

# Patients' and general practitioners' attitudes towards complementary medicine in Wanganui, New Zealand

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## ABSTRACT

### Aim

To explore patients' and general practitioners' (GPs') attitudes to complementary and alternative (CAM) therapies in Wanganui, New Zealand.

### Methods

Questionnaires were issued to 50 consenting patients at each of three different medical practices. Questionnaires were posted to each of the 30 general practitioners in Wanganui. A literature search was undertaken on patients' and doctors' attitudes to complementary and alternative medicine.

### Results

One hundred and four (69.3%) of the patients responded and 67.1% of the respondents had at some time used CAM when ill. Chiropractic, acupuncture, aromatherapy and rongoa Maori (Maori medicine) were the preferred therapies. The majority of patients felt that they could talk to their GP about CAM but 62.5% said their GP did not ask them about CAM. 15.3% of patients said that their GP had referred them to some form of alternative therapy and 66.3% would like their GP to know more about CAM. Patients perceived CAM as safe but 64.4% acknowledged that there could be side effects and interactions with orthodox medicine. Cost limits patients' use of CAM and 61.5% of patients would like CAM on prescription. 71.1% of patients would like regulation of complementary medicine on a par with orthodox medicine.

Twenty-five (83.3%) of the GPs responded. Eighty per cent of participating GPs estimated that fewer than 50% of their patients use alternative remedies. GPs were confident that their patients could ask them about CAM, and they sometimes, usually or always asked their patients about use of CAM. GPs rated acupuncture, chiropractic and hypnosis as helpful. GPs were unfamiliar with rongoa Maori (Maori medicine). Ninety-two per cent of the GPs have at some time referred to a complementary practitioner and 80% of the GPs had some contact with local complementary therapists. Twenty-eight per cent of GPs had some training in CAM and 24% had practised or were practising some form of CAM. Ninety-six per cent of GPs had concerns about the safety of complementary therapies. Fifty-two per cent of GPs would like to see education on CAM included in the medical curriculum. Eighty-four per cent would like to see greater regulation of complementary therapies.

### Conclusion

There is widespread use of complementary and alternative medicine by patients who also attend general practitioners in Wanganui. This is a reflection of a world trend. GPs tend to underestimate its use but are taking an increasing interest in this area. Both patients and GPs are aware of possible side effects of CAM and interactions with orthodox medicine. Patients and GPs would like to see greater regulation of CAM. Patients are prepared to tell their GPs about their use of CAM if the GPs are prepared to listen with a non-judgmental attitude.

(NZFP 2003; 30:102–107)

## Introduction

Over the past 20 years there has been a dramatic increase in interest in complementary and alternative medicine (CAM) from both the general public and the medical profession in the de-

veloped world.<sup>1</sup> Many people are choosing to use complementary therapies instead of or as well as 'orthodox' medicine. They may not disclose this information to their general practitioner (GP). However, GPs are in-

creasingly being asked about the safety and effectiveness of complementary therapies either on their own or combined with 'orthodox' treatment. Patients and GPs may have different perceptions of the role of com-

plementary medicine and these differences may create difficulties in the therapeutic relationship.

Wanganui is a city of 41 000. At the time of the survey, Wanganui had 30 general practitioners in group or solo practices. There are more than 45 natural therapists.<sup>2</sup>

Wanganui has a significant number of Maori healers who are accessed through word of mouth, family, friends or Maori health organisations. Many Maori patients will have sought help from a healer prior to seeing their GP.

### Aim

This study sets out to identify patient and GP perceptions in order to gain a clearer understanding of how people choose between alternative and mainstream care, and whether GPs feel able to advise on, refer to or practise any form of complementary or alternative therapy. It also aimed to determine the extent of use of different therapies.

### Method

The survey was conducted by questionnaires to 50 consecutive consenting patients from each of three practices, and a postal questionnaire to each of the 30 general practitioners.

Of interest were which therapies patients preferred, whether or not they could discuss use of CAM with their GP and whether they would like their GP to know more about CAM. Patients' views on the safety, cost, possible side effects and interactions of CAM with orthodox medicine were explored. Patients were asked whether they thought complementary medicine should be available 'on prescription' and whether they felt CAM needed to be regulated to the same extent as 'orthodox' medicine.

GPs were asked to estimate the extent of use of complementary medicine by their patients. GPs were asked if they enquired about the use of non-orthodox treatments, whether they ever referred to complementary practitioners and which of the therapies

they rated as most useful. GPs were also asked whether they had trained in and/or had practised CAM, what they thought about safety and regulation of CAM, and whether they thought that education in complementary medicine should be included in the medical curriculum.

The patient questionnaires were developed according to the aims above. Patients were asked to indicate their age, gender and ethnicity. The range of alternative therapies used and the extent of use of each therapy were of interest. The questionnaires aimed to discover patients' views as well as practical use of therapies. The questions took into account previous work on this subject and the areas that the researcher wanted to explore. Questions relating to whether the patient could talk to the doctor about CAM were reflected in the doctors' questionnaire for comparison. Patients were required to answer short questions, tick boxes, choose from a list of options or answer yes/no questions. Patients were invited to submit comments at the end of the questionnaire.

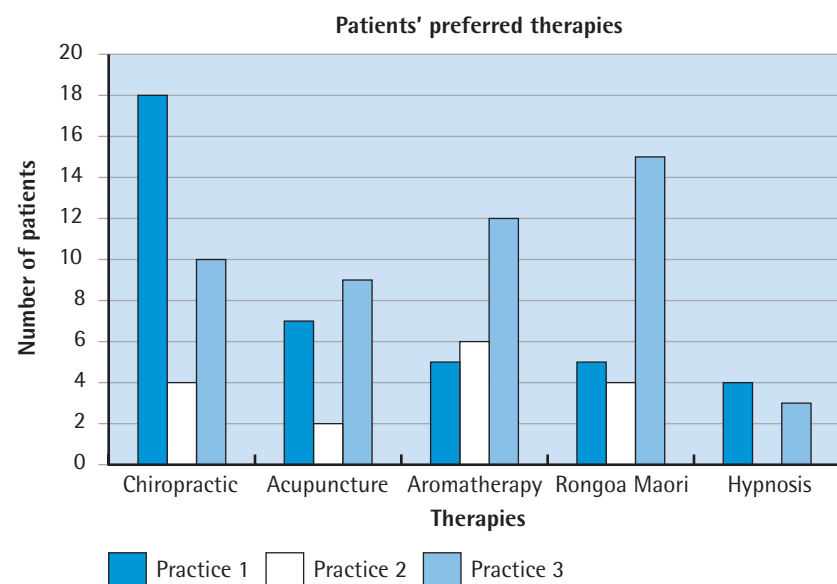
Fifty questionnaires were given to the receptionists at each of three

practices, to be handed to consecutive adult patients who agreed to participate in the survey. Patients were asked to remain anonymous, but were invited to state their age, gender and ethnicity. The questionnaires for each practice were analysed separately.

The three practices in the study were:

1. An inner city practice with approximately 2 000 patients, run by a solo practitioner with one practice nurse and one receptionist. Patients are from all ethnic and socio-economic groups.
2. A suburban city practice with approximately 2 300 patients, run by a solo practitioner, with two part-time nurses and a part-time receptionist. Patients are from all ethnic groups, but predominantly low socio-economic groups.
3. A Maori health centre run by iwi, with approximately 5 500 patients, three receptionists, five part-time doctors, two nurses and a manager. Rongoa Maori (Maori medicine) and romi-romi (massage) are available to patients. Approximately 70% of patients are Maori and 30% are of European or other ethnic backgrounds.

Figure 1



## Results of the patient survey

One hundred and fifty questionnaires were issued and one hundred and four were returned, including 38 from Practice One, 32 from Practice Two and 34 from Practice Three.

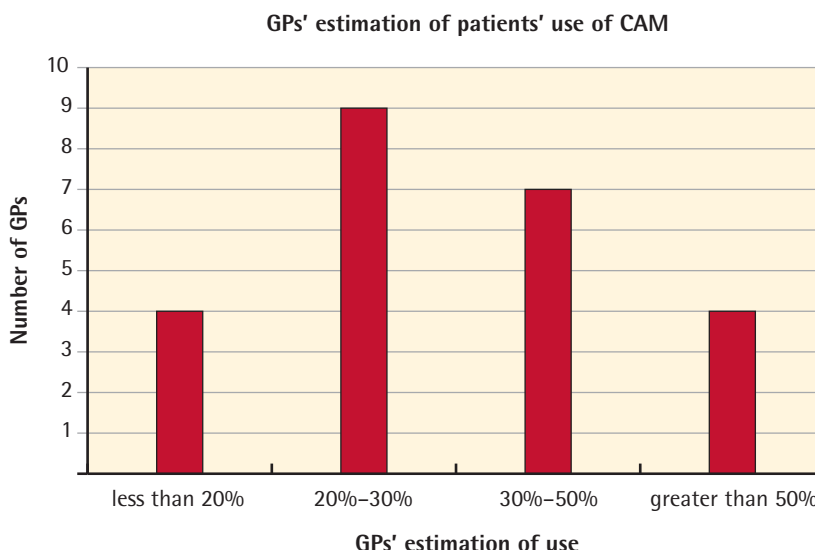
Of the patients in all three practices, 67.1% had at some time used complementary therapies. Chiropractic, acupuncture, aromatherapy and rongoa Maori were, in that order, the preferred therapies (Figure 1). In all three practices the majority of patients found out about complementary therapies from friends and family. Magazines were also a significant source of information. The radio and the Internet were sources of information for a minority.

Patients were asked to indicate the main factors influencing their use of complementary therapies, from a list of factors. Patients could indicate more than one factor, and they were not asked to rank the factors.

The factors that most frequently influenced patients' use of complementary medicines were:

- Ease of access (41 patients);
- Recommendation of the efficacy by someone else (41 patients);
- Cost (38 patients);
- Previous positive experience of the therapy (34 patients);

Figure 2



- Safety (28 patients);
- Control over one's own health (26 patients);
- Failure of orthodox medicine (eight patients);
- Difficulty talking to the doctor (three patients).

In all three practices 82.6% of patients replied positively about being able to talk to their doctor about CAM, but the majority (62.5%) said that their doctor did not ask them about their use of CAM.

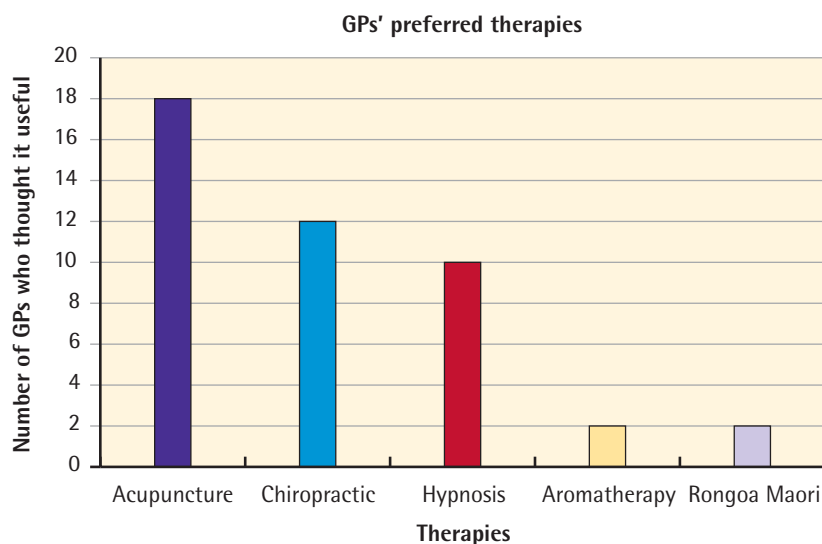
In all three practices 15.3% of the patients said that their doctor had referred them to a complementary therapist. Sixty-six per cent of patients surveyed would like their doctor to know more about complementary therapies. The majority (89.4%) of the patients in all three practices thought that complementary therapies were sometimes, usually or always safe. At the same time, 64.4% acknowledged that there could be side effects to complementary medicines and the majority of patients were aware that there could be interactions between orthodox and complementary therapies. The perception of safety of complementary therapies therefore exists alongside a growing awareness of potential harm from some remedies.

## General practitioners' views on complementary and alternative therapies

Of the 30 questionnaires sent to GPs, 25 were returned, a response rate of 83.3%. Of the responders, 84% estimated that fewer than 50% of their patients were using complementary medicines.

The GPs were confident that their patients sometimes (64%), usually (32%) or always (4%) tell about their

Figure 3



use of CAM. The majority of GPs (96%) felt that they sometimes, usually or always ask their patients about their use of CAM. GPs rated acupuncture, chiropractic and hypnosis as helpful, hypnosis, homeopathy and aromatherapy as possibly helpful and iridology, colour therapy and reflexology as unhelpful. Several GPs commented that they were unfamiliar with rongoa Maori.

Most GPs (92%) said that they referred patients to complementary practitioners and 80% had at some time made contact with complementary therapists. There were seven GPs with some training in complementary therapies, six of whom were practising or had practised some form of complementary therapy.

All but one of the GPs (96%) had concerns about the safety of complementary therapies and 84% would like to see complementary therapies being better regulated.

Opinion was mixed regarding whether CAM should be included in the medical curriculum, with 52% in favour and 28% against. Some GPs commented that 'education' rather than 'training' would be appropriate.

## Discussion

### *Use of complementary medicine by patients*

More than two-thirds of patients attending three different practices in Wanganui use complementary or alternative medicine at times when they are unwell. Estimates of usage of CAM around the world vary from about 30% in the United Kingdom<sup>3</sup> to 50% in Australia<sup>4</sup> and 67.6% in the United States.<sup>5</sup> GPs in Wanganui tend to underestimate their patients' use of CAM and may not be asking patients specifically about this.

The reasons for the popularity of complementary medicines are complex according to E. Ernst, Director of the Department of Complementary Medicine, University of Exeter, UK: *'They change with time and space, they may vary from therapy to therapy and they are different*

*from one individual to another.'*<sup>6</sup> Medical historian, the late Roy Porter, on the subject of CAM concluded, *'As with cars, careers or sexual partners, it has become the done thing to shop around for healing, whether in desperation, as an exercise of the power of the purse, or as part of an odyssey of life.'*<sup>7</sup> Ursula Sharma in the UK<sup>1</sup> found that the majority of users of complementary therapies in her study were fe-

male, middle-aged and affluent. In the Wanganui study it was not possible to analyse the data according to age and gender as significant numbers of patients did not indicate their age or gender. Women were better represented in the survey than men, but this may reflect the higher rate of use of GP services by women.

### *Patient willingness to speak to their general practitioner*

Ursula Sharma in the UK<sup>1</sup> and Jonas<sup>8</sup> and Cassileth<sup>9</sup> in the USA have found that a minority of patients (around 30%) will tell their GP about their use of CAM. Reasons for not telling the GP include:

- Difficulty talking to the doctor;
- Lack of interest on the part of the doctor;
- Fear of disapproval or ridicule;
- Loyalty to the doctor and fear of upsetting him/her;
- Guilt at lack of improvement;
- Fear of compromising future care within the health service.

Interestingly, only 6.7% of the Wanganui patients in the survey felt unable to talk to their doctor about CAM.

### *General practitioners' attitudes to CAM*

A popular stereotype persists that doctors are prejudiced against complementary therapies.<sup>10</sup> This belief

may be why so many users of complementary therapies fail to inform their GP that they are doing so. A number of studies have looked at whether doctors' views really do conform to this stereotype. Almost without exception such surveys

have shown that doctors keep an open mind on the subject. Most GPs in the Wanganui study do refer patients to complementary practitioners and a surprisingly high number (24%)

practise or have practised a therapy themselves.

In a SW Thames study<sup>10</sup> where 93% of GPs had, on at least one occasion, suggested a referral for alternative treatment, GPs have been found to have a higher level of interest in complementary therapies than hospital doctors. Doctors' attitudes to complementary therapies in the USA are related to gender, age, ethnicity and place of training.<sup>11</sup> There was no clear distinction in Wanganui, as a significant number of GPs did not respond to questions about gender and year of graduation.

### *General practitioners' attitudes to particular therapies*

Verhoef and Sutherland in Canada concluded that although particular countries may have their favourite therapy, a worldwide trend exists.<sup>12</sup> In a worldwide meta analysis Ernst, Resch and White<sup>13</sup> find that manipulative therapies (chiropractic and osteopathic), acupuncture and homeopathy were believed by physicians to be the most useful and/or effective forms of CAM therapy. Similarly, Wanganui GPs rated acupuncture and chiropractic as their favourite alternative treatments. Similarly in Australia there is widespread acceptance of acupuncture, meditation, hypnosis and chiro-

## The perception of safety of complementary therapies exists alongside a growing awareness of potential harm from some remedies



practic by GPs and lesser acceptance of other therapies.<sup>4</sup>

### ***General practitioners' involvement in CAM***

Estimates of practise of CAM by GPs vary from around 16% in Canada and the UK to 30% in New Zealand, 47% in Holland (mainly homeopathy) and 85% in Germany (mainly herbal medicine).<sup>1</sup> At least 15% of Australian GPs practise acupuncture, the only non-orthodox therapy funded by Medicare.<sup>4</sup>

Two previous surveys on GPs' attitudes towards CAM have been done in New Zealand. In the Wellington/Hutt area 24% of the GP respondents had trained in a complementary therapy and 54% wanted further training. Most (94%) were familiar with local alternative therapists. Seventy-seven per cent referred to medically qualified alternative practitioners and 80% to non-medical practitioners. Acupuncture, chiropractic and hypnosis were the most popular therapies.<sup>14</sup>

In a 1989 survey of Auckland GPs, 30% indicated that they practised some form of alternative medicine. Acupuncture was the most commonly practised therapy and musculoskeletal disorders were the most frequently treated conditions. Two-thirds of GPs referred patients to one or more form of alternative therapy. Younger doctors had a higher referral rate.<sup>15</sup>

Why does this interest in CAM exist amongst doctors? British researchers De Marco et al.<sup>16</sup> demonstrated that patient pressure is a significant factor in medical referrals.

Perry and Dowrick<sup>17</sup> reported that GPs in their survey were prepared to endorse and use a wide range of therapies in spite of little knowledge

of their content, effectiveness or theoretical basis. In spite of the culture of evidence-based practice, (which is strongly advocated by the New Zealand Medical Council in relation to doctors practising CAM), it seems that GPs are prepared to tolerate high levels of uncertainty. Indeed some studies show that scientific evidence does not appear to be the basis for physicians' endorsement of CAM.<sup>18</sup> Some CAM therapies are considered to have a strong placebo effect. Ernst, Resch and White<sup>13</sup> suggest that this is due to a number of factors such as empathy, amount of time spent with one patient, and individualisation of treatment.

### **Identifying users of CAM is important so that patients' health care behaviour and expectations can be explored, and any risks minimised**

Moreover, GPs manage patients with chronic illnesses that do not often have conventional solutions and this, combined with patient pressure, may render them more receptive to a trial of CAM therapies. Pirotta et al. assert that in some situations GPs may judge CAM to be appropriate in terms of cost, availability, safety, efficacy and acceptability to the patient.<sup>4</sup>

### ***Doctors' concerns about CAM***

At the same time many doctors have reservations about the use of complementary medicines. These include:<sup>19</sup>

- Patients may see unqualified practitioners;
- Patients may risk missed or delayed diagnosis;
- Patients may stop or refuse effective conventional treatments;
- Patients may waste money on ineffective treatments;
- Patients may experience dangerous adverse effects from treatment;
- The mechanism of some complementary treatments is so implausible they cannot possibly work.

Jonas in the USA presents three kinds of risks in the use of CAM:<sup>8</sup>

## **Key Points**

- Of the patients in all three practices, 67.1% had at some time used complementary therapies.
- 64.4% of patients acknowledged that there could be side effects to complementary medicines and the majority were aware that there could be interactions between orthodox and complementary therapies.
- GPs rated acupuncture, chiropractic and hypnosis as helpful, hypnosis, homeopathy and aromatherapy as possibly helpful and iridology, colour therapy and reflexology as unhelpful.
- All but one of the GPs (96%) had concerns about the safety of complementary therapies and 84% would like to see complementary therapies being better regulated.
- Most GPs in the Wanganui study do refer patients to complementary practitioners and a surprisingly high number (24%) practise or have practised a therapy themselves.

- Risks relating to the quality of care (registration, monitoring);
- Risks involving the quality of products (variation in quality, content, safety, efficacy);
- Risks involving the quality of science (anecdote rather than evidence).

Identifying users of CAM is thus important so that patients' health care behaviour and expectations can be explored, and any risks minimised. Of particular concern to doctors are stopping of asthma or anticonvulsant medication, withholding immunisation and antibiotics and some dietary therapies. Patients can be helped to

choose a reputable therapist, and doctors can become familiar with the more commonly used complementary therapies, and those for which there is evidence of benefit. Better labelling and toxicity data on alternative products would help consumers to make informed choices.

### Regulation, safety and standards

It was interesting that both patients and GPs in Wanganui would like to see greater regulation of complementary therapies. Currently in New Zealand regulation of the whole area of complementary medicine is very light. Tighter control of dietary supplements and herbal remedies may take place if New Zealand follows Australia's lead. In the United Kingdom a House of Lords Select Committee made clear recommendations about which therapies could be included within the National Health Service and which required further evaluation. In New Zealand a Ministerial Advisory Committee was set up in 2000 to advise the Minister of Health in the area of regulation and integration of complementary and alternative medicine.

In 1999 the Ministry of Health drew up a document entitled *Standards for Traditional Maori Healing* outlining codes of practice and such issues as record-keeping, referrals, rights and responsibilities, protection of medicines, preparation, storage, dispensing, labelling and supervision of collection and preparation. There is no obligation at this point in time for Maori healers to be registered or accredited.

The Medical Council of New Zealand has issued guidelines for doctors who choose to practise 'complementary/alternative or unconventional medicine'. The guidelines constrain doctors to practise evidence-based medicine and to make sure that patients are kept fully informed at all times. Doctors are discouraged from using any therapy for which there is insufficient proof of efficacy. Doctors are advised to adhere to the same standards that they would in orthodox practice.

### Conclusion

The majority of patients in three Wanganui practices are using complementary/alternative medicines at times, with or without the knowledge of their general practitioners. This reflects a world trend. Ease of access, cost, anecdotal evidence of efficacy and previous experience of benefit take precedence over safety in their use of CAM.

Patients and GPs acknowledge that CAM may have side effects and interactions. Patients would like their GPs to know more about CAM and a significant number of GPs feel that some education in CAM should be included in the medical curriculum.

Rongoa Maori is widely used by patients in Wanganui, but GPs know little about it. GPs have concerns about the safety of CAM and both patients and GPs would like to see greater regulation of CAM. Patients are willing to talk to their GPs about their use of CAM provided the GPs are prepared to listen with a non-judgmental attitude.

**In spite of the culture of evidence-based practice...it seems that GPs are prepared to tolerate high levels of uncertainty**

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