Med, Nursing Schools Teaching Alternative Remedies

Source: The Associated Press article, by Marilynn Marchione, AP Medical Writer

Future doctors and nurses are learning about acupuncture and herbs along with anatomy and physiology at a growing number of medical schools. It's another example of how alternative medicine has become mainstream. And it's often done with Uncle Sam's help, a recent article published by the Associated Press reports.

The government has spent more than $22 million to help medical and nursing schools start teaching about alternative medicine. These lesson plans, some critics say, are biased toward unproven remedies.

Additional tax money has been spent to recruit and train young doctors to do research in this field, launching some into careers as alternative medicine providers. According to the government, all doctors must be knowledgable of popular alternative remedies so they are able to discuss them nonjudgementally with patients, and give competent advice. Many universities and medical groups agree.

"Patients are using these things" whether doctors think they should or should not, and safety is a big concern, says Dr. Victor Sierpina, an acupuncturist at the University of Texas Medical Branch in Galveston who heads a group of academics who favor such training.

But to critics, it's like teaching something to the likes of "Harry Potter medicine." Students are essentially being asked to close their eyes to science principles that guide the rest of their training in order to keep an open mind about pseudoscience, they say.

"I'm concerned about the teaching of illogical thinking to medical students" and lending credence to biologically implausible theories like distance healing and energy fields, says Dr. Stephen Barrett, a retired physician who runs Quackwatch, a Web site on medical scams.

Teaching alternative medicine implies acceptance of it and "potentially creates more gullibility and less critical, objective thinking," states Dr. Wallace Sampson, editor of the journal Scientific Review of Alternative Medicine. "This will be felt in many indirect ways," he says, including judgment errors, misguiding people with severe diseases, and lax standards and laws.

The real issue is not whether alternative medicine should be taught, but how, says Dr. Joseph Jacobs, former head of the federal Office of Alternative Medicine.

"The parallel here is creationism versus science," Jacobs says. "If the topic is taught objectively, to help students communicate with patients, it's a good idea. If it's

being taught as part of an advocacy, for acceptance among physicians, I think that's a little bit bogus."

Some schools have close ties to alternative medicine providers or advocates who shape information on the schools' Web sites or classes for students and the public. Two examples include:

- The University of Arizona's Center for Integrative Medicine has medical residency programs in hospitals around the country, partly sponsored by well-known advocate Dr. Andrew Weil, the center's founder. A private group that promotes such care, the Bravewell Collaborative, gives scholarships for dozens of the Arizona school's students to get hands-on training in integrative care clinics.
- The University of Minnesota offers medical students an elective course in alternative healing methods at a Hawaiian medical center founded by a philanthropist-advocate of such care, although students pay their own transportation and living expenses. In interviews with an Associated Press writer in 2007, several students raved about things they had tried firsthand, and said they returned more willing to recommend acupuncture, meditation, yoga, herbal remedies and other nontraditional care.

"Consumers are demanding it" and more research is needed to see what works, said Mary Jo Kreitzer, who directs the Minnesota school's alternative medicine curriculum. "Ultimately we need to align policy" so that insurers pay for these therapies, she said. "You could say that in that respect, we are advocates."

The field got a boost 10 years ago, with creation of the National Center for Complementary and Alternative Medicine. It made merging alternative and mainstream medicine "a central and overarching goal" and gave $22.5 million to 12 medical schools, two nursing schools and the American Medical Student Association to develop curriculum plans.

Kreitzer's and Sierpina's universities got grants, and both are active in the Consortium of Academic Health Centers for Integrative Medicine — 42 centers involved in researching or advocating for complementary and alternative medicine, or CAM.

However, a review of some of those teaching plans by Drs. Donald Marcus and Laurence McCullough of Baylor College of Medicine in Houston concludes that they are "strongly biased in favor of CAM," cite poor-quality research, and were not updated after better studies revealed a therapy did not work. The review is in the September issue of the journal Academic Medicine.

The section on herbals in the Medical Student Association's plan was written by the head of the American Botanical Council, an industry-supported research and education group, the article says.

Sierpina, the head of the medical school consortium, said the purpose of these

lesson plans is not propaganda, but simply an effor to train students to be open to patients' chosen remedies.

"We are not trying to make students CAM practitioners," but to train them to be "sensitive to where people come from, their folk medicine, their home remedies," he says.

Just as there are true believers who ignore evidence that something doesn't work, there are true doubters who are guilty of "arrogant thinking that we've got it all figured out," Sierpina says.

Dr. Mehmet Oz, the Columbia University heart surgeon and frequent Oprah Winfrey guest now with his own TV show, has long shown an open mind toward complementary and alternative medicine.

"Medicine is very provincial. We grow up thinking the way others have taught us to think. We are naturally biased. It is imperative that we look at what alternative cultures offer us, that we at least are fair in our skepticism of their impact." Otherwise, "we run a risk of locking out newcomers" with fresh ideas, he says.

That would be people like Jimmy Wu, a newly graduated doctor from the University of Wisconsin-Madison. Raised in a family originally from Taiwan, Wu said traditional healing practices are "very much ingrained" in how he thinks about sickness and health.

"It's just a very different way of observing" a patient to decide on treatments, rather than relying so heavily on lab tests and other traditional medical tools, he says.

The Madison medical school offers an optional course in alternative medicine. Seeking more than that, Wu spent a summer in Beijing with a university faculty member observing traditional Chinese medicine and acupuncture, and hopes to include these in a family medicine practice someday. With so many people using alternative care, "it is important that it be treated more than just an afterthought" by medical schools, Wu says.

Officials at several top schools say they teach respect for patient choices, but do not teach unproven remedies or theories.

"All medical treatments ought to be held to the same standard," whether a prescription drug, an herbal pill or a mode of care, says Dr. Philip Gruppuso, Brown University's associate dean for medical education.

For example, acupuncture comes up in several places in the curriculum where there is evidence that it may help certain types of pain. However, students are not taught about body meridiens that allegedly channel energy, which acupuncturists claim to affect. Whether a school is promoting magical thinking about a therapy depends "more on how it's taught than what's taught," Gruppuso says.

At Harvard University, students have a couple of elective courses in such topics as

mind-body medicine, but a spokeswoman said the university does not advocate or teach alternative medicine.

Georgetown University, which started the nation's first graduate degree program in complementary and alternative medicine, strives for objectivity, said the program's director, Hakima Amri.

"We are giving the facts, teaching what we know today. We are not promoting anything," she says.

That means straight talk about controversial fields like homeopathy, or the energy medicines qi gong and reiki, which claim to heal through a healer's powers, even at a distance.

"The science is not there to support that," Amri says.

Georgetown's goal is "to train a new generation of open-minded but critical physicians or scientists," she says. "We have seen students who come who are all enthusiasm about CAM because they've seen it work on their grandmother or someone like that. Then they go through the program and they see it differently. We want them to be really critical, able to separate the good from the bad."

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