

**S/A 4071: Social/Cultural Aspects of Health and Illness:**  
**Class 29: Complementary & Alternative Medicine 2**

\* Today we look at health care restructuring in light of alternative approaches to medicine.

**Health & Health Determinants:**

\* WHO (1947): health= a state of complete physical, mental & social well being, not merely the absence of disease & infirmity. Consistent with alternative approaches as goes beyond mere disease state to consider feelings & behaviors.

\* This holistic definition also considers wider determinants of health than traditional medicine (e.g. SES, environment, lifestyles, social support).

\* Yet somewhat idealistic & potentially justifies intrusion of medical “experts” into ever expanding areas in name of “health promotion”

\* This definition has also tended to be ignored in practice by mainstream allopathic medicine, though alternative approaches more sympathetic

**Medicine & the Health Care System:**

\* Medicine is a broad term, includes both alternative & allopathic practice: all persons, procedures & things committed to dealing with health problems & promoting health

\* Health care system includes conventional & alternative medicine, institutions, mechanisms of payment & aspects of government

## **The Conventional Health Care System:**

\* Different assumptions underlie conventional health care & alternative approaches. The conventional approach:

### Emphasizes:

- biological causation
- separation of mind/body
- body=a machine
- fixing broken parts
- science
- efficiency/cost reduction

### Downplays:

- psychosocial aspects of illness
- the person's voice
- alternative approaches
- interpersonal care (esp. since cutbacks/rationalization)

## **Alternative Approaches to Health & Medicine:**

\* These are hard to define given:

- diversity of therapies
- funding variations
- the fact that some are offered by conventional practitioners
- some remedies available over the counter
- extensive use by the public despite traditional allopathic hostility

\* Alternative health care = a diverse, plurality of therapies in 7 categories:

1. Medication (homeopathy, naturopathy & herbal remedies)
2. Manipulation (chiropractic, osteopathy, acupuncture, acupressure, & therapeutic massage)
3. Devices that provide various treatments
4. Mind cures (meditation, visualization)

5. Supernatural cures (“magic”)
6. Folk medicine (traditional Aboriginal or Ayurvedic)
7. Diagnostic techniques (e.g. iridology)

\* Many of these are becoming increasingly conventional & widely used

\* People often pragmatically use alternative & conventional medicine together, not exclusive to one another. This cuts across social categories

\* Alternative approaches ideally tend to be more holistic, treating the individual as a biological, psychological & social whole, also placing a greater emphasis on health promotion.

\* Most widespread alternative practices: chiropractic, naturopathy, midwives, & herbal medicine

\* Specific alternative approaches:

(1) Chiropractic:

- history of antipathy with allopaths, but increasingly legitimated
- widely used & paid for by government health insurance
- professionalized as a limited specialization in the conventional system dealing with neuromuscular problems
- most practitioners “mixers” that recognize causes besides spine

(2) Massage therapy:

- emerging profession increasingly prescribed by conventional practitioners
- regulated & paid for under some health plans
- potential to also become a limited specialty

### (3) Naturopathy:

- focuses on uniqueness of individual/illness
- emphasizes healing power of nature
- utilize eclectic treatments such as diet, nutrition, lifestyle counseling, vitamins, herbs, homeopathy, acupuncture, physiotherapy, hydrotherapy, etc.
- growing in Canada, licensed in several provinces & paid for in B.C. Yet, may be overtaken as allopaths move in same direction

### (4) Homeopathy:

- utilizes natural remedies producing similar symptoms to illness (“like cures like”)
- utilized by other alternative practitioners
- some remedies available over the counter

### (5) Herbal remedies:

- a substantial, growing industry, increasingly entered by drug industry
- much concern over unsubstantiated claims, product safety, side effects & unwarranted usage
- once science used to evaluate in same way as drugs, these become indistinguishable from drugs (i.e. no longer alternative)
- Federal government has begun regulation through Health Canada, encouraging such convergence

### (5) Midwifery:

- a more personal, holistic & empowering approach to birthing
- has a long history, marginalized in 20<sup>th</sup> century, but making a comeback (legal recognition in many provinces)

- legitimization/professionalization may undercut claims to being an alternative approach. If integrated into conventional system, could they be co-opted?

(6) Acupuncture:

- a component of traditional Chinese medicine
- increasingly incorporated into conventional model

(7) Aboriginal traditional medicine:

- focuses on holistic healing using herbal remedies, listening & talking, loving & accepting with humility, respect & humor
- emphasis on harmony with one's environment & community
- not necessarily antithetical to conventional medicine

### **The Use of Alternative Health Care:**

\* 1997 Fraser Institute-Angus Reid Poll: 73% of Canadians had used at least one alternative therapy. Most common (in descending order): chiropractic, relaxation techniques, massage, prayer, herbal therapies, special diets, folk remedies, acupuncture, yoga, homeopathy, lifestyle diet, & self-help groups. 40% added that such costs should be covered by medicare.

\* 1997 CTV-Angus Reid Poll: 42% of Canadians had used alternative health care (most commonly chiropractic, herbology, acupuncture & homeopathy). Almost half of users had started within past 5 years. 70% of respondents said medicare should cover costs. 66% felt governments should advocate alternative medicines to reduce health costs. 67%, however, also felt regulation necessary to ensure safety & efficacy.

## **Health Care Restructuring & Alternative Health Care:**

- \* While alternative therapies often criticized for anecdotal support, many conventional therapies themselves lack clear, consistent scientific evidence. Even those that do work may not for certain individuals, or result in severe side effects.
- \* Alternative therapists, however, also rely on assumptions
- \* As time goes on, conventional medicine is becoming more in tune with individualized treatment & the complex interplay of biological, psychological, & sociological factors impacting health.
- \* Alternative & conventional medicine becoming more similar in that:
  - they seek effective therapies tailored to patient
  - they seek proof of efficacy
  - they emphasize a holistic approach
  - they promote wellness in addition to treating illness
- \* Health care in Canada is becoming increasingly pluralistic as a result of both consumer demand & integration of philosophies/practices across the conventional/alternative divide (e.g. conventional medicine “stealing the fire” of alternative approaches)
- \* Meanwhile, alternative practitioners are attempting to professionalize, become legitimated, etc. Recognition in legislation adds to this. Many willing to exchange increased regulation for recognition (though funding doesn't necessarily follow)
- \* This convergence/increasing acceptance/breakdown of old hostilities makes it harder & harder to distinguish alternative approaches as time goes on (even more so specific varieties).

\* Umbrella legislation in Ontario & Alberta places many health professions (including many once considered “alternative”) on equal footing. Could this be an attempt to put pressure on/undermine the power of allopathic practitioners in an era of escalating costs?

\* Are we headed towards an increasingly integrated system, or a serious power struggle in health care?