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http://ijhpm.com
Int J Health Policy Manag 2015, 4(9), 625–626
doi 10.15171/ijhpm.2015.106
IJHPM
International Journal of Health Policy and Management
Commentary

New Scope for Research in Traditional and Non-conventional Medicine

Comment on "Substitutes or Complements? Diagnosis and Treatment with Non-conventional and Conventional Medicine"

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Abstract
The article takes its cue from models of quantitative research applied to complementary/alternative medicine (CAM) and pinpoints some innovative features in the case at issue (Portugal). It goes on to outline new research scenarios moving beyond the *either* biomedical *or* CAM framework.
Keywords: English National Health Service (NHS), Funding, Privatisation
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Citation: Tognetti Bordogna M. New scope for research in traditional and non-conventional medicine: Comment on "Substitutes or complements? Diagnosis and treatment with non-conventional and conventional medicine". *Int J Health Policy Manag.* 2015;4(9):625–626. doi: 10.15171/ijhpm.2015.106

Article History:
Received: 27 April 2015
Accepted: 21 May 2015
ePublished: 24 May 2015

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From a sociological reading of the article "*Substitutes or complements? Diagnosis and treatment with non-conventional and conventional medicine*" by Aida Isabel Tavares,[1] which summarises the situation of complementary/alternative medicine (CAM) consumption in Portugal, various interesting points emerge. The first is that a health economist should be studying the subject, and applying research models that are typical of the quantitative approach. With the exception of clinical studies, CAM tends largely to be studied in a qualitative light,[2] even though scholars have long shown it to be a suitable area[3] for empirical investigation and not to be confined to the classic diatribe on *either* biomedicine *or* CAM. The other prevailing issue has been, of course, whether such medicine works or not – which some scholars have called "the big question."[2] By contrast, Tavares' article responds to the demand for new research approaches that should be, at the same time, solidly based on the empirical method, a step forward in the study of the various models of CAM consumption and use.

Many new avenues of research are opening up in CAM. Above all, the kind of approach whereby, in seeking knowledge of the complex world of CAM, it is increasingly important to employ both qualitative and quantitative methods, without harping on the alleged superiority of one to the other. Joint use of both methods often enables the research to handle all 3 dimensions together: the micro (behaviour, options, and features of those resorting to CAM); the meso (how and how far the various health systems affect use of CAM, to what extent they encourage or obstruct such behaviour, if and how they leave room for health professionals incorporating CAM in their practice); and macro (how and how far globalised processes of social and cultural transformation tie up with the growing demand for CAM).

Other potential research avenues regard the characteristics of practitioners, who the literature claims are increasingly women,[4] not just on the issue of how close to or far from the biomedical model they are, but how much they practice a community approach. Little, too, is known about the various professional groups and associations (homeopathy, chiropractic, phytotherapy, etc.): what role they play in structuring the various practices and fields of competence, and how far they build political consensus. Again, it might be useful to explore the motivations underlying the professional fragmentation typical of most CAM, in order to understand the career expectations and patterns inside practitioner groups, the professional training processes open to the various members of professional communities, especially focusing on the transition from CAM trainee to CAM professional.[5] Such research might also help define the pathways for training and legitimising professionals whilst prioritising quality of treatment[1] and enlisting university support.

One further important ambit of research is the process of including and accepting CAM within the various health and Medicare systems,[6] as well as the contribution CAM may make to rendering such systems sustainable, especially at a juncture such as the present where the lingering economic crisis dating from 2008 conceals an epoch-marking cultural change and a steep increase in health inequalities.

Tavares' paper is also interesting in that she focuses on a country where CAM is still under-represented in the international literature. We feel that studying how CAM is used in that country is important as a welfare model paradigm[7,8] for all the countries of Southern Europe (Portugal, Spain, Italy, Greece). The so-called Mediterranean welfare model rests on considerable public intervention in a health system anchored to biomedicine, while the state does little or nothing to support CAM. It is thus the private insurance and the citizen's own pocket that support most of the cost of

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these burgeoning forms of medicine. In terms of welfare the Mediterranean countries still do little to train their doctors in CAM,[9-11] leaving it yet again to the goodwill of individual practitioners and individual CAM associations to train those who practice complementary and alternative medicine. This is to ignore how CAM training not only constitutes an expanding market, but forms an important guarantee of quality on the part of practitioners, ensuring and safeguarding citizens who expect a quality CAM service[12] and invest their own private resources to that end.

Irrespective of the research conclusions and despite certain limitations (we are told little about CAM legislation in Portugal, or how branches of the practice have developed, or what literature there is to support this, etc.), Tavares' research has the merit of focusing on the fact that CAM is more and more a support to the patient and his disease within an integrated, combined framework. It also, once again, points out the limitations of calling CAM alternative or heterodox, and shows, on the contrary, that these are treatment options that the individual deliberately chooses. That choice is either guided by the informed milieu (doctors, chemists, herbalists, those with direct experience) or gained directly on the internet or dedicated media, geared to overall well-being.[13,14] This all confirms how the traditional rhetorical dualism between biomedicine and CAM is a social construct rather than a fact. One criticism we might make of the author relates to the kind of illnesses she focuses on (cancer, diabetes, heart complaints, etc.) to gauge the degree to which CAM is used complementarily and how effective it is. The canvas is so generic as to undermine the author's reasoning.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author's contribution

MTB is the single author of the manuscript.

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