



An Advisor to the ICM, *Rumana Ramzan* has been in practice for over 10 years and runs her own natural health clinic and well-being workshops for business. Having written postgraduate courses on complementary medicine for Durham University, here she explores the issues involved in trying to introduce it to orthodox doctors.



Working naturally with the medical profession

The room was completely full. Over 40 professional eyes were closely watching what I had to say about Complementary Medicine (CM). Choosing my words carefully I began setting the scene, gradually outlining the fundamental message of my presentation: how and why we need to integrate complementary therapies within the health service.

This particular event had been arranged by the Darlington Primary Care Trust for their GP practice professionals to take "time out" for a training day. I had been invited to run one of the six optional seminars taking place that afternoon and was pleasantly surprised to see such an interest in this controversial subject from health workers at every level, including GPs, nurses and administrative staff. Having expected a degree of resistance to the ideas I was about to put to them, I was heartened that on this occasion the majority of those attending my seminar, including doctors, had really quite a positive attitude to learning more about CM and were fully prepared to get to grips with the issues surrounding it, making many comments and suggestions on the

integration of CM into diverse areas of patient healthcare.

Experience has taught me that to deliver a message effectively you must understand your audience as much as possible. I have been fortunate enough to have presented to medical professionals on several occasions and my impression is that, although there is still a hard core of die-hard scepticism, healthcare professionals are certainly taking notice of Complementary Medicine and are even embracing it at many levels.

So why is it taking so long for CM to see the light of day within conventional healthcare? I have learned that things do not move quickly in this field. Sometimes the hurdles to be overcome are not just from resistance to different ideas, but are actually more likely to arise through institutional bureaucracy. To introduce anything new into a system takes a lot of energy, particularly at a strategic level.

There are many factors that have to be taken into consideration: How would CM fit into the existing structure of the health service? Where would executive powers lie? Can CM satisfy clinical governance issues? Let's also not forget 'who's going to pay for it all?'

The health service has been going through considerable change in recent years. The NHS Executive has established 28 Strategic Health Authorities (StHA) throughout England, whose three key functions are to create a coherent strategic framework, to address performance management issues and support performance improvements, and to build capacity. It is the Primary Care Trusts (PCTs) and NHS (Hospital) Trusts that work at a local level directly with patient care. Much of the decision-making powers at the front-line of patient care lie with the PCTs, their principal role being to improve the health of the community; secure the provision of high-quality services and integrate health and social care. They bring together services for patients such as medical, dental, pharmaceutical and optical. Suffice to say that it would be the PCTs who would commission the services of complementary practitioners if they were to do so directly for patient care.

In order to be truly effective all of these organisations need to work collaboratively, creating strong local partnerships. However, the agendas they follow are often very lengthy due

to current Modernisation Programmes, where priorities such as waiting lists and bed availability targets are already determined by central government. Getting them to look at CM is therefore unfortunately way down the list. In my experience, the best way of achieving anything when working with PCTs is to get the relevant people on board on any given issue.

In the case of Complementary Medicine it is therefore particularly important to establish a meaningful dialogue with those responsible for clinical governance. Their role is to ensure safety of the patient and to maintain quality standards within healthcare as demands for safer practices have led to more validation and greater emphasis being placed

upon evidence-based sciences. This has always been a hugely contentious issue and, sadly, this is not the place to rehearse the arguments - suffice to say that in our increasingly litigious society, with more cases than ever being brought against health professionals, the need to back up one's assertions with credible research is becoming essential. I believe the perceived lack of research is also the biggest limiting factor in acceptance of CM by the medical establishment.

Research can be hugely expensive and whilst it is an integral part of the budget of a pharmaceutical company, the outlay could be crippling for the average health supplement manufacturer. We need different approaches and methods of research for food-based supplements and herbs, which have often been used for many years, sometimes many thousands! Certainly, a great deal of knowledge and research exists but, in the case of many traditional practises, it is often widely dispersed or disseminated through word of mouth. However, it is encouraging to see that the assets of age-long traditional remedies are now being researched, collated and documented in a concerted manner.



Rumana Ramzan discusses treatment options with one of her patients

A recent article in *Time* magazine (June) reported that Asian governments are putting considerable amounts of money into the research of their traditional medicines. This seems to be driven not only by a sense of cultural pride as the West appropriates traditional remedies willy-nilly, but also by increasing awareness of the huge consumer market for alternative treatments. America is also now doing the same and, though figures for the UK market are more difficult to find, the Department of Health has recently advertised awards for research in CM (www.doh.gov.uk/research). This is certainly encouraging and definitely worth keeping an eye on for further developments.

Patient empowerment

It is also encouraging to see the patient becoming the focus for change. The NHS is now placing a much greater emphasis on patient involvement and empowerment. Doctors must now listen as never before to a more educated and aware patient population who are actively requesting alternatives to drug-based prescriptions. This was the main point of discussion at a recent presentation I did at a Doctors Forum. How are these enquiries dealt with?

Although some surgeries have dipped their toe into the Complementary pond, mainly offering some of the better-known therapies such as acupuncture, reflexology or aromatherapy, these are few and far between. In many cases doctors would be happy to refer patients, but are unable to do so easily as there is no clear structure in place to support the process.

The questions being put to me at the Doctors' Forum reinforced this view. They have little or no reference

material relating to local registered practitioners, nor do they have information about appropriate governing structures or the quality of the registering organisations within the plethora of therapies that are now available. While most of this information is now freely available, particularly on-line, it is widely dispersed among different organisations and with little or no coherent cross-referencing. As doctors seldom have the time to trawl for the information they need, it is becoming increasingly important for CM reference material to be presented in an appropriate and accessible format for not only doctors, but patients too. The interface between GPs and complementary practitioners is clearly in need of some therapy!

Of course, the flip-side to the changes in the culture of the doctor/patient relationship is the responsibility of the patient. My experiences in busy doctors' surgeries have certainly awoken me to the demands placed upon both the GPs and the health service as patients' expectations increase, characterised by a pervasive attitude of 'Here I am, fix me!'. This is very different from my own clinic and, indeed, from CM generally, where the patient is expected to make a considerable contribution to putting things into practice in changing habits and lifestyle. Taking responsibility for one's health is paramount. Perhaps this is an area where CM can really contribute to a fundamental change in the culture of dependency, which seems to permeate the NHS and cannot help but colour the way it goes about its business.

I am confident that the integration of Complementary Medicine with the NHS will happen - it is only a matter of time. We are already seeing some fairly fundamental changes in both practice and attitude but there is a long way to go yet to establish a properly structured framework for complementary medicine. The profession needs to be organised in a professional manner and demonstrate that we are not only ready to fit into the existing system at the correct level, but to help in changing that system to accommodate us. To do this we must take the opportunities as they arise, but also make our own opportunities. Perhaps my vision of walking out of a GP's surgery with a prescription for a consultation with a herbalist or a course of six osteopathic sessions is still some way off.