

Letters Correspondance

Introducing medical students to CAM

Verhoef et al¹ identify some important issues in their discussion of undergraduate medical education about complementary and alternative medicine (CAM) therapies.

Understanding how patients conceive of their health is important for effective communication. Just as it behooves compassionate physicians to be sensitive to the religious beliefs and cultural backgrounds of their patients, so it is also important that doctors be aware that their patients might have health beliefs, such as alternative medicine, that range from the somewhat-plausible-but-unproven to the fanciful.

One problem that arises, as noted by the interviewees, is how to introduce students to this topic “without seeming to endorse it.”

We believe that education about CAM is most appropriate in the context of teaching students about:

- how inert therapies can appear to be effective,
- what types of alternative therapies are popular and what are their principal claims,
- how desperate or fearful patients will seek hope regardless of evidence,
- the different ways that patients understand their health, and
- why the “evidence” behind CAM is not accepted by the scientific community.

Who, then, should be in charge of teaching students about these issues? Verhoef et al propose the use of CAM “champions.” But is this the best way to deliver objective information? If, for example, psychic healing were currently in vogue, one might propose a stand-alone course led by a faculty champion with experience in that area. To do otherwise might lead to the assumption that the appropriate “experts” had not been sought. After all, how can you really “know” about something unless you believe in it? Others, however, might be concerned that psychic healers (even the ones claiming to be

evidence based) might not be familiar with how to critically appraise the research pertinent to that field and that any course put forward by such proponents would simply be a promotional enterprise addressing none of the five points above.²

Our experience with such courses led by CAM champions has not been reassuring, and the examples of existing CAM programs (again, led by CAM champions) cited in the article³⁻⁵ do not take a non-promotional approach. One survey of existing CAM courses in US medical schools indicated that most were led by proponents clearly advocating these therapies.⁶⁻⁸

We propose that undergraduate CAM materials should be presented without promotion by faculty interested in critical and reflective discussions of the five points listed above. Course materials focusing on these points are being developed for students at the University of British Columbia in Vancouver, and comments and suggestions are welcome.

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