



## Undergraduate teaching of complementary medicine

*Some knowledge of complementary and alternative medicine is essential if we are to support patients in making healthcare choices*

Complementary medicine use is increasing in Australia and other developed countries, with nearly 50% of Australians taking a complementary therapy in any one year and an increasing number of doctors prescribing these forms of treatment.<sup>1</sup> With this widespread use, it seems rational for the medical practitioners of tomorrow to be provided with some knowledge of complementary therapies, particularly from an evidence-based perspective.<sup>2</sup> There is also significant interest from students and recent graduates in training in this topic.<sup>3</sup> The article by Owen and Lewith in this issue of the *Journal* (page 276) outlines experience in CAM teaching within one of the newer medical schools in the United Kingdom (Southampton).<sup>4</sup> It points out that CAM familiarisation courses are relatively new, but do provide students with a knowledge of complementary therapies and the ability to discuss these with their patients. The use of specific learning objectives provides a rational approach to learning and gives students a benchmark for what they need to know.

It would seem that the teaching of CAM familiarisation in Australian medical schools is still varied. A recent review conducted specifically for this series suggests that there are few dedicated CAM familiarisation courses in Australian medical schools (Associate Professor Alan Bensoussan, Director, Centre for Complementary Medicine Research, University of Western Sydney, personal communication). Some Australian medical schools are in the process of revising their curricula, with several considering the addition of a CAM component. CAM may be taught as an independent elective, within another unit such as "society, health and health psychology", or in the teaching of ethics. Major training programs for complementary medicine practitioners in Australia are run by universities which do not have medical schools, so expertise in CAM usually has to be brought into the medical schools from outside their universities.

The Australian Medical Council (AMC) produced a position statement, endorsed in July 2000, which reviewed the status of CAM courses in Australia.<sup>5</sup> It reported that at least 16 degree courses in "unorthodox" practices were offered at a university level, in addition to courses at colleges of technical and further education and through independent training providers. It is unfortunate that, in the title of the position statement, the term "unorthodox" was used rather than the more commonly accepted term "complementary". The position statement actually goes to great lengths to justify its use of this word, saying that it is non-mainstream health practices that should be referred to as "unorthodox". Given that "mainstream," according to the *Concise Oxford Dictionary*, refers to "the prevailing trend of opinion, fashion, etc", the fact that over 50% of the population use alternative treatments suggests that the AMC has taken the viewpoint of the profession rather than the patient. Not surprising, perhaps, but we should remember that the healthcare system is supposed to work for patients as well as doctors.

The AMC document does, however, provide a list of objectives relating to knowledge and understanding of complementary therapies and encourages medical schools to devise teaching and learning strategies that address these.<sup>5</sup> It points out that "unorthodox practices that can be demonstrated by the methodology of evidence-based medicine to be efficacious become orthodox by definition, even if the scientific basis of their efficacy is not understood", and that medical graduates "need to have some knowledge of the range of unorthodox practices, the needs they meet, their effectiveness and safety, the extent of their use and their costs".<sup>5</sup> It also points out that Medical Board "guidelines" encourage doctors to present all the information available to allow patients to make informed choices about their management. In terms of skills that should be gained by medical students, the position paper focuses on the importance of history taking, which should include any use of complementary therapies.

It should be appreciated that the Cochrane electronic library currently houses more than 80 CAM-related full-text systematic reviews and about 5000 CAM-related clinical trials and that these should be used as a teaching resource.<sup>6</sup> Of singular importance in teaching students about CAM is that they are given a broad view of the strengths and weaknesses of CAM therapies, and how to assess their efficacy. These principles are no different to those of the approach to medicine in general. Practitioners of today and tomorrow must appreciate that patients may choose to use CAM therapies and that we are there to assist them in making those choices.

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- 1 MacLennan AH, Wilson DH, Taylor AW. Prevalence and cost of alternative medicine in Australia. *Lancet* 1996; 347: 569-573.
- 2 Forjuoh SN, Rascoe TG, Symm B, Edwards JC. Teaching medical students complementary and alternative medicine using evidence-based principles. *J Altern Complement Med* 2003; 9: 429-439.
- 3 Rampes H, Sharples F, Maragh S, Fisher P. Introducing complementary medicine into a medical curriculum. *J R Soc Med* 1997; 90: 19-22.
- 4 Owen D, Lewith GT. Teaching integrated care: CAM familiarisation courses. *Med J Aust* 2004; 181: 276-278.
- 5 Undergraduate medical education and unorthodox medical practice. AMC Position Statement. Endorsed by AMC 2000. Available from amc@amc.org.au.
- 6 Ezzo J, Wright K, Hadhazy Z, et al. Use of the Cochrane electronic library in complementary and alternative medicine courses in medical schools: is the giant lost in cyberspace? *J Altern Complement Med* 2002; 5: 681-686. □