



## Communication and the laying on of hands – medicine's missing links

Dr B Brom, co-chair of the South African Society of Integrative Medicine (SASIM), is quite upset with the editors of the *SAMJ*. 'My article on integrative medicine recently submitted for publication in your journal has clearly met with a negative response,' he writes. 'I feel extremely disappointed and angry that my profession should refuse to publish an informative article on a way of practising medicine that is becoming increasingly popular around the world and is practised by thousands of medical doctors.' He then goes on berate us for being captives of 'scientism' (as opposed to good science), a cult that is 'protective of its viewpoint, dislikes criticism, tends to be arrogant and is very narrow-minded'.

Integrative medicine (IM) is the latest name for complementary medicine, itself a successor to alternative medicine. In the literature, alternative and complementary medicine are collectively referred to as CAM, which the Cochrane Collaboration defines as 'the broad domain of healing resource that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs other than those intrinsic to the politically dominant health system of a particular society or culture'. IM distinguishes itself from the numerous other kinds of CAM in that its practitioners are medically qualified and registered, and have made a conscious and presumably informed decision to incorporate CAM in their medical practice. These doctors are clearly not convinced that conventional medicine alone has all the answers to patients' problems.

Dr Brom is correct about the increasing popularity of CAM around the world. In surveys of CAM users, about 80% express satisfaction with their treatment even when it has not resulted in an improvement in their presenting complaint. In one UK survey, cancer patients reported being emotionally stronger, less anxious and more hopeful about the future as a result of CAM treatment, even if the cancer remained unchanged,<sup>1</sup> and more than two-thirds returned for further treatment. The prestigious NIH has recognised the importance of this form of practice in the public perception, sufficiently to establish the National Center for CAM, which disseminates non-judgemental information and sponsors randomised controlled CAM trials.

In South Africa, attention has largely focused on the conventional wisdom that 80% of black African patients consult traditional healers exclusively or in addition to the medical practitioner (although I am not aware of good surveys in this regard), something that has some doctors hot under the collar. But in fact other forms of CAM are alive and well in this country, with many patients across the entire population spectrum embracing other forms of healing alongside conventional medicine. It is perhaps telling that, in the British experience, most CAM users are well educated and of middle to high socio-economic class.

So, what draws people to CAM, and why is conventional medicine seemingly failing to satisfy the holistic needs of patients? CAM users cite the relationship with the practitioner, the amount of time given to their needs, the attention to issues of personality and emotion, the way illness is explained, and the succour that derives from touching, particularly in the manipulative specialties.

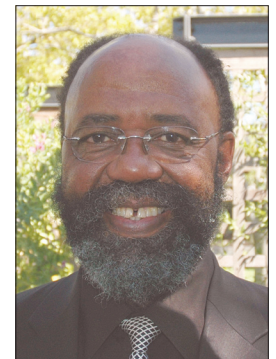
### Curing is not healing

Many medical practitioners do in fact provide this sort of holistic care and consequently have excellent rapport with their patients. Speaking generally, however, doctors are trained to diagnose disease, not to deal with existential concerns. Conversation is therefore often restricted to the doctor putting narrowly focused questions, and the patient responding with little opportunity to 'open up' on personal or other concerns that may in fact loom larger in their mind than the physical complaint. The patient must then submit to instructions to 'open your mouth, say "ah", lie down, turn over, breathe deeply', and to the rituals of palpation, percussion, feeling for pulses and swellings, and so forth.

In the majority of cases these rituals are of little or no value, leading UK GP Barraclough to scoff at 'the myth that somehow symptoms and signs in medicine are highly predictive of disease, or that we know how predictive they are'.<sup>2</sup> Barraclough may be overstating the case. In our Third-World setting, symptoms and signs may be all you have to go by to make a diagnosis. But the point is well taken that superfluous rituals cost time that could more fruitfully be devoted to *communication*.

The medical profession is justly proud of the astounding scientific advances of the last two centuries in the understanding, diagnosis and treatment of disease. However, and as Jacques Kriel admonishes, the doctor should look beyond the notion of 'the body as a machine, and the doctor as repairer of that machine'. The patient is greater than the sum of his or her physical components, and 'curing may not necessarily involve healing, and ... healing can take place in the absence of curing'.<sup>3</sup> Both are part and parcel of a doctor's calling; the trick is finding the balance.

**Daniel J Ncayiyana**  
Editor



References available from author at [danjn@telkomsa.net](mailto:danjn@telkomsa.net)