

Alternative and complementary medicine in our hospitals: forbidden yesterday, tolerated today... implemented tomorrow?

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The medical institution's approach to so-called "alternative" practices or models is evolving, as well as its place in society and the quality of relationships between patients and medical staff.

During the 1970s and 1980s, alternative medicine was distrusted and rejected, with several campaigns warning people against the various adverse effects of such practices. At that time, patients were deemed gullible and were reminded of the universal and unquestionable sovereignty of scientific medicine, allegedly the only means to treat all kinds of ailments.

Since the 1990s, both society and the state have taken an increasingly active part in medicine through the implementation of regulating and rationalisation measures: health planning, new management of institutions and resources based on the market economy, allocation of means depending on performance results and quality and user empowerment for example. In this context, the management bodies of the 5 university cantons which provide comprehensive medical training curriculums requested that their faculties implemented structured, neutral and unbiased information courses on alternative medicine (please refer to the relevant report on this matter issued by the Vaud government in 1993 [1]). They also prompted research institutions to tackle this issue, and a national research programme was therefore initiated in Switzerland between 1992 and 1998 (PNR-34) [2]. Simultaneously, following the publishing of significant and reliable studies [3, 4], countries such as the United States took an extra step in this respect by financing research programmes, academic training courses and health structures dedicated to alternative medicine [5].

At the dawn of the 21st century, our country's major players in the health industry began working on the definition of guidelines governing a new form of medicine, designed to meet the challenges of modern times [6]:

- a health system meeting the demands of the population;
- rational and efficient means management;
- guaranteed treatment safety and quality;

- broader medical knowledge thanks to technical and life sciences, as well as human sciences and alternative medicine;
- development of a new form of patient care based on inter-professional cooperation and the implementation of interventions during the course of therapy (continuity of care);
- patients and their relatives to be considered as full-on partners regarding care-related decisions, treatment planning and humane care.

A study was carried out as part of such measures, allowing for a better understanding of the needs and requirements of the Swiss population with regards to its health care system [7]. It clearly revealed the people's concern for such issues, whilst also stressing their wish for other forms of medicine and care to be taken into consideration ... and as one knows, this concern was added to the Swiss Constitution on 7th March 2010 following a referendum which yielded indisputable results (Art. 118a Cst – Alternative medicine: *The confederation and cantons shall endeavour, within their respective powers, to take into account alternative medicine*). Relationships between hospitals, at the heart of the medical institution, and other forms of medical models and practices have also evolved over time. Officially disregarded in the 1970s and 1980s despite being used unofficially in hospitals, many "alternative" practices were gradually added to patients' courses of treatment and consequently gained legitimacy, and are nowadays fully integrated in several hospital services [8]. According to the study carried out by Carruzo, Graz, Rodondi and Michaud and published in the Swiss Medical Weekly [9], the supply and use of alternative medicine is gradually increasing in hospitals in French-speaking Switzerland. However, it appears that this tendency occurs rather randomly, depending on the willingness of medical staff to implement such practices to their courses of treatment. This study highlights how inefficient our medical institutions are in terms of implementing alternative medicine to French speaking hospitals, despite them being requested by the people, politicians and all parties, paving the way for tomorrow's medical model.

Hospitals should take into consideration new technical and scientific data (life, human and social sciences) as well as the needs and demands emanating from the population. In this respect, our hospitals are now truly able to define the strategy for coherent implementation of alternative medicine, based on:

- conclusive efficiency and quality data pertaining to some alternative approaches [10];
- the acknowledgement of some alternative treatments by social security;
- reliable assessment possibilities regarding the effect of alternative treatments on patients in terms of health, subjective perception and satisfaction;
- information and advisory possibilities for patients using alternative methods during their course of treatment [11];
- a new treatment philosophy based on an inter-professional and collaborative dynamic, with all medical staff providing alternative care to their common patients;
- consideration for patients' expectations, as medical staff should never neglect the fact that such patients are their main partners!

The study "Offer and use of complementary and alternative medicine in hospitals of the French-speaking part of Switzerland" [9] clearly shows that this movement is underway. Our hospitals are open to alternative medicine, and it is now up to them to actively implement such practices for their patients' treatments. Medical and social institutions are favourable to it, and the appropriate means in this respect are now available!

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