

Alternative Medicine in the Canadian Context: An Overview

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Abstract

Complementary and alternative medicine (CAM) refers to approaches to health care that falls outside of the medical mainstream. CAM modalities are experiencing growing popularity and use across Canadian society. This article explores the implications of this trend, examining why patients opt for CAM, the status of CAM in the public health care system, and what this may mean for health care practitioners.

Keywords: complementary and alternative medicine, review, canada, therapeutic relationship

Complementary and alternative medicine (CAM) describes a variety of health care approaches that fall outside the scientific and medical mainstream such as homeopathy, acupuncture, and naturopathy.¹ Users of CAM represent a significant and growing segment of Canadian society. A 2016 survey of Canadian adults, conducted by the Fraser Institute, found that nearly 80% of Canadians have used a CAM treatment at some point in their lives, with 56% reporting use of CAM within the past year.² This represents an increase from prior survey data collected in 1997 finding 73% lifetime use and 50% recent use of CAM.¹ These data indicate that CAM is a growing part of how Canadians approach health and their health care.¹ This article will examine why some patients elect for CAM therapies, the role of CAM in the Canadian health care system, and how physicians may constructively respond to patients who use CAM.

While a common narrative has been that the growth of CAM use is driven by increasing societal distrust of medicine and doctors, the evidence to support this is weak. This is especially true in a Canadian context, as recent survey data indicates that doctors remain one of the most trusted professions amongst Canadians.³ Further, a number of studies have found that a patient's attitude towards their doctors was not a predictor of CAM use.^{4,5} Given the evidence suggesting mistrust is not the driver of CAM use, one must consider other contributing factors. Other studies have indicated that patients elect for CAM treatments due to their "natural" presentation, to increase their healthcare options, and because they seek to be more engaged in their care.^{5,6,7} These studies indicate that CAM is used by a diverse patient population for diverse reasons.^{6,7} Further, the evidence indicates that patients see CAM as a supplement to, rather than a replacement for, main-

stream Western medicine. The majority of those who see CAM providers do so to fill perceived gaps in their care and continue to visit physicians for their health concerns, especially significant ones.^{6,8} There is also evidence that CAM use in Indigenous communities is linked to community relationships and a sense of personal empowerment after treatment.⁷

Although CAM therapies lie outside of the scientific mainstream by definition, some CAM therapies have greater or lesser levels of governmental and societal acceptance. Ontario is currently the only province to designate homeopathy as a registered health profession, but acupuncture, naturopathy, and chiropractic providers are designated in four, five, and ten provinces respectively.^{9,10,11,12} Where these regulations exist, they are similar to those for other registered health professions, setting limits of practice and conferring the right to use the title of doctor in the context of their field.

While many CAM therapies are covered by private health insurance plans, the only CAM therapy covered by provincial health insurance plans is chiropractic. Chiropractic, a form of alternative medicine that purports to fix health problems by manipulating the musculoskeletal (MSK) system, has some degree of public health care coverage in British Columbia, Alberta, and Manitoba, with Manitoba being the only province to offer universal coverage.^{13,14,15} This is in spite of limited and weak evidence in the literature to support chiropractic as a method for MSK related issues. The lack of evidence surrounding chiropractic may be responsible for a significant reduction in chiropractic health coverage in recent years;¹⁶ notably, Ontario and Saskatchewan historically covered chiropractic treatments, but stopped doing so in 2004 and 2017, respectively.^{17,18} Chiropractic is one of the most

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commonly used CAM treatments in Canada, with 42% of Canadian adults reporting at least one chiropractic visit in their lifetime.² Its popularity may partially attribute to its unique status among CAM treatments in its receipt of provincial coverage.

Despite growing popularity,¹ naturopathy and acupuncture have so far operated independent of the Canadian public healthcare system, with one notable exception. Since 2013, the Canadian College of Naturopathic Medicine (CCNM) has operated a naturopathic clinic out of a wing of the Brampton Civic Hospital in Brampton, Ontario.¹⁹ This site operates as a training site for students of naturopathy. Although the cost of patient visits are underwritten by the CCNM and appointments are free at the point of access for patients, the recommended treatments must be paid directly by the patient.¹⁹ Although the clinic reports high patient interest with 700 patient visits per month in 2016, the clinic's opening has attracted some controversy.²⁰ Proponents of the clinic hope that fostering links between evidence-based medicine and naturopathy will expand health care options and allow naturopathy to be tested in a more rigorous setting. Although most CAM therapies have not been rigorously tested, there is systematic evidence to support the use of acupuncture for some forms of pain relief, including migraine, osteoarthritis, and chronic musculoskeletal pain.^{21,22} While some CAM therapies, such as acupuncture, have been adopted by some physicians, many health care practitioners remain skeptical. Some physicians have expressed concerns that alternative medicine practices put patients at risk, and that CAM providers weaken the credibility of physicians.²³ However, it is important to note that alternative medicine is an umbrella term describing a wide variety of services ranging from acupuncture to colonic irrigation to spiritual care, and including reiki and meditation. As these practices have a wide range of possible adverse effects and varying level of evidence to support (or contraindicate) them, it is important that physicians (1) know what CAM services their patients are accessing, (2) advise their patients accordingly (with respect to the patient's best interest in view of available evidence), and (3) do so while respecting patient autonomy.

CAM is accessed by a significant majority of Canadians in their lifetime and, although it remains largely outside the public health system, is *de facto* an established part of Canadian health care. As the utilization of CAM rises, it is prudent for family physicians and specialists to be aware that patients may seek CAM in parallel to conventional medical care. Research demonstrates that respecting patients' treatment choices helps physicians build stronger relationships with their patients, increasing compliance with physician recommendations and improving health outcomes.^{24,25} Thus, despite physician biases towards or against CAM, it is crucial to foster open dialogue and support patient autonomy, which may increasingly include pursuit of CAM.

While CAM services mostly lie outside the public health care system and are accessed privately, chiro-

practic is covered in three provinces and naturopaths are working to develop relationships with mainstream physicians. Evidence also suggests that many patients who use CAM do so to complement, rather than replace mainstream medical therapies. Being aware of CAM's place in the health care system and staying informed about which forms of CAM Canadians utilize, can guide the discussions physicians have with their patients and help build and maintain the therapeutic relationship.

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