

Integrated Medicine in the EU; the best of both worlds

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The patients choice

- 10-20% use p.a. in the EU.
- > 50% lifetime use in the general population.
- Disease specific use increases to 90% (IBS, cancer, musculo-skeletal).

Why ?

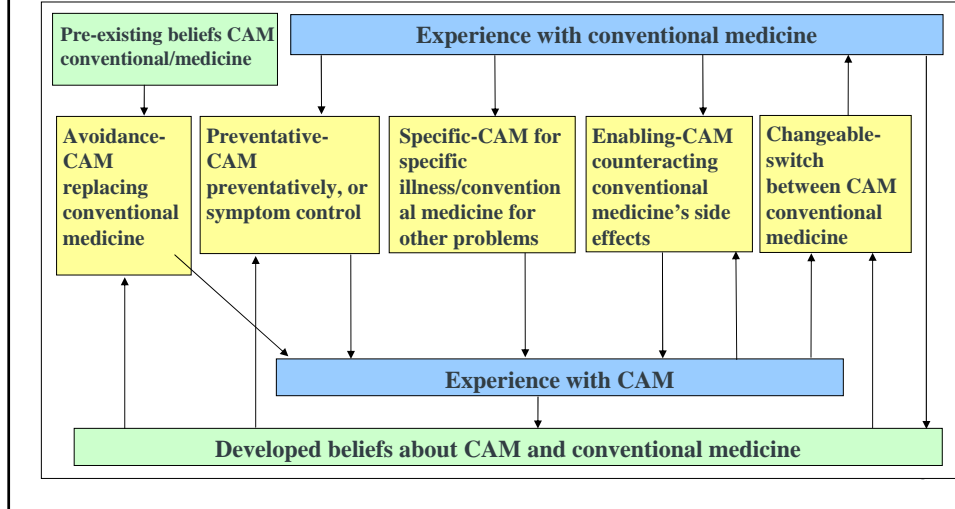
- Patients illness perceptions differs from doctors.
- Medication does not work, is not natural and not healthy.
- Worries about AR and dependence.

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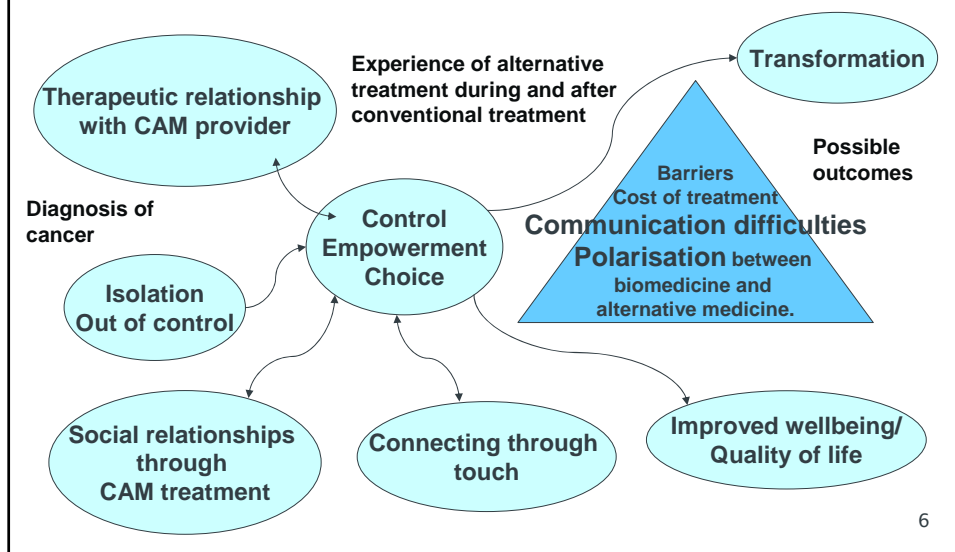
- Conflicting advice from different doctors.
- Poor therapeutic relationships (polarisation)
- Medication regimes complex and expensive.

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Patient 'trade-offs' in chronic illness (Brien and Lewith)



Experiences of CAM after a diagnosis of cancer, a meta ethnographic synthesis



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Physicians are divided

- Treat or treatment imposing a taxonomy
- Trick or treatment interpreting evidence.
- But many use CAM in an integrated manner (RCP survey and UK/German GPs).

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In the UK

- 80% of GPs refer and >30% practice.
- Hospital physicians (cancer and rheumatology) are sympathetic users and referrers.
- In Germany
 - Use is also high in primary and secondary care.
- The Tuscan model.

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Potential benefits

- Create better therapeutic alliances between doctor and patient.
- Which will:
 - Enhance cooperation and empowerment
 - Allow the development of strategies for self care (chronic benign illness, cost).
 - Enhance wellbeing and positive health (obesity/drug addiction).

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The politics

- The first patient led change in medicine in the 20th century.
- Which (unpopular in some quarters) challenging the dominance of the conventional medical model.
- How valuable is the conventional medical model?

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There may be

- New treatments.
- Cost savings.
- Improved safety.
- Better information.
- A 'working together' (obesity/drug addiction).

IF

We invest in research (0.0085%)

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