

Complementary Therapies

Name: Iram Shezadi

Student ID: 1807072

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Lecturer's Name: Mark Gallagher-Read

Complementary therapies, also known as alternative medicine, is a name given to a health care system that takes part mostly outside of mainstream, popular medicine. In the 1980s it was described as the growth industry of that decade, as well as being predicted to be even more popular in the coming years (Downer, Cody, McCluskey, Wilson, Arnott, Lister, and Slevin, 1994). It is estimated that the sector of complementary therapy is quickly expanding in the UK, with 1.6 billion pounds per year, 60,000 practitioners and around 5 million patients (Budd and Mills, 2000).

There are many different types of complementary therapy, for example acupuncture, a Chinese technique where needles are put into points on your body, gently, where they affect your nerve impulses (<https://www.mayoclinic.org>). One main reason behind the use of acupuncture, is to solve the issue of chronic knee pain, a significant problem that affects approximately a quarter of people past the age of 55, which restricts over half of them from part taking in normal daily activities (McAlindon, Cooper, Kirwan and Dieppe, 1992). Acupuncture is known to be a very safe form of complementary therapy, when it is practiced by trained practitioners, which means it can be considered to be an evidence-based option to manage patients (Vincent, 2001).

Another popular type of complementary therapy is herbal medicine. This is where natural, active ingredients are used in their natural form, to treat overall wellbeing (<https://www.nhs.uk>). Modern Western herbalism has come to an agreement that herbs have a general positive effect on an individual's body system. Examples for this are for their anti-inflammatory properties, as well as antispasmodic properties (Vickers, Zollman and Lee, 2001). However, there are many worries surrounding the field of herbal medicine. This is due to the fact that, some herbs remain untested with no frequent monitoring of their function (Ekor, 2014). This therefore means that common knowledge of the safety of most products is compromised due inadequate labelling, limited quality controls and the lack of patient information (Raynor, Dickinson, Knapp, Long and Nicolson, 2011).

There are many regulations and registrations of complementary therapists used in the United Kingdom, including statutory legislations and voluntary self-regulations. Regulations are rules or principles, with or without the power of law, which are put in place to control or manage a system or organisation (<http://www.businessdictionary.com>). Statutory regulation refers to professions that have to be officially registered with a professional regulatory body by law. On the other hand, voluntary self-regulation is when a profession does not act according to an Act of Law. There are many differences between these two types of regulations for example when it comes to statutory regulations, the employers have to check if the individual is registered with a good regulated body of law, which would make them fit and licensed enough to practise in the chosen field before they begin work with clients (<https://www.nhsemployers.org>). However, in voluntary self-regulations, the regulations can be enforced by any appropriate body within a sector but will normally come from a membership body (<https://www.nationalparalegals.co.uk/>).

Ethical factors are very important when it comes to the topic of complementary therapies and alternative medicine. There are several ethical guidelines that practitioners of complementary therapies must follow. An example of these is that they must follow the law of the country they practice in, information regarding the client and their situation has to remain private between the two, as well as the beliefs and views of clients have to be respected in all circumstances. The General Regulatory Council for Complementary Therapies (GRCCT), have also made it clear that practitioners must also not treat a client beyond their capability and training and their professional knowledge, in order to not exploit the patient (<http://www.grcct.org>). There are also some ethical issues that have been a concern in the field of complementary therapy. An example of this, is the problem of autonomy. Autonomy is when the decisions of all parties involved in the process of therapy, is respected. However, complementary medicine uses many treatments and techniques that have been proven to be sometimes ineffective. This means that many professional doctors may be against these strategies, even if some patients may still want to try them. An ethical issue may then arise, from the fact that all the people involved, like the patient, the practitioner and the physician may not agree, causing friction between them (Ernst, 1996). Another ethical issue that has been a concern for this field of medicine, is how some patients may be misled. The Royal Pharmaceutical Society of Great Britain explains how pharmacists in the UK have to help their clients to make informed decisions that will benefit them by giving them the right information (Royal Pharmaceutical Society of Great Britain, 2007) However, many UK pharmacists give misleading information to their patients, that may lead to the clients being persuaded to abandon their beliefs and their opinions, resulting in practitioners failing to inform their patients on decisions that will benefit them (Ernst E, 2008).

In order to avoid any of these ethical problems from being created it is very important for therapists to be outspoken about the benefits or even the harm that can come from the work of complementary therapy. Therapist must give each client extensive research on their decisions, that will help them understand if they will face any problems along their journey, as well as the good implications that will come from their decision to help them feel more confident in their choices. Rigorous research is also needed to fill in the gaps of knowledge that are present in modern alternative therapy, in order to avoid any risks in the future. The problem of malpractice is also a huge significant problem is CAM, especially when it is not regulated. In order to try to overcome this problem there needs to be more training and courses, that take place quite often, to maintain the safety of all individuals involved in the matter. It is also quite essential that professional standards of practice need to be adopted into complementary therapy to avoid mistakes and harm to members of the public. This involves not intent of deceiving clients, making false representations, as well as ever claiming to be registered if you are not.

One downside of complementary therapy is that it is hard to regulate due to the limited research in the field. One of the main reasons for this is due to the lack of funding. In 1995, only 0.08% of research funds from the NHS was spent on complementary therapy. This is because of the fact that many funding organisations are reluctant to give grants for research (Zollman and Vickers, 1999). Another reason is because complementary practitioners also usually don't have the skills for research, and usually have little to no training in evaluation and analysis of existing research. It can also be said that another reason why there is a lack of funding is because there is a lack of resources. This is from the limited access of computers and facilities in libraries, but also from official statistics and research grants. It is also shown how the evidence that is already present for complementary therapy is flimsy and not researched to high levels. The obvious lack of good quality research, is seen to be absent in some of the new EU members, with a significant problem is eastern Europe countries (<https://www.theguardian.com>). In order to improve the standards of CAM, good quality research

that is safe and evidence base should be available throughout European countries, to ensure patients and clients are not harmed during the process.

The UK and the USA have two different approaches when it comes to the field of complementary therapies. Surveys have shown that approximately one third of the UK population (Ernst, 1996) and only slightly more in the USA (Kuhn, 1999) have used complementary therapies like herbal medicines and acupuncture (Hill, 2003). In 1999, Simon Mills and Sarah Budd conducted a study for the Department of Health of the organisation of CAM bodies in the UK. It examined how many people were working with complementary therapists. The results showed how there are almost 50,000 CAM practitioners, and up to 5 million patients have consulted a CAM practitioner in 1 year. It was made clear that herbal medicines, aromatherapy and homeopathy were the most popular reasons patients used complementary therapy. However, surveys conducted in the USA showed how the American population had completely different reasons for using CAM. The most popular reasons were to help injuries or painful conditions, because they like it or it feels relaxing, as well as using it as a preventative measure. Another difference between the UK and USA legislations is that in the United Kingdom the common law right to choose your own treatment for illness has been constrained by law (Stone and Matthews, 1996). This means it is legal for practitioners to label themselves up in a variety of healthcare professions, if they don't claim to be officially registered, and don't take it upon themselves to practice protected fields like midwifery and dentistry, as well as supplying prescriptions and supplying medicine. The difference between the UK, USA and even some European countries, is that a few healthcare activities are allowed without authorisation from the state. Some herbalists and acupuncturists have faced severe punishment, like being arrested, for practising without medical qualifications.

The current world of complementary therapy is very unregulated as there is a lack of regulation to set standards, leading to many professional bodies having to set themselves up with a view to self-regulating the profession (<https://www.therapy-directory.org.uk>). A professional body is there to support the profession and the person who practices in the field and advises them how to develop (<https://www.rccm.org.uk>). Even though the practitioners have no legal obligation to register with any one of these bodies, they do get many benefits if they choose to. If they go ahead with registering with the body, they will be under a specific set of requirements set by the organisation and will also have to follow a set code of ethics. There are many things that membership bodies provide for therapists. An example of this is how complementary therapists are able to develop their career and find more success through their training and courses. A reason for this is because therapists who are registered have certain qualifications that make sure they practice in the field to a certain high standard. Membership bodies provide many different things for members of the public, for example improvement in lifestyle. For example, practitioners registered with CNHC are committed to improving the diet and nutrition of their clients, by supporting them to give up smoking, improving sleep and managing pain and stress (<https://www.cnhc.org.uk>). Another benefit to the public is that they are able to comfortably see the therapist, as they are sure that the therapists will bring no harm to them, due to the high standards needed.

However, the same may not be said for unregulated CAMs. In the UK there is no statutory professional regulation of any CAM practitioner. This means that anyone in the UK is legally able to call themselves a homeopath and practice homeopathy on patients. This can be very unsafe and dangerous as this can be done without any experience, history or training, as well as the practitioners having no requirements to work alongside any standards of practice. This is a huge disadvantage to the members of the public because as well as putting them in danger, they also have no special legal rights that stretch beyond normal criminal law, if they have a complaint about treatment they have received.

Complementary therapy has been very important in helping patients with many different medical issues. One issue that has been helped by CAMs is cancer. The reason behind the use of CAMs for cancer was to try to provide relief for the patients. This was to be done through promoting health and well-being, relief from treatment adverse effects as well as trying to give an escape from any cancer related symptoms (Kim, Park, Park, Hahm, Lim and Choi, 2007). There are many different types of complementary therapies that have been used for patients with cancer, meditation being one of the most popular. The reason for this is due to the fact that meditation is a mind-body technique that has allowed cancer patients to find relaxation in a time of their life that can be heavily stressful (Tacón, (2003). This is because mind-body therapies primarily focus on the bodily interactions with the mind, brain and behaviour to improve body's functions and symptoms (Hassed, 2013). These types of techniques are preferred by patients, as they are usually inexpensive, and can be performed independently in the comfort of their own home. They also help to improve the state of mind, reduce stress and uneasiness and increase confidence in the client (Kwekkeboom, Cherwin, Lee and Wanta, 2010).

There are many recommendations that can be implemented into the field of complementary therapy to help improve the situation for both the therapist and the public. One significant recommendation to improve the credibility of complementary therapy, would be to make sure training is regulated more frequently. This will mean that there will be a higher chance of practitioners safely treating their patients, through having the necessary skills needed to carry out their role to the best of their ability. In order to allow training to be regulated over a frequent period, there will need to be continued courses, either through short courses of correspondence courses, as well as the completion of clinical training. The completion of clinical training will be a benefit to members of the public as it means that their healthcare professionals will be able to be prepared for any challenges they face, and can give support and assistance to any patient when it is required. I also recommend that more countries require a large majority of practitioners to hold or obtain a license as a condition to practice. Licences should only be handed to qualified individuals who have passed a special licensing exam, unlike certain countries where automatic registration is allowed. This will make sure that members of the public are protected against harm, which will put their mind at ease if a problem occurs. This is because one of the most important functions of a licence is that a client who has been mistreated or dealt with inappropriately by a therapist, is able to have a clear legal recourse against the practitioner. In order to maintain high standards in this field, there should be annual re-licensing, which will further increase the safety of the public. There should also be consequences for practitioners if they fail to practice whilst being registered. In order to help the public to be more informed on the qualifications of each therapist and their membership bodies an online service provider or browser can be created. This should be full of information on every registered practitioner, from the membership body they are with, to the qualifications they have to be able to practice. It can also act as a way for all therapists to communicate, in order to help each other make the best decisions for their clients.

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