

## Disentangling Integrative Medicine

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On both sides of the Atlantic, integrative (or integrated) medicine is the new “buzzword.” Clinics, educational programs, organizations, academic institutions, and medical journals are rapidly adopting the term. In this article, I provide a criticism of the concepts of integrative medicine. In particular, I suggest that the “holistic” approach to complementary/alternative medicine (CAM) should be distinguished from the often unproven therapies these practices use.

The term *integrative medicine* has 2 different meanings. First, it describes a “comprehensive, primary care system that emphasizes wellness and healing of the whole person...as major goals, above and beyond suppression of a specific somatic disease.”<sup>1</sup> Integrative medicine “views patients as whole people with minds and spirits as well as bodies and includes these dimensions into diagnosis and treatment.”<sup>2</sup> Such definitions disclose that integrative medicine is nothing less than good medicine following the ethical imperative to maintain human relationships in health care.<sup>3</sup> In effect, it duplicates holistic health care. One can therefore only join its proponents in hoping that it will indeed turn out to be “the medicine of the new millennium.”<sup>2</sup> Nevertheless, the creation of the term *integrative medicine* also implies that most conventional physicians are incapable of a whole-person approach and think of their patients as malfunctioning elbows, blocked arteries, etc.<sup>4</sup> True, modern medicine tends to neglect the whole-person concept. But this failure, serious as it may be, does not mean that scientific medicine and holism are incompatible opposites. To the contrary, they can complement each other in perfect harmony, and throughout history, physicians have excelled in combining them.<sup>5</sup> Even relatively recent definitions of medicine emphasize its holistic nature.<sup>6</sup> If we want a more holistic approach, we should simply strive to cure modern medicine of its lack of holism. Integrative medicine by its first definition is merely the duplication of concepts that have always been at the heart of medicine. The concepts are essential; the new term, however, is superfluous.

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Perhaps confusingly, there is a second, more widely used, definition of integrative medicine. It also means

the use of different therapies, including both complementary medicine and conventional medicine and different healthcare agencies and practitioners, in a co-coordinated and mutually supportive programme of care for the greatest benefit of the individual patients.<sup>7</sup>

Rees and Weil<sup>2</sup> phrased it a little differently: “practising medicine in a way that selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans....” The logic behind this second concept is rarely explicit. Implicitly, it is based on data demonstrating that large and growing numbers of patients try CAM<sup>8</sup> and that it tends to be used by the privileged (ie, affluent and well-educated) segments of the population.<sup>9</sup> This, proponents say, is an injustice<sup>10</sup>; to create justice, we need an equal distribution of power between the “politically dominant” (ie, conventional medicine)<sup>1</sup> orthodoxy and the suppressed heterodoxy (ie, CAM). Popularity is thus used as a justification for integration: “Given patients’ demands and utilization of CAM therapies, despite the lack of evidence, there is an increasing need to address how CAM therapies can be integrated into conventional medical systems.”<sup>11</sup>

But what about this “lack of evidence”?<sup>11</sup> Can we simply brush it aside? Some CAM modalities are supported by reasonably good evidence, but most have not been investigated adequately to allow firm conclusions, and some seem too implausible to even justify the expenditure of scientific testing.<sup>12</sup> Integrating CAM when it is evidence-based seems logical and necessary. But if we start integrating therapies (complementary or conventional) with uncertain risk-benefit ratios, our health care systems will become more equitable at the expense of becoming less effective and more expensive. Standards would not rise but might fall, because integration of nonsense will almost automatically result in nonsense.

CAM enthusiasts refute this view, citing surveys suggesting that users of CAM feel satisfied with it<sup>13</sup> and insisting that we must give patients a choice.<sup>14,15</sup> However, survey data are not comparable with the results of carefully controlled clinical trials, and patient satisfaction is dramatically different from evidence of a positive risk-benefit

balance.<sup>12</sup> Patients' preferences can be misleading markers of optimal health care—think of patients with claudications craving cigarettes or diabetic patients yearning for sweets.

It is wrong to regard patients as consumers. They lack relevant information. They may not even know they are ill, be poorly informed of available treatments, be reliant on others to understand the diagnosis, and be uncertain about the effectiveness of different medical interventions—all of which places them in a less influential position than consumers of retail goods.<sup>15</sup>

Patients have, of course, the right to choose between treatments, and the primacy of patient choice is well established in our legal systems. This does not mean, however, that health care professionals should encourage untested treatments. As health care professionals, we have an obligation to direct patients' choices toward therapies that have been investigated adequately and have been shown to generate more good than harm; we must "be sure that new treatments are worth while before they are widely introduced...."<sup>16</sup> Our primary goal, therefore, should not be the integration but the rigorous testing of CAM interventions. In this context, initiatives to conduct rigorous CAM trials, like those initiated by the National Institutes of Health National Center for Complementary and Alternative Medicine, are progressive. The prevalent view among proponents of integrative medicine that randomized trials of CAM are inappropriate,<sup>16</sup> however, is regressive. Only after scientific scrutiny should such treatments be considered for use in routine medical practice. Clinicians are only advisers of patients,<sup>6</sup> but responsible advice must be based on sound evidence. If integrative medicine is understood in this way, it becomes synonymous with evidence-based medicine. Again, the term would become superfluous.<sup>17</sup>

In the names of clarity and honesty, the 2 concepts behind integrative medicine, ie, holism and adoption of CAM, should be separated. Subsequently, they could be submitted independently to full critical analyses to determine their worth. Using the obvious value of one concept to

endorse the other creates a smoke screen for promoting unproven treatments without adequate research. Integrative medicine must not become a "carte blanche" for adopting double standards in health care.

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