Complementary and Alternative Medicine (CAM): Investigation of use, knowledge and attitudes amongst Occupational Health doctors

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ABSTRACT

Background: Patients with the common health problems that also top the list of work-related health issues frequently use Complementary and Alternative Medicine (CAM). The usefulness of CAM as a workplace health intervention has been suggested, but published evidence for effectiveness is scant. In addition, the views of Occupational Health (OH) doctors on the use of CAM, and their knowledge of CAM therapies, have never been explored.

Aim: This study aims to investigate attitudes to, knowledge of and use of CAM amongst OH doctors. It also examines correlations between these aspects, and relevant training and demographic factors.

Methods: Cross sectional one off study of members of the Society of Occupational Medicine (SOM), based on an online questionnaire.

Results: Response rate was 28% of those invited to participate, representing 24% of the medical membership of the SOM. However, since it was only possible to invite a subgroup of SOM members to participate (those who had elected to receive requests to participate in research) the results cannot be considered representative of the membership. The results fall broadly in line with those on GPs and hospital doctors from similar surveys in the literature, although differing methods might mean this study overestimated results. The majority (76%) of respondents did not refer to any of the offered choice of modalities, though just over half (53.6%) recommended at least one of the modalities. About three quarters of the total respondent group felt they knew enough to discuss at least one modality with patients, although only 21.5% had received any formal training in CAM.

Two thirds (66.6%) of the respondents did not think any of the modalities were supported by any evidence, though 59.9% felt at least one of the modalities was effective in the OH setting, and 62.6% thought at least one was part of legitimate medical practice. Provision of at least one modality for staff in the workplace was
favoured by less than a third of respondents (32.9% for NHS, 34.3% for other employers).

Those who described themselves as GPs with a special interest referred significantly more compared to the rest of respondents. When asked about the provision of CAM therapies to staff in the NHS, those who only did NHS work, those who were aged 25-35, those who had between one and five years’ experience in OH, or were trainees, groups with a large overlap, indicated significantly more modalities. Higher prevalence of shared decision-making in the consultation by GPs and an increasing acceptance of a biopsychosocial model of disease in younger doctors might play a role in this difference between groups. Referral and recommendation showed closer correlation to the perceived effectiveness in OH of the various therapies than to the understood medical evidence-base for them. Amongst respondents who left additional comments, the use as placebo was the most commonly mentioned explanation for this discrepancy between views and use. The potential ethical and legal pitfalls of this appear under-recognised.

**Conclusions:** There is evidence this group of OH doctors utilises CAM through referral and recommendation. Although only less than a quarter refer, more than half recommend at least one modality to patients.

Use of CAM in the form of referral or recommendation is, in this study, more closely linked to a pragmatic view of perceived effectiveness than to a classical view of efficacy associated with a medical evidence base. Additional comments left by respondents identify the use of CAM as deliberate placebo or psychological intervention as predominant factors behind this discrepancy.

A public discussion about the use of CAM in OH, and guidance about the potential pitfalls involved and how to avoid them, are probably warranted. The implications for the direction of future research might also warrant exploration.