COMPLEMENTARY
AND
ALTERNATIVE MEDICINE

Bridging Cultural Gaps: Alternative Belief Systems

An Interview Vignette on Communicating About Alternative Medicine

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Attn: Chris Pallozola, Executive Director • 16020 Swingley Ridge Road, Suite 300
Chesterfield, MO 63017 • 636-449-5080 • chris@AACHonline.org

*Editor's Note: We thank AACH for allowing us to once again reprint this interview vignette – one of several posted on the AACH Web site, **www.AACHonline.org**. Our first reprinting of it was in volume 3 number 2 of this publication.*

You are seeing a 35 year old woman for her monthly appointment. She has had SLE for 10 years, with current SLE activity restricted to arthritis and rash. Last month you started her on Plaquenil and Naprosyn for the arthritis. She had vasculitis in the past, and takes Coumadin for a DVT 3 months ago.

Doctor: "Hello, Mrs. Johnson. How have you been?"

Mrs. Johnson: "Actually, Doctor, I've been doing better since you started those medicines last month."

Doctor: "That's reassuring. I was concerned that we would have to start methotrexate on this visit."

Mrs. Johnson: "Doctor, I'm glad you brought that up. My naturopath told me that some of these medications affect my immune system and aren't good for me."

The best response would be:

A. "Well, Mrs. Johnson, the philosophy and science of naturopathy and internal medicine sometimes conflict. If it makes you uncomfortable to see both of us, perhaps you should decide which approach you'd like to take. Frankly, I don't think your naturopath can help you much with the lupus.

B. "To be honest, these medications are effective, but that effectiveness does come with some risks."

C. "It sounds like you're having difficulty assimilating information from different health practitioners. That's not uncommon. Shall we talk about it?"

D. "We should talk about your concerns. And I'm concerned about possible drug interactions, so can you tell me whether your naturopath ever prescribed any medications, perhaps to boost your immune function?"

Learning Point: Patients may see both an allopathic physician and an alternative (complementary) provider. This common practice raises a management challenge, since medications prescribed by different practitioners may interact. It is also a communication challenge, as most patients worry about potential negative conversations or judgments if they tell their MD.

Correct Answer: "D" both opens a dialogue about the patient's dilemma and addresses the important possibility that the naturopath may prescribe medications that could interact with those prescribed by her internist. "A" declines to collaborate with alternative practitioners, ignoring the reality that many patients see them. If we deprecate such practitioners, our patients will never disclose this information to us. "B" is an honest response but avoids the issue of alternative healthcare. "C" is supportive, but misses the possibility of a drug interaction.□

Talking CAM With Your Patients: Why, How, Resources

Safety and the appropriate management of care are the main reasons given when describing why doctors should ask whether their patients are using, or thinking of using, CAM treatments or products. Another, important reason – noted by Verhoef et al in "Talking to cancer patients about complementary therapies: is it the physician's responsibility?" – is that it helps physicians understand where their patients are coming from and, ultimately, helps to establish trust in the relationship.[1]

Verhoef et al outline several approaches to talking about CAM, with overlapping features that begin with the importance of doctors raising the question of CAM use in a way that invites conversation. As indicated in Table I of their article, this might mean asking patients: *What else are you doing to help with your _______?*; or, if something they say leads you to think they may be considering or using CAM, you might say: *Many of my patients are trying complementary medicine. Are you thinking about that, or trying any?* In talking with your patients about CAM, it is important to avoid using negative labels. And while you should be nonjudgmental with respect to your patients' interest in CAM, you should not hesitate to share any reliable information you have - including information about a proven lack of effectiveness of a particular practice or product. Similarly, you should also tell them when there is a lack of reliable information. Key points to remember when talking to your patients about CAM are: you want to learn the beliefs and values, fears and hopes that are driving your patients and support their need to get answers; you can be frank about your level of understanding or knowledge about CAM; and you should let them know whether or not you are willing to work within their belief systems. These and more tips can be found in the article by Verhoef et al.

Other resources include a series of videos, which can be found at **www.mdanderson.org**. Search for "Managing Difficult Communications" and then scroll down to "Talking with Patients about Complementary Therapies." Most of the videos in this series, which is accredited for CMEs, are no more than six minutes in length, with the longest having a runtime of 33 minutes. Another source of communication tips, offered by the American Academy of Family Physicians can be found at **www.aafp.org**. Search for 'Complementary and Alternative Medicine: A Primer.' To build your knowledge of CAM practices and evidence-based information, useful links can be found at **www.bccancer.bc.ca**. Search for 'CAMEO;' scroll down to 'Research' category; click on 'Complementary Medicine Education & Outcomes Program (CAMEO);' then click on 'Useful Links' in the column on left. Remember, if CAM really is here to stay, providing the best possible care to your patients calls for you to learn more about CAM and to talk with your patients about it.□

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[1] See **www.current-oncology.com/index.php/oncology/article/viewfile/279/244**

BOOK REVIEW

Talking with Patients about the Personal Impact of Illness – The Doctor's Role

Written by Lenore M. Buckley • Reviewed by Margaret L. Gagnon

As I read a book, I often underline or make notations in the margins to capture information that I want to remember. In scanning the pages and margins of this book to write this review, I was amazed when I realized how many areas I had highlighted throughout the entire book. That, in and of itself, sent me a strong message about this book – its importance, its relevance and its practical use as a reference tool.

I believe this book has the potential to change the landscape of how physicians and patients relate to each other in today's hurried world. In some ways, it is reflective of a gone by era, when physicians had the time to know the whole family—as counselor, healer and friend. It gives voice and insight as to how important it is for physicians to embody the treatment of the "whole" patient by acknowledging the interplay of the mental, emotional, social, spiritual, as well as the physical aspect of the patients under their care. Its credibility is enhanced by the multiple quotes and examples of physicians who have lived the patient role themselves.

Section 1 of the book clearly speaks to the impact of illness on the individual and the need to recognize how it affects self-esteem, self-image, personal appearance, and even one's identity. Often with serious and or chronic illness, patients will experience a host of emotional responses such as fear, anger, anxiety, vulnerability, loss of control and even depression. Through abbreviated case examples, the author quickly makes the reader aware of how illness changes life roles at home and at work. However, with the right support and guidance, as well as self-determination, individuals can create a new life based on what they **can do** as opposed to what they have lost.

Section 2 focuses on the doctor's role and the skills they must learn to initiate these difficult conversations. There is a need to listen more than speak, and to understand that the health care system is difficult to navigate for them as well as for patients. It is often frustrating, impersonal and imperfect. Yet, they must overcome these daunting barriers and communicate respect, caring and empathy. For it is through these techniques that we enhance the ability to heal.

This leads to the guidance that the author provides in section 3. Not only does she provide a list of suggested readings but shares a course description for a 4-week seminar that can be used as a template for residents and interns. Most importantly, we should heed the book's overall message: we must not allow processes, systems and the technological world to depersonalize and mechanize our health care system.□

Margaret L. Gagnon, RN, MS, CNS is Executive Director of The Rose Women's Care Service: Community Resource Center, Inc., in Highland, NY. She can be reached at ***rwcscrc@aol.com****.*