

## Alternative options



Typical American medical graduates emerge from their protracted period of training with an excellent foundation in the biological sciences and a large student loan to repay. Increasingly encouraged to enter primary care, they may at times find their scientific training superfluous, as they spend their days dealing with tension headaches, chronic back pain, anxiety neurosis, panic attacks, and social problems that they cannot solve. Yet they will find that their patients hold science in high regard, many having consulted books on psychic healing, levitation, firewalking, poltergeists, and better ways of communing with angels.

They will also find that despite their solid grounding in molecular medicine, statistics, and evidence based medicine, many of their potential patients seem to prefer naprapaths, homoeopaths, herbalists, faith healers, biofeedback, folk remedies, and vitamin, mineral, colostrum, or autourine therapy. Possibly their higher fees and hurried manner (for loans must be repaid) or reliance on expensive investigations compare unfavorably with the more sympathetic and hands on approach of masseurs, chiropractors, acupuncturists, hypnotists, relaxation therapists, and energy healers. For already in 1990 Americans were reported to have made 425 million visits to alternative therapists compared with 386 million to primary care doctors; and one third of Americans were resorting to some form of alternative medicine.

Since then the government has established an Office of Alternative Medicine to study such therapies, and now even some prepaid plans offer their subscribers alternative medicine options. Our scientific doctors should also know that many of their informed patients have surfed the Internet, communed in patient support groups, and may have been enthusiastically taking new remedies that they have never heard of.

The same public may also be hankering after something less scientific but more personal, more like the oldfashioned general practitioner of decades ago. I once knew such a person—who had practiced for 40 years, well into his 80s. He thought that 80% of his patients had self limiting acute or intractable chronic conditions and treated them accordingly. Anxious housewives got a monthly vitamin injection and felt better for it. The very anxious ones had 15 minute relaxation sessions. Men in their 80s came for regular chats and prostatic massage. Chronic complainers got inexpensive placebos disguised under fanciful names but actually mere aspirin, belladonna, calcium carbonate, or a special vitamin formula not obtainable elsewhere. He was gruff and told his patients to go elsewhere if they did not follow his regimen. In his last years of practice his patients were mostly his own age and he would sometimes fall asleep while taking their history. His fees were low, patients paid at the door, and there were no insurance forms, not even health managers. He seems to have missed few diagnoses and zealously protected his patients against questionable operations or invasive procedures. The younger doctors thought that he was a dinosaur, an anachronism, or worse. But his patients thought that he was wonderful and did not find it necessary to visit faith healers, naprapaths, or high colonic enema therapists.