Tma1 k221 perspectives on cam

Part 1: In recent years there has been a marked increase in the use of CAM in the UK population. Examine why CAM therapies have become so popular. Part 2: Write a short reflective account on how far your discussion in part 1 relates to your own experience as a user of health care services. This essay will examine how the popularity of CAM therapies has been influenced by radical changes in society and how people live their lives in the UK.

The way people see the world around them and the increase in lay knowledge has given people the tools needed to take control of their own lives, question what they are told and make informed decisions about their health care options. The relationship that develops between a practitioner and the user of a therapy can have a profound effect on the likelihood of someone returning for more treatment or trying different therapies. The industrial revolution brought about radical changes and opened up new possibilities for society.

The period after this, often referred to as modernity can be seen as the time when knowledge and understanding in fields such as science, medicine and technology became the way society could understand the world around them. Following the modernity stage, western societies are seen as having gone through another stage of development which is generally termed ??? post modernity??™. Whereas modernity is seen as the stage in which understanding and knowledge of the world was seen as certain, post modernity is viewed as a stage in which doubts were formed and questions began to be asked about the knowledge sets of modernity.

A number of other key features are also seen as part of the post modernity stage including growth in a ??? consumer culture??™ in which people have more choice and control over the goods and services they use and receive. People began to choose to engage in a wide range of social, leisure and work pursuits taking a ??? pick and mix??™ approach to life. Information technology became a driving force in society with a need for people to develop new skills and a move away from industries such as ship building and steel production (Lee-Treweek, 2005). In present-day society the way in which people view themselves and relate to each other has changed considerably. The link between social status and social class has changed and new technologies such as the internet have provided people with the tools to become more informed with regards to many aspects of the world around them including their health and the healthcare options available to them (Lee-Treweek, 2005). The way in which western societies understand what it means to be ??? healthy??™ has also evolved since the Second World War from purely relating to the absence of physical disease to encompassing all aspects affecting a person including their social networks and environment. Personal factors associated with modern living such as stress, which may or may not manifest in diagnosable physical symptoms is now also understood to cause serious health concerns for many.

Health care is provided in various different forms and different models have been developed to explain how these forms of care are delivered. The biopsychosocial model is seen as the closest in explaining the delivery of modern western health care. This model views social, psychological and emotional factors as equally important as the biological factors when

diagnosing and treating disease, whereas a biomedical model focuses on the physical nature of disease and devalues the views of the patient in favour of the professional knowledge held by the medical practitioner (Stone, J. and Katz, J. 2005). This shift towards a biopsychosocial view fits more closely with the pluralistic approach to healthcare in the UK which gives consumers the freedom of choice when choosing whether to access purely orthodox medical approaches, CAM or a mixture of the two. In opposition to a dominant orthodox medical culture, a counter-culture emerged from the mid 1960??™s to the mid 1970??™s. Public attitudes began to change and people began to question whether there were different ways of living including taking care of their health needs.

At this time individuals began to explore the health care choices open to them and by the 1980??™s an increase in the demand for complementary and alternative therapies was evident. There are a number of theories seeking to explain why there was such a significant rise in consumer interest in CAM therapies including, as Saks (2003) comments that the awareness in the limitations of safety in biomedicine increased and recognition grew of the inability to treat chronic illness by orthodox methods. Saks (2003) also notes that people were becoming frustrated with the depersonalised way patients were treated leading to a feeling of disempowerment where people were not in control of their own medical care and were expected to obey professionals within orthodox biomedicine (Saks, 2005). As consumer demand for CAM continued to grow political pressures caused changes within orthodox medicine and there was a realisation within the medical profession that incorporating certain CAM therapies was necessary. There was also

recognition of the need for medical students and other health professionals to have an awareness of CAM therapies. This is well illustrated by reports published by The British Medical Association (BMA), in the 1986 report alternative therapies were linked with witchcraft and superstition whilst the 1993 report referred to complementary rather than alternative therapies, the need for medical practitioners to receive training about CAM and a need for more research into CAM therapies (Saks, 2005). This change may have helped the growth in the popularity of certain CAM therapies with the general population as it can be seen as recognition by the medical profession that CAM can be beneficial.

The therapeutic relationship between practitioner and client can have a profound effect. Ernst (1995) suggests that the ability of alternative practitioners to produce good results may be influenced by a powerful placebo effect resulting from the rapport that is built with the client. Lack of satisfaction with regards to the relationship between client/patient and practitioner, whether orthodox or CAM may result in the client shopping around for a new health care provider.

It is believed by some that the search for a more satisfying relationship may be a factor in the growing popularity of CAM therapies. (Kelner, 2000). An important factor when considering the effect a good therapeutic relationship is the concept of healing rather than curing, a person may feel healed with a better sense of wellbeing without being cured of their ailment (Stone and Katz, p. 208).

It has been argued that some CAM practitioners have more time to spend with their clients which enables them to build a greater rapport and understanding of the person as a whole rather than focusing on alleviating symptoms. Different models of the therapeutic relationship have been identifies by Kelner (2000). A paternalistic model is most often associated with the doctor/patient relationship with the patient adopting a more passive role and accepting the doctor as expert whereas a consumerist model sees the client as decision maker choosing the service they require. Mutual participation when making decisions about health care is a key factor of the shared decision-making model which may be more likely to be associated with CAM practitioners, however not all CAM practitioners can be described as this and many orthodox practitioners involve patients in the decision making process (Stone and Katz, 2005, p. p.

214-215). It remains more common for people in the UK to seek help from their GP before visiting a CAM practitioner and therefore more likely to use CAM when they have unsatisfactory experiences with orthodox practitioners or treatments. However when an individual becomes a recurrent user of a particular CAM practitioner such as chiropractor they may be more likely to bypass the GP and go straight to the CAM practitioner as they now regard them as their primary practitioner for a certain condition such as back pain although they may still consult their GP for other issues (Cant, 2005, p. p.

182-183). In conclusion the increase in the popularity of CAM in the UK can be attributed to a variety of factors although it is difficult to pin point the exact reasons and how much the different factors have influenced the increase. The industrial revolution brought about the beginning of radical

change within society and opened a wide range of new possibilities. Following this influx of knowledge society moved onto a further developmental stage of questions and doubt, with people seeking more choice and control over their lives including their health care choices. In present day society vast changes have occurred regarding the way individuals view themselves and relate to each other. The way in which society understands health and what it means to be healthy has also changed considerably, rather than focusing purely on physical symptoms all aspects of a person??™s life are taken into account including emotional issues and social networks. The emergence of a counter culture opposing orthodox views of how individuals should live, which included addressing their health needs sparked an increase in the demand for CAM therapies.

Recognition by the medical profession of the usefulness of certain CAM therapies when used as complementary to orthodox medicine rather than as an alternative may also have had a positive effect. The therapeutic relationship is an important factor in any health care encounter and can be a catalyst for healing a person rather than focusing on alleviating symptoms. My own experiences of health care services in the UK fit fairly closely to the way in which the popularity of CAM therapies has grown. As a child in the late 1970s and early 1980s a biomedical approach to health care was the generally accepted view within my family and the local area.

I received treatment for ear infections with my Mother following the advice given by our local GP without question as the general belief was that the doctor knew best, this included antibiotic treatments and operations to remove my tonsils and adenoids and to fit grommets. During the 1990s there

was a noticeable shift in my social circle and locality towards a biopsychosocial approach with our local GPs recommending certain CAM therapies, such as acupuncture as a complementary treatment for arthritis suffered by my uncle which was administered at the local GP surgery. At this time I had an aunt who taught yoga at the local church hall and arnica cream was the preferred treatment for bruises. By the time my son was born in 1995 herbal preparations were accepted within my family and social circle as an aid to wellbeing although the doctor was still the first port of call for anything serious. From 1999 until 2008 I managed a retail shop which sold phytotherapy tinctures and tablets as well as aromatherapy oils. I research the products we sold and completed a phytotherapy course with the company whose products we stocked. We saw a constant growth in new customers and returning customers who were keen to help themselves either as an alternative or to compliment orthodox treatments. The majority of people I know have visited CAM practitioners, taken herbal preparations or tried other self help treatments.

I personally became disillusioned with the local GP when my son suffered from colic and visited a local herbalist in search of a remedy. I also researched treatments for my son when he was suffering from conjunctivitis which the treatments prescribed by our GP failed to clear up. I am a strong believer in the power of herbs as an alternative to some orthodox treatments and have tried a number of CAM therapies, generally recommended to me and then researched on the internet.

Some CAM therapies seem to have become so well incorporated into the medical profession that it can be easy to forget that they are CAM at all.

When my GP recommended a local osteopath to treat a whiplash injury I did not immediately think of it as a CAM therapy even though it was not available on the NHS and I was required to pay. For me the therapeutic relationship definitely influences the overall experience of a health care encounter whether orthodox or CAM. I have found that if the therapeutic relationship does not live up to expectation it becomes impossible to benefit from the intervention.

The ability to access and choose my own health care options is empowering and helps me to feel in control of my own life. Part 1: 1518 wordsPart 2: 502 wordsTotal: 2020 wordsReferences: Cant, S. (2005), ??? Understanding why people use complementary and alternative medicine??™, in Heller, T. Lee-Treweek, G. Katz, J. Stone, J. and Spurr, S.

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