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Article Document 1

Gilmour, Joan; Harrison, Christine; Cohen, Michael H; Vohra, Sunita

Pediatric use of complementary and alternative medicine: legal, ethical, and clinical issues in decision-making.

Pediatrics 2011 Nov; 128 Suppl 4: S149-54

Abstract: In this article we introduce a series of 8 case scenarios and commentaries and explore the complex legal, ethical, and clinical concerns that arise when pediatric patients and their parents or health care providers use or are interested in using complementary and alternative medicine (CAM). People around the world rely on CAM, so similar issues face clinicians in many countries. In law, few cases have dealt with CAM use. The few that have apply the same general legal principles used in cases that involved conventional care while taking into account considerations unique to CAM. In ethics, as with conventional care, the issues surrounding pediatric CAM use usually involve questions about who the appropriate decision-makers are, on what ethical principles should clinical decision-making rely, and what obligations arise on the part of physicians and other health care providers. Clinical decision-making is made more complex by the relatively limited research on the efficacy and safety of CAM compared with conventional medicine, especially in children, which requires clinicians to make decisions under conditions of uncertainty. The clinical scenarios presented focus on patients who represent a range of ages, clinical conditions, and settings. They act as anchors to explore particular CAM policy issues and illustrate the application of and shortcomings in existing guidance and intervention principles. Although the focus on a pediatric population adds another layer of complexity to the analysis, many of the concepts, issues, principles, and recommendations also apply to adults.



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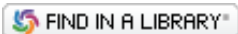
Article Document 2

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Natural health product-drug interactions: evolving responsibilities to take complementary and alternative medicine into account.

Pediatrics 2011 Nov; 128 Suppl 4: S155-60

Abstract: Natural health products (NHPs) (known as dietary supplements in the United States) are a popular form of self-care, yet many patients do not disclose their use to clinicians. NHP-drug interactions are known to occur and can harm patients and affect the efficacy of conventional treatment. Using the example of an HIV-positive adolescent who had been responding well to antiretroviral therapy but then experienced a sudden unexplained deterioration in her condition, we review (1) clinicians' obligation to inquire about complementary and alternative medicine (CAM) use when assessing, treating, and monitoring patients, (2) how clinicians' duty to warn about risks associated with treatment has evolved and expanded, and (3) patients' and parents' responsibility to disclose CAM use. It also addresses the responsibility of hospitals and health facilities to ensure that the reality of widespread CAM/NHP use is taken into account in patient care to effectively protect patients from harm.



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Article Document 3

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Treating teens: considerations when adolescents want to use complementary and alternative medicine.

Pediatrics 2011 Nov; 128 Suppl 4: S161-6

Abstract: In this article we examine decision-making about complementary and alternative medicine use when the patient is an adolescent. A case scenario describes patient-parent conflict when a 14-year-old boy who was diagnosed with ulcerative colitis that has continued to progress even with medication refuses recommended surgery despite his physician's and parents' support for that option; he prefers homeopathy instead. We address (1) who has decision-making authority about treatment for young people, (2) how to determine if a young person can consent to or refuse treatment, (3) special considerations when counseling and treating adolescents (whether they can decide about treatment for themselves), and (4) parent-child conflicts about treatment. In addition, we suggest ways that health care providers can foster a trusting relationship with patients and parents.



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Article Document 4

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Aung, Steven; Vohra, Sunita

Considering complementary and alternative medicine alternatives in cases of life-threatening illness: applying the best-interests test.

Pediatrics 2011 Nov; 128 Suppl 4: S175-80

Abstract: In this article we explore decision-making about treatment when a child faces a life-threatening illness but conventional treatment presents substantial risk and uncertain benefit. When is it acceptable for parents to decide to use complementary and alternative medicine as an alternative, rather than a complement, to conventional care? We use the example of a young child suffering from progressive glycogen storage disease, for whom liver transplant offers the only prospect of a cure. Without a liver transplant, the disease usually results in death within a few years. However, experience using transplant to treat this illness has been limited, success is far from ensured, and the risks (including death and continued progression of the disease) are substantial. The child's parents, who are first-generation immigrants, consider the risks of the transplant unjustified because it still does not offer good prospects for a healthy future. They believe that traditional Chinese medicine could help remediate their daughter's disease. In the article we (1) review parents' obligation to make treatment decisions in the best interests of their child, (2) explain limits on parents' decision-making authority, (3) explore how "best interests" are determined, focusing on cases of serious illness for which conventional treatment is risky and benefit is possible but uncertain, (4) explain the standard of care that physicians must meet in advising about treatment, and (5) outline factors that clinicians and parents should take into account when making decisions.



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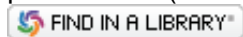
Article Document 5

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Referrals and shared or collaborative care: managing relationships with complementary and alternative medicine practitioners.

Pediatrics 2011 Nov; 128 Suppl 4: S181-6

Abstract: In this article we discuss steps that clinicians should take after deciding to include a complementary and alternative medicine (CAM) treatment that is beyond the clinician's expertise in a patient's treatment plan. We use the example of an adolescent patient with chronic recurrent headaches that have not been relieved by medication or other therapies and whose physician refers her to an acupuncturist for treatment. We focus on (1) circumstances under which referral is appropriate, (2) the nature of the relationship between the referring clinician and the practitioner to whom the referral is made (considering conventional health care and CAM, regulated and unregulated practitioners), and (3) considerations when undertaking shared or collaborative care with other health care practitioners (conventional health care or CAM). We also suggest best practices in managing such relationships.



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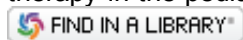
Article Document 6

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Informed consent: advising patients and parents about complementary and alternative medicine therapies.

Pediatrics 2011 Nov; 128 Suppl 4: S187-92

Abstract: Although research on complementary and alternative medicine (CAM) therapies is still limited, systematic reviews have revealed sufficient evidence to conclude that CAM can be effective for certain conditions. In this article we discuss clinicians' responsibilities to inform parents/patients about CAM alternatives and use the example of acupuncture for chemotherapy-induced nausea and vomiting. Chemotherapy-induced nausea and vomiting remain significant adverse effects of cancer therapy, and some patients cannot find relief with standard therapies. When making decisions for a child with a life-threatening illness, parents must consider all reasonable options and decide what is in the child's best interests. A physician's failure to provide parents with relevant information regarding therapies with the prospect of therapeutic benefit impedes their ability to make an informed decision. Physicians have the ethical duty of beneficence; they must be aware of current research in pain and symptom management and other aspects of care. A physician's duty of care does not necessarily include the obligation to provide information about therapies outside the range of conventional treatment or those not yet supported in the medical literature. However, as CAM therapies such as acupuncture become better studied and their safety and efficacy are established, the scope of disclosure required may expand to include them. The legal and ethical obligation to obtain informed consent to treatment requires disclosure and discussion of therapies when there is reliable evidence of potential therapeutic benefit. At the same time, the more limited state of knowledge regarding effects of a particular therapy in the pediatric population must be factored into decision-making when treating a child.



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Article Document 7

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Hospitals and complementary and alternative medicine: managing responsibilities, risk, and potential liability.

Pediatrics 2011 Nov; 128 Suppl 4: S193-9

Abstract: Patients and families increasingly press hospitals to facilitate provision of complementary and alternative medicine (CAM) therapies and products. At the same time, a growing number of hospitals and health care facilities have taken steps to integrate CAM and conventional care. In this article we consider institutional responsibilities when patients/parents use or are considering CAM. We (1) review hospitals' responsibilities to patients and parents, (2) explain how these principles apply in the case of CAM practitioners and products, (3) address institutional responsibilities for different models of service delivery, and (4) highlight issues that should be addressed when developing institutional policies to govern CAM use and propose ways to do so.



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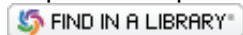
Article Document 8

Gilmour, Joan; Harrison, Christine; Asadi, Leyla; Cohen, Michael H; Vohra, Sunita

Complementary and alternative medicine practitioners' standard of care: responsibilities to patients and parents.

Pediatrics 2011 Nov; 128 Suppl 4: S200-5

Abstract: In this article we explain (1) the standard of care that health care providers must meet and (2) how these principles apply to complementary and alternative medicine practitioners. The scenario describes a 14-year-old boy who is experiencing back pain and whose chiropractor performed spinal manipulation but did not recognize or take steps to rule out serious underlying disease—in this case, testicular cancer—either initially or when the patient's condition continued to deteriorate despite treatment. We use chiropractic care for a patient with a sore back as an example, because back pain is such a common problem and chiropractic is a common treatment chosen by both adult and pediatric patients. The scenario illustrates the responsibilities that complementary and alternative medicine practitioners owe patients/parents, the potential for liability when deficient care harms patients, and the importance of ample formal pediatric training for practitioners who treat pediatric patients.



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Article Document 9

Gilmour, Joan; Harrison, Christine; Vohra, Sunita

Concluding comments: maximizing good patient care and minimizing potential liability when considering complementary and alternative medicine.

Pediatrics 2011 Nov; 128 Suppl 4: S206-12

Abstract: Our goal for this supplemental issue of Pediatrics was to consider what practitioners, parents, patients, institutions, and policy-makers need to take into account to make good decisions about using complementary and alternative medicine (CAM) to treat children and to develop guidelines for appropriate use. We began by explaining underlying concepts and principles in ethical, legal, and clinical reasoning and then used case scenarios to explore how they apply and identify gaps that remain in practice and policy. In this concluding article, we review our major findings, summarize our recommendations, and suggest further research. We focus on several key areas: practitioner and patient/parent relationships; decision-making; dispute resolution; standards of practice; hospital/health facility policies; patient safety; education; and research. Ethical principles, standards, and rules applicable when making decisions about conventional care for children apply to decision-making about CAM as well. The same is true of legal reasoning. Although CAM use has seldom led to litigation, general legal principles relied on in cases involving conventional medical care provide the starting point for analysis. Similarly, with respect to clinical decision-making, clinicians are guided by clinical judgment and the best interests of their patient. Whether a therapy is CAM or conventional, clinicians must weigh the relative risks and benefits of therapeutic options and take into account their patient's values, beliefs, and preferences. Consequently, many of our observations apply to conventional and CAM care and to both adult and pediatric patients.



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Article Document 10

Gerber, Paul

Is it ethical for medical practitioners to prescribe alternative and complementary treatments that may lack an evidence base?

The Medical journal of Australia 2011 Oct 17; 195(8): 450-2



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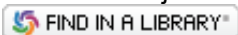


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Pirotta, Marie V

Is it ethical for medical practitioners to prescribe alternative and complementary treatments that may lack an evidence base? - Yes.

The Medical journal of Australia 2011 Jul 18; 195(2): 78



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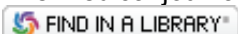


Article Document 12

Dwyer, John M

Is it ethical for medical practitioners to prescribe alternative and complementary treatments that may lack an evidence base? - No.

The Medical journal of Australia 2011 Jul 18; 195(2): 79



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Article Document 13

Weir, Michael

An ethical protocol for complementary and alternative medicine practitioners in an orthodox medicine regime.

Journal of law and medicine 2011 Jun; 18(4): 728-36

Abstract: Concern that has been expressed about the provision of complementary and alternative medicine (CAM) in an orthodox medicine context with regard to the possibility of a client not being referred to the latter when the condition is readily dealt with by it. There have been some negative outcomes for clients when orthodox medicine has not been used when it was clearly indicated. Complementary and alternative medicine has many strengths for clients but it behooves a CAM practitioner to consider circumstances when it is appropriate to refer a client to orthodox medicine or to work in a complementary manner with orthodox medicine. This article suggests some guidelines that CAM practitioners should consider when assessing the circumstances when referral to orthodox medicine is indicated to support ethical practice for the benefit of the client.



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Article Document 14

Tyreman, Stephen

Values in complementary and alternative medicine.

Medicine, health care, and philosophy 2011 May; 14(2): 209-17

Abstract: In recent years so-called Complementary and Alternative Medicine (CAM) practices have made significant political and professional advances particularly in the United Kingdom (UK): osteopathy and chiropractic were granted statutory self-regulation in the 1990s effectively giving them more professional autonomy and independence than health care professions supplementary to medicine; the practice of acupuncture is widespread within the National Health Service (NHS) for pain control; and homoeopathy is offered to patients by a few General Practitioners alongside conventional treatments. These developments have had a number of consequences: one is that both CAM and Conventional and Orthodox Medical (COM) professions have had to reappraise their professional identity. In manual therapy for example, questions have been asked about the differences between physiotherapy, osteopathy and chiropractic, and what the justification is for having separate professions. A wider question concerns the relationship between CAM and COM; are CAM distinct professions or should they, as has happened to a limited extent in the UK, be absorbed into the broader field of 'Medicine' or 'Health Care' as adjunctive therapies. CAM professions have also had to develop, implement and enforce codes of practice for practitioners and clarify the scope of practice within a profession. At the heart of these issues lies the need to identify and clarify professional values. A key claim of CAM professions is that their practice is distinct and the outcome of treatment at least as effective and in many cases more effective than with conventional therapies. In addition, what counts as effective outcome is often different from conventional medical understanding, involving more subtle humanitarian considerations, for example. Three values are identified as being commonly held across CAM professions. These are: offering 'natural' treatment; being patient rather than disease focussed; and being holistic. However, these may not be as distinctive of CAM as is claimed either because the meaning is unclear or because COM professions claim similar values. The paper argues that the values that inform 'good practice' and 'effective outcome' should be seen as distinct components of professional competence. This has implications for establishing professional identity and codes of practice.



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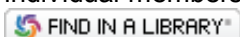
Article Document 15

Schiff, Elad; Ben-Arye, Eran; Shilo, Margalit; Levy, Moti; Schachter, Leora; Weitchner, Na'ama; Golan, Ofra; Stone, Julie

Touching ethics: assessing the applicability of ethical rules for safe touch in CAM--outcomes of a CAM (complementary and alternative medicine) practitioner survey in Israel.

Complementary therapies in medicine 2011 Feb; 19(1): 12-8

Abstract: Recently, ethical guidelines regarding safe touch in CAM were developed in Israel. Publishing ethical codes does not imply that they will actually help practitioners to meet ethical care standards. The effectiveness of ethical rules depends on familiarity with the code and its content. In addition, critical self-examination of the code by individual members of the profession is required to reflect on the moral commitments encompassed in the code.



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Article Document 16

Garattini, Silvio; Bertelè, Vittorio

Alternative medical practices: flashbacks from the Dark Ages.

European journal of internal medicine 2010 Jun ; 21(3): 245-6



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* Article Document 17

Clark-Grill, Monika

When Listening to the People: Lessons from Complementary and Alternative Medicine (CAM) for Bioethics

Journal of Bioethical Inquiry 2010 March; 7(1): 71-81



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Article Document 18

Lyng, Stephen

Reflexive Biomedicalization and Alternative Healing Systems

Journal of Bioethical Inquiry 2010 March; 7(1): 53-69



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* Article Document 19

Hansen, Kirsten; Kappel, Klemens

The proper role of evidence in complementary/alternative medicine.

Journal of Medicine and Philosophy 2010 February; 35(1): 7-18

Abstract: In this article we explore the role evidence ought to play in complementary and alternative medicine (CAM). First, we consider the claim that evidence in the form of randomized controlled trials (RCTs) cannot be obtained for CAMs. Second, we consider various claims to the effect that there are ways of obtaining evidence that do not make use of RCTs. We argue that there is no good reason why CAM should be exempted from the general requirement that treatments undergo evaluation by RCT. Third, we consider two implications for health care policy. First, many activities in conventional medicine have never been rigorously evaluated and are widely in use nonetheless. We argue that this fails to provide a reason for exempting CAM from a demand for evidence. Second, CAM use may be compared to a choice of lifestyle, and this has a significant impact on which requirements of evidence can reasonably be imposed.



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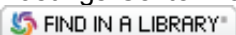


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Prasad, Vinay

Toward a Meaningful Alternative Medicine

Hastings Center Report 2009 September-October 39(5): 16-18



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Article Document 21

Cady, Rebecca F.

Legal issues related to complementary and alternative medicine

JONA'S Healthcare Law, Ethics, and Regulation 2009 April-June; 11(2): 46-53



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Article Document 22

Ernst, Edzard

Complementary and alternative medicine: between evidence and absurdity

Perspectives in Biology and Medicine 2009 Spring; 52(2): 289-303



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O'Mathúna, Dónal P.

Ten questions you may hear from your patients about "alternative medicine" -- and how you might respond

Today's Christian Doctor 2008 Fall; 39(3): 21-23



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Kmietowicz, Zosia

Regulation of alternative medicine faces more delays [news]

BMJ: British Medical Journal 2008 June 21; 336(7658): 1395



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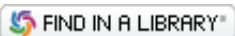


Article Document 25

Bond, Michael; Ernst, Edzard

No alternative [interview]

New Scientist 2008 April 26-May 2; 198(2653): 44-45



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Book Document 26

Singh, Simon and Ernst, Edzard

TRICK OR TREATMENT? THE UNDENIABLE FACTS ABOUT ALTERNATIVE MEDICINE

New York: W.W. Norton, 2008. 342 p.

Call number: [R733 .S568 2008](#)



* Chapter Document 27

Cohen, Michael H.

Alternative and complementary care ethics

In: Singer, Peter A.; Viens, A.M., eds. The Cambridge Textbook of Bioethics. Cambridge; New York: Cambridge University Press, 2008: 513-520

Call number: [QH332 .C36 2008](#)



News Document 28

Zuger, Abigail

The lure of treatments science has dismissed [review of Snake Oil Science: The Truth About complementary and Alternative Medicine by R. Barker Bausell]

New York Times 2007 December 25; p. F5



<http://www.nytimes.com> (link may be outdated)



* Article Document 29

Vohra, Sunita; Cohen, Michael H.

Ethics of complementary and alternative medicine use in children.

Pediatric Clinics of North America 2007 December; 54(6): 875-884, x



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Article Document 30

Weir, Michael

Legal issues for medical doctors in the provision of complementary and alternative medicine

Medicine and Law: The World Association for Medical Law 2007 December; 26(4): 817-828



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* Article Document 31

Mertz, Marcel

Complementary and alternative medicine: the challenges of ethical justification

Medicine, Health Care and Philosophy 2007 September; 10(3): 329-345

Abstract: With the prevalence of complementary and alternative medicine (CAM) increasing in western societies, questions of the ethical justification of these alternative health care approaches and practices have to be addressed. In order to evaluate philosophical reasoning on this subject, it is of paramount importance to identify and analyse possible arguments for the ethical justification of CAM considering contemporary biomedical ethics as well as more fundamental philosophical aspects. Moreover, it is vital to provide adequate analytical instruments for this task, such as separating, CAM as belief system' and ,CAM as practice'. Findings show that beneficence and non-maleficence are central issues for an ethical justification of CAM as practice, while freedom of thought and religion are central to CAM as belief system. Many justification strategies have limitations and qualifications that have to be taken into account. Singularly descriptive premises in an argument often prove to be more problematic than universal ethical principles. Thus, non-ethical issues related to a general philosophical underpinning - e.g. epistemology, semantics, and ontology - are highly relevant for determining a justification strategy, especially when strong metaphysical assumptions are involved. Even if some values are shared with traditional biomedicine, axiological differences have to be considered as well. Further research should be done about specific CAM positions. These could be combined with applied qualitative social research methods.



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Strasser, Bruno J.

How alternative is alternative medicine? [review of Mavericks of Medicine: Conversations on the Frontiers of Medicine by David Jay Brown]

Nature Medicine 2007 July; 13(7): 775



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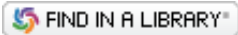


Article Document 33

Tovey, P.; Broom, Alex

Oncologists' and specialist cancer nurses' approaches to complementary and alternative medicine and their impact on patient action

Social Science and Medicine 2007 June; 64(12): 2550-2564



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Zohar, Noam

Moral disagreement and providing emergency contraception: a pluralistic alternative

American Journal of Bioethics 2007 June; 7(6): 35-36



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Franck, Linda; Chantler, Cyril; Dixon, Michael

Should NICE evaluate complementary and alternative medicine?

BMJ: British Medical Journal 2007 March 10; 334(7592): 506-507



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Article Document 36

Toms, Paul E.

Alternative Medicine and Miracles, a Grand Unified Theory, by Reginald O. Crosley [book review]

Ethics and Medicine: An International Journal of Bioethics 2007 Spring; 23(1): 58



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Book Document 37

Bivins, Roberta

ALTERNATIVE MEDICINE? A HISTORY

Oxford/New York: Oxford University Press, 2007. 238 p.

Call number: [R733 .B58 2007](#) 



Book Document 38

Bausell, R. Barker

SNAKE OIL SCIENCE: THE TRUTH ABOUT COMPLEMENTARY AND ALTERNATIVE MEDICINE

Oxford/New York: Oxford University Press, 2007. 324 p.

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* **Book** Document 39

Snyder, Lois, ed.

COMPLEMENTARY AND ALTERNATIVE MEDICINE: ETHICS, THE PATIENT, AND THE PHYSICIAN

Totowa, NJ: Humana Press, 2007. 241 p.

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Article Document 40

Weir, M.

Regulation of complementary and alternative medicine: an international perspective

Medicine and Law: The World Association for Medical Law 2006 December; 25(4): 673-685



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Article Document 41

Sanderson, Christine R.; Koczwara, Bogda; Currow, David C.

The "therapeutic footprint" of medical, complementary and alternative therapies and a doctor's duty of care

Medical Journal of Australia 2006 October 2; 185(7): 373-376



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* **Article** Document 42

Oguamanam, Chidi

From rivalry to rapprochement: biomedicine, complementary alternative medicine (CAM) at ethical crossroads

HEC (Healthcare Ethics Committee) Forum 2006 September; 18(3): 245-264



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Article Document 43

Talib, N.

Alternative, complementary and traditional medicine Malaysia

Medicine and Law: The World Association for Medical Law 2006 September; 25(3): 445-462



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Oguamanam, Chidi

Biomedical orthodoxy and complementary and alternative medicine: ethical challenges of integrating medical cultures

Journal of Alternative and Complementary Medicine 2006 July-August; 12(6): 577-581



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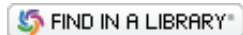


Article Document 45

Ahn, Andrew C.; Ngo-Metzger, Quyen; Legedza, Anna T. R.; Massagli, Michael; Clarridge, Brian R.; Phillips, Russell S.

Complementary and alternative medical therapy use among Chinese and Vietnamese Americans: prevalence, associated factors, and effects of patient-clinician communication

American Journal of Public Health 2006 April; 96(4): 647-653



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<http://www.ajph.org> (link may be outdated)



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Frye, Ann W.; Sierpina, Victor R.; Boisaubin, Eugene V.; Bulik, Robert J.

Measuring what medical students think about Complementary and Alternative Medicine (CAM): a pilot study of the Complementary and Alternative Medicine Survey

Advances in Health Sciences Education 2006 February; 11(1): 19-32



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Johannessen, Helle and Lázár, Imre, eds.

MULTIPLE MEDICAL REALITIES: PATIENTS AND HEALERS IN BIOMEDICAL, ALTERNATIVE, AND TRADITIONAL MEDICINE

New York: Berghahn Books, 2006. 202 p.

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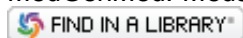


Article Document 48

Sampson, Wallace

Ethics and anomalous (alternative) medical practices

MedGenMed: Medscape General Medicine 2006; 8(3): 91



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Article Document 49

Shaw, Mary

Complementary and alternative medicine and the medical expense tax credit: a case for legislative reform



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* Chapter Document 50

Krizova, Eva

Alternative medicine: a dispute on truth, power, or money?

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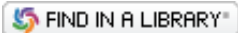


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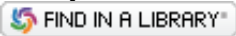


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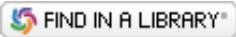


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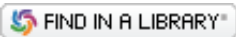


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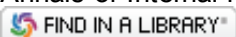


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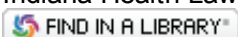


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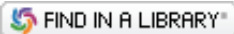


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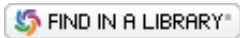


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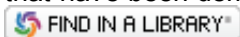
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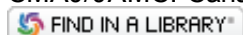


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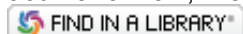


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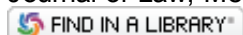


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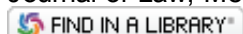


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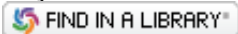


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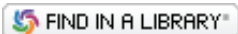


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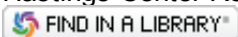


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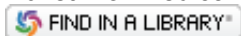
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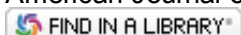
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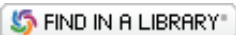


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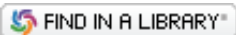


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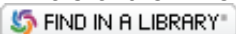


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Scheid, Volker

Remodeling the arsenal of Chinese medicine: shared pasts, alternative futures

Annals of the American Academy of Political and Social Science 2002 September; 583: 136-159



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Jonas, Wayne B.

Policy, the public, and priorities in alternative medicine research



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Brenton, Barrett P.; Sheehan, Helen E.

Preface [Global perspectives on complementary and alternative medicine]

Annals of the American Academy of Political and Social Science 2002 September; 583: 6-11



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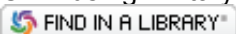
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Baldwin, Carol M.; Long, Kathi; Kroesen, Kendall; Brooks, Audrey J.; Bell, Iris R.

A profile of military veterans in the southwestern United States who use complementary and alternative medicine: implications for integrated care

Archives of Internal Medicine 2002 August 12/26; 162(15): 1697-1704

Abstract: BACKGROUND: Complementary and alternative medicine (CAM) use and expenditures are on the rise in the United States. Although civilian users of CAM have been well described, little is known about military veteran users of CAM. OBJECTIVE: To describe military veteran CAM users in the southwestern United States. METHODS: The study population comprised 508 military veterans randomly selected from Southern Arizona Veterans Administration Health Care System (Tucson) primary care patient lists, who had agreed to participate in a telephone interview. The chi(2) test was used to analyze CAM use by demographic characteristics, military service, military-related health outcomes, and physician-diagnosed health complaints. Logistic regression was used to determine predictor variables. RESULTS: Of the 508 subjects, 252 (49.6%) reported CAM use. Military veteran CAM users were significantly more likely to be non-Hispanic white, earn more than \$50 000 per year (both $P < .05$), and have greater than 12 years of education ($P < .01$). Current high daily stress, perceived negative impact of military life on physical or mental health, and physician-diagnosed chronic illnesses (eg, gastrointestinal problems, insomnia, and asthma) were statistically associated with CAM use. Regression analysis provided adjusted odds ratios and indicated that ethnicity (non-Hispanic white), higher education, greater current daily stress, and overseas military experience were significant predictors of CAM use by these veterans (each $P < .05$). CONCLUSIONS: Ethnicity, education, income, and several chronic health complaints are consistent with civilian CAM use. Findings also suggest, however, that physicians providing conventional medical care need to be aware of experiences unique to CAM-using military veterans.



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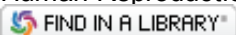


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Stener-Victorin, Elisabet; Wikland, Matts; Waldenstrom, Urban; Lundeberg, Thomas

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Human Reproduction 2002 August; 17(8): 1942-1946



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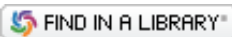


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Winslow, Lisa Corbin; Shapiro, Howard

Physicians want education about complementary and alternative medicine to enhance communication with their patients

Archives of Internal Medicine 2002 May 27; 162(10): 1176-1181



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Distinguishing complementary medicine from alternative medicine [letter]

Archives of Internal Medicine 2002 April 22; 162(8): 943



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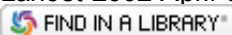


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McCarthy, Michael

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Lancet 2002 April 6; 359(9313): 1213



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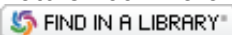


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Alternative therapies leave US commission divided [news]

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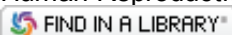


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Renckens, C.N.M.

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Human Reproduction 2002 March; 17(3): 528-533



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Latest CMDA [Christian Medical and Dental Associations] ethics statements: Alternative/complementary therapy

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Silversides, Ann

More provinces protecting MDs who practise alternative medicine [news]

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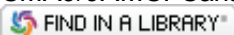


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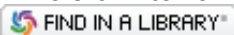


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Meeker, William C.; Haldeman, Scott

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London/New York: Routledge, 2002. 285 p.

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New York: Haworth Integrative Healing Press, 2002. 259 p.

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Silva, Mary Cipriano; Ludwick, Ruth

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Doyle, Aimee

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Ernst, Edzard

Barefoot and empty brain? What are we to make of journalistic 'alternative' nonsense?

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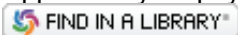


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Jonas, Wayne B.

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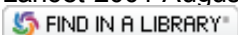


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Larkin, Marilyn

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Biebel, David B.

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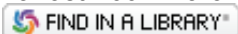


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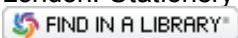


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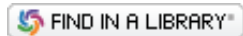


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Woolfson, Tony

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Caspi, Opher

Integrated Medicine: Orthodox Meets Alternative -- Bringing Complementary and Alternative Medicine (CAM) into Mainstream Is Not Integration [letter]

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Nahin, Richard L.; Straus, Stephen E.

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BMJ: British Medical Journal 2001 January 20; 322(7279): 161-164



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BMJ: British Medical Journal 2001 January 20; 322(7279): 158-160



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Bryden, Helen

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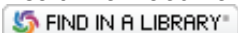


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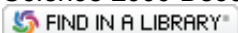
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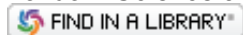


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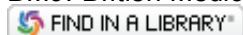


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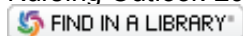


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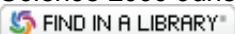


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