,30]. This allows the analysis of the data within the context and the identification of concepts which explain the point of view of participants.

2.2. Sample and data collection

A total of 27 in-depth interviews with health professionals who had studied and practised TCM-based acupuncture were conducted. In particular, we interviewed physicians, nurses and physiotherapists because they are the health professionals most involved in this practice in Spain [20]. A theoretical sampling guided the sampling process in order to ensure that each new case was appropriate for providing new concepts and clarifying relationships and logic among constructs. We also used the snowball technique to triangulate this process. Interviews were audio-taped and transcribed verbatim for subsequent analysis. The data collection process was guided by the analysis until the point of data saturation was reached, meaning that no new analytical concepts emerge by broadening the sample [31].

The inclusion criteria was to sample physicians, nurses and physiotherapists trained in acupuncture based on the World Health Organisation recommendations on basic training and safety in acupuncture [32]. We applied the recommendations of limited training for physicians (not less than 200 h) to nurses and physiotherapists because this allowed us to ensure that the conceptions of our participants were well-founded. We selected informants of both sexes, different age groups and professional backgrounds in order to provide the fullest possible information (Table 1). This maximised opportunities to discover dissimilarities among concepts and to make denser categories in terms of their properties and dimensions.

We conducted 19 face to face interviews and 8 videoconference/telephone-based interviews. Informed consent was obtained from all individual participants included in the study before starting any interview. They signed it after receiving a detailed explanation of the study concerning the objectives, the context and the way in which the information was going to be treated. Interviews took place in a quiet and private environment. Each started out with an open-ended question about their professional and personal background before starting to

Table 1
Main characteristics of participants (N = 27).

Characteristics	Variables	Female	Male
Health profession	Physician	7	5
	Nurse	6	2
	Physiotherapist	5	2
Age	30–40	4	1
	41–50	4	3
	51–60	6	3
	> 60	4	2
Acupuncture training	200–300 h	4	2
	300–500 h	4	1
	> 500 h	11	5
Acupuncture practice	Public sector	2	2
	Private sector	11	3
	Public and private sectors	0	4
	Friends and family	3	0
	Do not currently practice	2	0

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