



AT WORK – IN THE SURGERY

The complementary medicine patient

At least half your patients use complementary medicine, often without your knowledge. **Petrea King** looks behind the increasing number of people utilising complementary therapies (CT) present some interesting challenges for the GP. More people are seeking a greater involvement in their own healthcare and are increasingly interested in healing approaches that are less toxic or have fewer side effects. This escalating interest in CT knows no predictable demographic of culture, age, socio-economic or educational background. People are more likely to encounter information about CT in casual conversation, in health and lifestyle magazines, through radio, television or Internet than through a qualified professional.

Yet it is essential for GPs to know exactly what their patients are using or taking as CT may have a very real impact on their health or may negatively interact with prescription drugs. If the patient fears ridicule, disinterest or judgement, they are likely to withhold information that might be crucial to your understanding and decision making. It is essential to ask people if they are taking or using any non-medical therapies.

Patients' greater choices

Many of the therapies that were considered to be on the 'fringe' of medicine 20 years ago are now accepted as having a valuable role to play: meditation, acupuncture, massage, herbal medicines, nutritional therapies and supplements, even homeopathy, are now common complementary approaches to health and healing. This has certainly been borne out in our experience with more than 50,000 people who have sought individual counselling or attended residential programs at the Quest for Life Centre, in Bundanoon, NSW. Our participants range in age from teenagers to those in their 90s. Most of them have cancer or other serious or chronic illness, or experience anxiety, depression, relationship breakdown, grief, loss of meaning or other trauma. They come from differing cultural, educational, religious and socio-economic backgrounds. They seek to regain control over their response to the challenges they face in their lives and to find complementary ways to help themselves in addition to whatever medical treatment they might be receiving. Most of them are already using CT and all of them are open to learn more about how they can be of benefit to them.

All paths lead to peace

We ask two questions of our participants at the commencement of programs: why are you here and what do you want from this program. The resounding and consistent reply is that, regardless of the stimulus that brought them there, people



unanimously want to feel at peace: with themselves; what is happening to them; their history; the people with whom they share their life and, preferably, at peace in their own bodies. It is challenging to find peace of mind when we have no peace of body!

As we know, health is not simply the absence of disease. Real health is a dynamic state in which we feel able to embrace each moment with a clear mind and an open heart. This implies that we need to treat more than the body of the patient. They are generally aching for someone to engage with the 'being' enmeshed in the body rather than have the body as the only focus; we have physical, mental, emotional and spiritual dimensions, and the complementary health patient prefers a holistic approach that encompasses and respects each of these aspects. People often speak of the unseen anguish of their grief, meaninglessness, loss, depression and the affront when others tell them how well they look without any enquiry into how they *feel*. This leads me to generally ask people, 'Do you feel as good as you look?' rather than making the assumption that if they *look* OK then they *are* OK.

By listening deeply to a person, we find out what their priority for healing might be and so learn to respect and trust the patient's view. As professionals, we may choose to focus on the symptom or the problem that we can readily treat while the patient might have a different priority. For instance, a patient may present with regular headaches and insomnia and yet her priority may be the panicky feelings of overwhelm she is experiencing because she has a demented mother living with her and a stressful workplace. If we only treat her headaches and insomnia without penetrating to the underlying cause and giving her practical strategies by which she can regain a sense of control over her situation, then she has only been partially helped. In my work with doctors in our residential program for health professionals, the comment is often made that this deeper healing — the feeling that you have been truly worthwhile to another human being — is precisely why many of them became doctors in the first place. One tends not to get the same sense of satisfaction when only attending to a physical symptom without an understanding or acknowledgment of the deeper cause.

What patients want

Our view of peace is very simple and is contained in the following four qualities known as the 'Four C's'. The knowledge of these qualities can assist us in understanding what the patient interested in CT may want from their GP.

If we are to have peace:

- 1) We need to regain a sense of **control** over our response to life. This quality recognises that we can't always change what happens to us but we can certainly change our response to what happens to us. This is the difference between feeling a passive victim of our circumstance or an active participant. This quality enables us to respond appropriately to our circumstance rather than simply react.
- 2) We need to feel **committed** to living. We need to get emotionally up-to-date so that we can enjoy the present moment. Many people are worn out by life's challenges or disappointments and harbour unresolved emotional issues that



negatively influence their lifestyle choices. This quality embodies issues of forgiveness of self and others, improving awareness and communication and a re-appraisal of our priorities (as people often postpone their sense of contentment and happiness to some future time when things are different — the ‘I’ll be happy when ...’ pattern).

- 3) We need to feel our life is satisfying, meaningful and **challenging** and that we are fully engaged in living the life we came here to live. This quality also gives meaning to our suffering. Our suffering generally pushes us to explore parts of ourselves that we might never have ventured into otherwise. Our disappointments, tragedies, anguish and upsets are often the means by which we get to know ourselves so deeply and which lead us to find strengths within ourselves and in our relationships. Suffering can be a great springboard to personal growth.
- 4) We need to feel **connected** to our own spirit or essence; we need to know who we are in order to be true to ourselves. It is essential for us as psycho-social beings that we have our sense of place or belonging amongst our family, community or loved-ones.

Relating to the CM patient

This leads to the most fundamental essential of a respectful relationship between GP and patient; the doctor needs to enlarge their focus from treating the physical body so that they can engage with the person who inhabits the body. This is done through a doctors’ ability to be present with the patient; to maintain eye contact, to hear where there is an emphasis or hesitation, to read body language, to hear what is not being said and to ask appropriate questions. From a complementary health perspective, it is better to understand the patient who has an illness than to understand an illness without regard to the patient.

The complementary health patient prefers to be given options rather than told what they *have* to do. After all, the patient is aware of other factors that may influence their choices and which they may or may not share with you as their doctor; for instance, their financial or relationship challenges, emotional state, other family difficulties or responsibilities, fundamental beliefs, disappointments, etc. In an honest and trusting relationship, therapies — both complementary and orthodox — can be explored without prejudice. This centres the treatment around the person and what makes sense to them rather than simply diagnosing the illness and prescribing its treatment. Complementary health patients tend to be highly motivated in making an active contribution to their own health and well-being.

In order for patients to make good choices, they need accurate information. It is difficult for many doctors to provide such accurate information when their area of expertise may not be CT. The sheer rate and volume of research in medicine makes it virtually impossible for any professional to remain completely up-to-date and informed. However, a willingness to listen with a clear mind and an open heart, plus their willingness to research information for the patient or refer them to someone who has the knowledge, is always respected and appreciated by the patient. The complementary health patient doesn’t expect their doctor to know everything; however, they do expect that their input and decisions will be heard and respected.



A matter of time

The health system has evolved in such a way as to make it almost impossible for GP's to have a deeply satisfying relationship with their patients. To a significant extent, financial, legal and bureaucratic pressures control your ability to deliver your expertise. The time constraints and accountability you are subjected to often doesn't let you listen deeply to your patients, let alone read the myriad more subtle ways that patients communicate beyond using words. And yet the heart of healing lies in the relationship between doctor and patient. The future holds promise of a more satisfying relationship between patients and professionals when we make time for the healing potential in this relationship to manifest.

Petrea King, ND, DBM, DRM, DipCHyp, IYTA, is Director of the Quest For Life Foundation, Bundanoon