COMPLEMENTARY MEDICINE, SOCIAL CHANGE, AND THE FUTURE OF HEALTH CARE

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1 Introduction ......................................................................................................................... 3
2 Health Care Reform: The need and the opportunity .............................................................. 3
3 Complementary Medicine - A catalyst for change ............................................................... 5
4 Complementary Medicine: The Issues and the Current Debate ......................................... 7
   4.1 Evaluation ......................................................................................................................... 7
   4.2 Integration ......................................................................................................................... 7
   4.3 Regulation ......................................................................................................................... 8
   4.4 Insurance ......................................................................................................................... 8
   4.5 Education ........................................................................................................................ 8
5 Restraining Forces ............................................................................................................... 9
   5.1 Polarization ..................................................................................................................... 9
   5.2 Cooptation ...................................................................................................................... 10
   5.3 Resistance to change ...................................................................................................... 10
6 Shaping Social Choice and the Future of Health Care ......................................................... 12
   6.1 Individual decisions and social choice .......................................................................... 12
   6.2 Citizens .......................................................................................................................... 12
   6.3 Consumers .................................................................................................................... 12
   6.4 Patients .......................................................................................................................... 12
   6.5 Parents ........................................................................................................................... 13
   6.6 Employees ..................................................................................................................... 13
   6.7 Employers ..................................................................................................................... 13
   6.8 Adult children ................................................................................................................. 13
   6.9 Colleagues and neighbours ........................................................................................... 13
   6.10 Bottom line .................................................................................................................. 13
7 Six Conceptual Distinctions ................................................................................................. 14
   7.1 Acute conditions and chronic conditions ....................................................................... 14
   7.2 Curing and healing ......................................................................................................... 14
   7.3 Universality and freedom of choice .............................................................................. 15
   7.4 Incremental and transformational change ...................................................................... 16
1 Introduction

Thank you for the opportunity to be here with you tonight.

The Citizens for Choice group is a great example of democracy in action, and so I’d like to start by applauding the efforts of all of you for supporting greater citizen participation in the reshaping of our health care system, and particularly to the directors, who have donated their time and energy to keep this group alive over the past year.

At a meeting of this group roughly a year ago, somebody suggested broadening the agenda from an exclusive focus on chelation therapy, to look at the role of complementary therapies more generally.

Tonight I’d like to extend and build upon that idea, and I really come to you with three messages.

The first is to suggest ways in which you can exercise freedom of choice and in so doing to help shape the future of health care.

The second message is to emphasize the role of education and particularly of self-education, in helping develop a balanced view of some very complex issues, and in so doing, to be able to exercise not only choice, but informed choice.

And without wanting to intentionally muddy the waters, I would just note that complementary medicine is happening now in a very big way, and as it begins to enter our health care system, I think there a number of both opportunities and pitfalls, of which you may want to be aware, so that we can try not to fall into some of the traps that may lie before us.

Finally, the third part of my message involves taking a balanced view, and a view which sees a place for both conventional and complementary therapies in our system, and avoids polarization and other forms of fanaticism, which sometimes tend to creep into these very emotionally charged health-related issues.

On a personal note, I have certainly had my own ups and downs with both conventional and complementary therapies, and I like to think that I’ve come to a balanced position in my old age, but then again I may be wrong.

The talk has been organized around about six issues, which I will just briefly mention here.

They are, in order of discussion, health reform and the opportunity that it represents, complementary medicine and the current issues, barriers and obstacles to change, personal and social choices, the future of health care, and finally, a brief summary.

2 Health Care Reform: The need and the opportunity

Public sentiment.
At a focus group recently I asked the group for words they would use to describe public sentiment towards the health care system, and there was both bad news and good news.

The bad news is that the words that came up were words like fear, mistrust, anger, and dissatisfaction.

The good news is that there is a very, very clear perceived need for change right now among virtually all stakeholders of the health care system, particularly the general public.

It was also interesting that different individuals had very different views of what was the problem.

Some people saw it as a problem of funding, some saw it as a problem of approaches to healing.

Some saw it as a problem of determinance of health, and we may come back to that in a minute.

So in the midst of all this confusion, I think there are at least two or three very significant trends and very significant points of certainty.

The first is the wellness model.

This is a model which is currently espoused by health officials not only locally, but really worldwide which emphasizes personal responsibility, self-care and mutual aid prevention, a holistic multi-dimensional definition of health, and great emphasis on social and environmental determinants of health as opposed to medical interventions.

This idea which really has been around, particularly around complementary practitioners for decades if not centuries is currently embraced not only by Health Canada, but also by the United Nations, the World Health Organization, and many other prominent public health institutions.

It reflects the growing widespread recognition that health begins with the individual, the environment, and the community, and in fact the medical system per se has a very, very minor influence on the health of the population on things like mortality, morbidity, quality of life and so forth compared to social and environmental factors.

So again the key point is that the medical profession has a relatively small influence on the health of a population.

This point will become significant when we discuss complementary therapies because most of these therapies embrace the same principles, prevention, self-care, personal responsibility, choice, social and environmental determinants of health that are embraced by the wellness model.

So I think it very significant that the wellness model and complementary therapies are really very much moving in the same direction. I think that's a very, very good sign.
The second really significant event is the choice movement, and again I want to applaud those of you for taking an active role in this movement, and to just underscore that citizens for choice groups are now springing up all over North America, and there really seems to be a very, very significant grassroots for us with tremendous potential to reshape the health care system.

And just a note regarding the opposing group referred to as the skeptics group which are also springing up all over North America.

The third point is that if we again broaden the picture for a minute, the choice movement, complementary medicine, the wellness movement, and so on are all very, very much consistent with a few other trends that are certainly happening all over the Western world, things like voluntary simplicity, multiculturalism, and many others.

I think it's important that we see these health care trends as really part of a worldwide movement at least among the industrialized countries towards simplicity, towards technological minimalism, towards choice, towards pluralism, and so on.

So the upshot of all of this is that we're faced with a fairly complex and uncertain system in which there is a fairly serious crisis of authority.

And so this crisis of authority, all the institutions that we used to look to for the answers is creating on the one hand some stress, some confusion, some anxiety, but on the other hand is also creating this enormous opportunity for change, in particular for each citizen to have a role and a voice in that choice, and really one of the biggest sources to exercise our choice in whom we place our faith, our trust, and where we in fact look for authority.

I will come back to that a few times in terms of just what and where do we find authority in the world today.

3 Complementary Medicine - A catalyst for change

The main point regarding complementary medicine is that it is with us in a very, very big way, and I believe can represent a very significant catalyst for change within the health care system. I'd like to discuss it briefly in terms of prevalence, legitimacy, politics, social significance, and the principles that are embodied in complementary therapies, and suggesting that an integrated health care model represents a very desirable end state.

The prevalence of complementary medicine is really quite astounding.

Statistics for 1990 United States showed one in three Americans having used a form of complementary therapy in the past year.

The figure for Canadians at that time was a little bit lower, at that time it was 20 percent.

Over the past five years, look what's happened.
The most recent Angus Reid poll now shows 40 percent of Canadians having used complementary therapies in the recent past, and of that one of the most significant findings was that the biggest, single age group were the 18-34 year-olds.

So this seems to suggest that there is a new generation that is really growing up in a very, very different set of values and beliefs in terms of what serves them best in health care.

I think that's a very significant finding, in terms of legitimacy and being taken seriously, I think it's clear that complementary medicine is definitely an idea whose time has come.

We're seeing it now in the medical schools, in the World Health Organization, in major research institutions, in research funding, and so forth.

It is also becoming an issue which is reaching the political agenda. One point is that it was politicians who were instrumental, specially US congressmen who were instrumental in getting the funds from congress to found the Office of Complementary and Alternative Medicine as part of the National Institutes of Health in the United States.

Their budget has grown over the last five years from roughly 2 million dollars to roughly 12 million and appears destined to keep growing in the years ahead.

Locally we've seen politicians get involved in some of the local complementary initiatives, and in BC it was interesting when the Tze Chi Institute of Complementary Medicine opened their doors, in their grand opening 12 months ago, one of the 2,00 attendees was the Premier of British Columbia, Glen Clark.

So I think what we have here is a very, very significant social finding, and again we could argue about what it means, but think it's very, very much a part of the de facto health care system from hereon in.

The last point here concerns the principles embodied in health care medicine.

I want to underscore here that a specific therapy and a specific approach to healing normally reflects and embodies and is based upon a set of underlying principles, and that their values, principles, and concepts that underlie many of the complementary therapies, prevention, self-care, simplicity, mutual aid, again are very consistent with the way even conventional health care system people have come to realize the health care system has to evolve.

So I've kind of come to see complementary therapies as a bit of a catalyst for change in the sense that its use is sending very strong signals to the health care establishment of a need for change.

And it's also acting in some sense as a bit of a meca in suggesting ways in which we may need to evolve. I think it's a very significant phenomena.
So as we begin to move toward an integrated health care model which encompasses the best of both conventional and complementary therapies, I think it's becoming clear that complementary therapies will be able to teach us a lot not only in terms of specific therapies, but also may provide guidance in terms of the organization, the funding, the education, the research, and so on, systems that are all part of our health care system, and we're seeing this come into focus in terms of the various debates that are now going on around alternative and complementary medicine, so I'd like to very, very briefly touch on what are those debates and what are the issues.

4 Complementary Medicine: The Issues and the Current Debate

There are currently at least 5 issues which are being widely debated.

These have to do with evaluation, integration, regulation, insurance coverage, and education.

I'd like to discuss these briefly here because an understanding of issues I believe is quite important to be able to make informed choices regarding complementary therapies.

4.1 Evaluation

The first issue concerns evaluation.

The question is how should complementary therapies be evaluated?

More specifically should the same rules of evidence that are ostensibly applied to evaluating biomedical interventions, particularly pharmaceuticals be applied to any or all complementary therapies?

On the one hand, there are the scientific fundamentalists who argue that the most rigid scientific and rigorous scientific methods, specifically randomized control trials should be the only acceptable standard for evaluating any therapy, including complementary therapies.

On the other side you have complementary practitioners and many others who argue that conventional scientific methods are inappropriate for therapies which have a strong psychophysical component.

These people, by the way, are also quick to point out that by the medical establishment's own estimation, the percentage of conventional accepted medical interventions that have met this standard is very small, only about 15 percent.

They also argue that clinical trials are so incredibly expensive that it's a form of research that only the rich drug companies can afford.

So this is a real central issue, the standard of evidence, and it's worth noting here that at least one of the largest complementary research institutions of the world is currently locked in gridlock with the College of Physicians and Surgeons over this precise issue.

4.2 Integration.
The integration question is - where do and where should complementary therapies fit in the health care system?

Once again, we have the medical model which makes us associate treatments with things which happen in doctors' offices and hospitals, and we have the wellness model which suggests that many of these treatments can in fact be things that we do in the home, in the workplace, with our spouses or family, our friends, community, and so on.

It's quite interesting, for example, some of the innovative ways in which massage and other forms of bodywork have been utilized in such unlikely places such as hairdressers and even in the workplace.

And we can begin to conceive of other innovative ways that these therapies might be integrated into our community.

4.3 Regulation

The regulation issue is also a tricky one. There are those who argue for the strictest and most formalized and structured forms of regulation.

And then are those who argue that what we need is less regulation, not more.

A good example of this debate is Reiki, which is a form of energy healing that is usually practiced through the laying on of hands by people who have been trained and initiated by a Reiki master,

There are some in the Reiki community who argue that Reiki is a highly, highly skilled treatment and should be practiced only by certified professional Reiki masters.

Then there are those on the other side who see Reiki more as being almost like social support or prayer, which is something that we would not want to regulate, and which should be freely accessible by everyone.

4.4 Insurance

The next issue insurance is also a tricky one.

On the one hand we have people who would like to see the therapies covered by conventional insurance plans.

On the other hand, there are those who fear bringing complementary therapies into the mainstream true conventional insurance plans would in fact be the first step towards strangling the essential ingredients out of these therapies and destroying the healing power of the therapies in the process.

4.5 Education

The final issue is education.

How and by whom should the public be educated?
What about the education of medical practitioners, what about the education of allied health professionals, who is authorized to educate in this area?

Are conventional forms of medical education and public health education applicable to such psychophysical therapies as energy healing and other forms of psychic and spiritual healing?

Very tricky issue here, and one that’s likely to be a subject of great debate.

So I raise these issues suggesting that they are issues that are not all that difficult to get familiar with and ones that are really going to be quite central in understanding in order to make wise, intelligent and informed choices as we move into the future.

5  **Restraining Forces**

With any proposed change to a health care system, it’s useful to look at both the forces that are acting to promote the change - the enabling forces as well as though forces which are likely to strain or prevent the change.

We’ve already touched on the enabling forces for complementary medicine.

They are things like perceived need for change, dissatisfaction, anger, and so on.

And so it’s worth a brief look for the things we may want to watch out for and that may act as restraining forces, and there are at least three: polarization, cooptation, and resistance to change.

5.1 **Polarization**

Polarization occurs when the members of a group of population divide into and move towards opposite ends of the full political spectrum.

Polarization is directly opposite to the notion of conciliation, balance, integration, and harmony, and generally represents a destructive or non-constructive force.

It's typically associated with fundamentalism, fanaticism, and black-and-white thinking.

Polarization is very common in any situation in which strong, strong emotions are conjured up.

In the case of complementary medicine, polarization is very common and typically takes the form of:

* demonizing of the medical profession by dissatisfied patient,
* ridicule of complementary therapies by members of the medical establishment,
* tendency to see the world in black and white terms,
generalizing about complementary or conventional medicine based on a single experience with a single therapy.

(for example, if one complementary therapy is good then they’re all good, or if a complementary therapy is good for me, then it is good for everybody, and so on)

We cater to this polarization anytime we think in either/or terms.

Notice there is a delicate balance here.

Faith and belief, particularly strong faith and strong belief do affect healing.

So we want to foster strong, positive beliefs concerning a given therapy or treatment system.

But at the same time, we want to avoid the kind of rigid fundamentalist fanaticism about any treatment that can really blind us to the complexity of reality.

And just on a side note, the reality seems to be, and this is borne out more and more by the kind of research that has been done, that most complementary therapies work some of the time for some people for some conditions, and the real trick seems to be to tease out what are those conditions.

So in our awakening to the potential of complementary therapies, let’s be careful not to lose sight of the extraordinary accomplishments of western allopathic medicine, especially in dealing with traumatic injury, infectious disease, and other acute medical conditions.

The real issue is finding the appropriate role for the various treatment systems, both conventional and complementary so that we can develop a health care system that gives us the best of both.

My own experience with polarization began with a scientific worldview, ironically at MIT, holistic, humanistic worldview, experientially, theoretically, empirically, conventionally balanced.

5.2 Cooptation

Cooptation occurs when a dominant group or culture accepts or takes in a smaller or weaker group but only on its own terms.

As complementary therapies begin to show up in curricula of medical schools and become sanctioned parts of mainstream, conventional healthcare systems, many complementary practitioners are concerned that their therapies will be medicalized and professionalized in such a way that the essential healing aspects of them will be lost.

5.3 Resistance to change

Finally, there is resistance to change.

And we can probably divide resistance to change into two kinds.
One is resistance to change based on a very real and valid fear of losing power.

This typically results in turf wars and power struggles and so forth.

The other kind of resistance to change is resistance based on a fear of change itself, not necessarily that there is anything to be lost, simply that change itself is frightening.

So, in conclusion we want to watch out for those three things, polarization, cooptation, and resistance to change.

They are likely to occur again and again and again each time policy decisions are made regarding complementary therapies.
6 Shaping Social Choice and the Future of Health Care

So those issues cooption, polarization, and resistance to change are ones that we are going to see again and again, and ones that will have to be addressed each time we make choices about how the future of our health care system will look.

So in the few minutes remaining, I’d like to talk about that future, about how it is ours to shape, and how we can get the best of both conventional and complementary medicine, and about a couple of conceptual distinctions that I think are going to be real important ones in any future health care scenario.

6.1 Individual decisions and social choice

So first of all individual decisions and social choice.

As individuals we play a number of roles in society, as citizens, consumers, patients, parents, employees, employers, colleagues, adult children, and so on.

And so in each of these roles we make choices and we take actions, and those choices and actions can affect and shape the future.

6.2 Citizens

As citizens we have the ability to vote, to organize, and to make our voices heard in the political process through lobbying and so on.

We can write letters, we can lobby in other ways, we can create dialogue, and we can do many things to bring complementary medicine to the political agenda.

6.3 Consumers

As consumers, we vote with our expenditures, with our dollars, so we can choose to patronize businesses based on their values, based on their consistency with principles that we believe in, based upon the extent to which we feel that they are consistent with the kind of future that we want to shape.

We can support and help the businesses that we believe in, we can help them grow, and we can withdraw our support, and our energy and our dollars from those groups, organizations, and businesses that we feel are impeding or preventing the kind of future we want.

6.4 Patients

As patients we can do many thing.

First of all we can educate ourselves.

We can also be very honest with ourselves about the real underlying causes of our health conditions.
We can decide on whether to go for quick fix approaches or more long-term preventive approaches to our own health.

We can take responsibility and recognize that many of the determinants of our health are things that are within our control.

We can ask intelligent questions of our doctors and other caregivers.

We can form groups and dialogue with other patients to gain better understanding of our specific conditions and how we might deal with them in creative and alternative ways.

6.5 Parents

As parents we can encourage our children to be open minded.

We can acknowledge our own biases and our own ignorance about certain issues, and we can encourage healthy dialogue within our own households about health related issues, acknowledging the complexity and multi-facetedness of many of these issues.

There was a recent article, cover story in *Time* magazine about what to tell your children about marijuana and other soft drugs, just to illustrate that these are complex issues.

6.6 Employees

As employees we can demand that our workplaces are designed in such a way that is consistent with principles of holistic health and wellness.

6.7 Employers

As employers we can take actions to create safe, healthy workplaces that foster health and that foster information about health to be free flowing in the workplace.

6.8 Adult children

As adult children many of us will be in the position of making decisions regarding the care of our aging parents, so we can begin to make choices which are consistent with what we feel is in the best interests of our parents.

6.9 Colleagues and neighbours

As colleagues and neighbours we can create dialogue with each other, such as citizens’ health.

This can be informal or it can even be structured in the form of citizens’ health research information groups, which we pool our resources in collecting and disseminating and sharing information about health-related issues.

6.10 Bottom line

So the bottom line is that we have many, many roles, and in each of these we have many, many actions in which we have discretionary choice, and each of these choices in
itself may be a little thing but if you put them all together this is really the way that social change occurs.

So the bottom line here I think is that there is a lot of power to create change from the small, microscopic many actions by many individuals.

So let's not lose site of where the power in the system lies.

It's not with the medical establishment, it's not with the government, it really is with you, it's with each of us.

7 Six Conceptual Distinctions

Finally, as a last note when we look to the future, I’d like to discuss six conceptual distinctions that I expect to play a major role in any future health care systems.

7.1 Acute conditions and chronic conditions

The first is the distinction between acute conditions and chronic conditions.

As mentioned before the Western scientific medical system has had extraordinary success dealing with many acute conditions, such as traumatic injury and infectious disease.

The problem seems to be that we’ve applied this same structure, processes, and mindset that has been so successful with acute conditions in trying to deal with chronic conditions.

By and large this intent has been largely unsuccessful, and thus it is no coincidence that the vast, vast majority of people who use complementary therapies do so for chronic conditions.

So the distinction is one that may form the basis for the structure of our future health care system.

And we can foresee, for example, a system in which acute conditions were treated by Western methods, chronic methods by complementary methods in largely deinstitutionalized settings, and indeed this is already happening to a large degree.

7.2 Curing and healing

The second distinction is the distinction between curing and healing.

Curing generally is associate with the notion of a very specific condition with a very specific cause that can be eradicated by a very specific treatment agent, usually drugs or surgery.

Curing also tends to imply a restoration to original condition.

We are cured from our ill and therefore regain the healthy condition we had before.
Healing is really quite a different concept because it sees illness rather as something which we need to recover from, rather than something that is leading us forward, and the healing process often moves us to a condition far beyond and different where we were previously.

Healing is not about moving backward, it’s about moving forward, and it’s often about listening to what it is that our bodies and our health conditions are trying to tell us.

Healing is also a whole person phenomena involving physical, emotional, mental, and spiritual dimensions.

A person may continue to have a physical impairment and yet become whole and healed.

Healing has been defined as transitioning towards meaning, connectedness, balance, and wholeness.

It is a much broader concept than to the more narrow view of curing.

Specific and non-specific events

Another distinction is the distinction between specific and non-specific effects.

We are beginning to recognize that most health care interventions involve a combination of interventions that are specific to the presenting complaint, as well as interventions that are non-specific and that really strengthen the entire organism.

So many chronic conditions involve a lack of optimal functioning of the immune system and other of the vital health forces, and so it will help us in understanding and organizing our health care system to recognize many therapies operate not by strengthening a specific part but by strengthening the whole thereby healing the parts.

Examples that come to mind here are Reiki, homeopathy, and social support, all of which appear to work in part by bolstering the immune system and thus increasing the organism’s ability to counteract disease of all forms.

This distinction you see allows us to use these interventions in conjunction with specific interventions, such that overall healing is achieved, so there may be major implications in terms of these non-specific interventions to be used as a catalyst in conjunction with more specific interventions.

7.3 Universality and freedom of choice

The fourth distinction and this is a tricky one is the distinction between the principle of universality and the principle of freedom of choice.

There are those that think universality and freedom of choice are totally compatible, and there are those who perceive a tension or tradeoff between the two.

Certainly on the surface it would seem that if we have universal health care that somehow we have to draw the boundary between what gets included and what doesn’t.
We can’t have absolutely every treatment known to man, every conceivable treatment included in universal health care.

So somewhere along the line we may run into a slight tension between universality and freedom of choice, and various approaches have been proposed for dealing with that.

That final distinction is one that comes from the philosophy of science and the psychology of social change.

7.4 Incremental and transformational change

It is the distinction between incremental change which involves a small piecemeal modification to an existing system and transformational change which involves a rethinking of the fundamental foundational structures, strategies and principles of the system.

Incremental change, by and large is a planned change and tends to happen from the top down.

Change through this process is normally facilitated through conventional communication channels, and conventional structures and processes.

Transformational change which really involves a restructuring and reconceptualization of the entire system is a much more non-linear process.

Transformational change history has shown is generally a bottom up process and often starts with the grassroots.

In fact in periods of transformational change those at the top who are most heavily invested psychologically, financially, emotionally, educationally, cognitively, and so forth, the existing ways of thinking are really the last ones to perceive the change, and really the change happens from the bottom up until those at the tops are really the very last one to get it.

So if you believe, as many of us do, in what we’re really in the midst of right now in the Western industrialized world a fundamental transformational change in our health care system, then the main thing to realize is that every individual, every action and every choice made by every individual - those are the things that are going to make the difference, those are the things that are going to provide the foundations for the new system, and those are the things where the power for choice and the power for change lies.

So I would again applaud you all for your involvement in this and other choice-related movements, I would encourage to take an active role in your own health education, and I would wish all of you the very best in your contribution to reshaping our health care system.

Thank you and good night.