

ACHRN PANEL DISCUSSION SESSION: July 2007
POWER RELATIONS IN COMPLEMENTARY AND ALTERNATIVE MEDICINE

Power to the patients! What happens when service users influence the research agenda (and why is it so rare)?

Dr Charlotte Paterson

The UK leads the world in involving patients and the public in health services research, and there are numerous examples of how service-users have led, collaborated with or been consulted by researchers. Yet involving patients and their carers in our research teams is far from routine. I will draw on a survey of user involvement in CAM research and set the findings in the current political and social context. We may wish to discuss to what extent we have a moral obligation to involve the public when we are using public money to investigate patients' experiences of health and illness. And what the practical advantages of service user involvement may be, particularly for a beleaguered sector of health care such as complementary medicine. Finally we need to consider it in relation to the powerful role of pharmaceutical companies, who use their profits not only to influence research and service provision, but also influence many of the patient-led charities and support groups. Service-user involvement is not simple, but it is a powerful way to ensure our practice and our research is patient-centred.

Power structures and their implications for the use and provision of CAM in Tuscany and Denmark
Dr Helle Johannessen

In 2005, Tuscany, a region in central Italy, included four kinds of complementary medicine in the public health care system, and by now Tuscan administrators are called upon as experts on integrative public health care by WHO and the EU. But is the Tuscan model desirable for patients and providers in other countries? In Denmark, where the public health care system pays less interest in complementary forms of medicine, the population's use of CAM is higher than in Tuscany, more forms of CAM are available, and the kinds of effects reported by patients are of a more complex kind. Among the questions I propose for discussion are what implications domination by medical doctors in the field of CAM may have for the political recognition and processes towards inclusion in public health care, and what implications this may have for the forms and quality of CAM offered to the population.

Power within the client-practitioner encounter
Professor Andrew Long

The concepts of patient-centred care and empowerment are two of many constructs firmly espoused within current health care policy rhetoric. Both argue for, imply and require a shift in focus with the patient/client as their focus and more collaborative ways of working, whilst challenging long held cultural beliefs and practices about professional/expert knowledge and trust. There is however debate over their meaning and enactment, and an implicitness about their realisation within CAM client-practitioner interactions. The intention is encourage a discussion around these issues, in particular, in relation to: lay/expert knowledge and client/practitioner lifeworlds; the meaning of empowerment for CAM practitioners and CAM users; and how to research and measure their enactment and realisation in practice.

Power, conflict and the integration agenda
Professor David Peters

CAM is a signpost indicating fruitful possibilities for future medicine. It also implies elements lacking in a public sector system constrained by cost, where cooperation and care are not always available even when cures are delivered. It's tempting for CAM practitioners to feel they could provide what's missing: cures without drugs, surgery or side effects; ready engagement between clients and practitioners; preparedness to care. But is CAM ever to be the healing cavalry charging to biomedicine's rescue on white vitalistic horses? Its relationship with the mainstream is more complex: biomedicine is shaped by rationalism, reductionism and the politics of deference; the 'integration' process is entangled with issues of contested knowledge, power and authority. Yet there is common ground in our unresolved questions: what can we actually cure; how do we maintain wellbeing in long term conditions; how shall we work more compassionately? If CAM pillories biomedicine for its human limitations and ridicules its god-like aspirations, while denying its own shortcomings, omnipotent fantasies and projections, then the clash with mainstream medicine becomes inevitable. With wellbeing and health creation high on the Government agenda this would serve no one.