

# [Quality of health care: alternative and complementary healing practices](https://assignbuster.com/quality-of-health-care-alternative-and-complementary-healing-practices/)

In North America, alternative and complementary healing practices refer to those that are outside of conventional, science-based Western medicine and not sanctioned by the official health-care system. Alternative and complementary healing practices and products have grown and continue to grow dramatically in popularity with clients of all ages and backgrounds. The range of practices and concepts included in alternative and complementary healing is considerable.

According to the World Health Organization (WHO), 80 percent of the world’s population uses what Americans call “ alternative” practices as their primary source of health care. Because of the widely accepted use of these practices, WHO has officially sanctioned the incorporation of “ safe and effective alternative remedies and practices for use in public and private health services (Jonas, 1996). Currently, 60 to 83 million people use alternative and complementary healing practices. The trend toward alternative practices continues to grow.

In the United States since the 1990’s studies show that 40 percent of people developed an increasingly positive attitude toward alternative practices, whereas only 2 percent had more negative opinions. Both the general public and health maintenance organizations (HMOs) expect consumer demand for this area of healthcare to remain moderate to strong. Few persons rely solely on alternative practices to treat illness, but the number relying only on conventional healthcare is declining (Eisenberg, 1998). There is no universally accepted definition for alternative and complementary healing practices. Many of the modalities originated long ago in other cultural belief systems and healing traditions and a commonly used definition in the United States for alternative and complementary modalities comes from the National Center for Complementary and Alternative Medicine (NCCAM), which is an agency of the National Institutes of Health: “ those treatments and healthcare practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed my medical insurance companies”.

One concern with this definition is that courses on alternative and complementary modalities are being included in more and more medical, nursing, and other schools for Western health professionals. Also, the practice of alternative medicine is not limited to healers outside the conventional healthcare system. Nurses, physicians, and other healthcare professionals are responding to the growing public use of these practices by incorporating selected ones into their own client care. Physicians have begun referring clients to a variety of alternative healers. The use of alternative modalities by conventional healthcare professionals for their own health is also increasing (Spencer & Jacobs, 1999). Alternative and complementary medicine is defined as the understanding and use of healing modalities not commonly considered to be part of Western biomedicine.

The focus here is mainly on methods of self-care, wellness, self-healing, health promotion, and illness prevention. Modalities are called alternative when used alone or with other alternative therapies and complementary when used with conventional therapies. The term healing is preferable to medicine because alternative and complementary modalities typically are based in holistic philosophies that go beyond treatment or cure of the physiologic and psychological dimensions of care commonly associated with modern scientific biomedicine. Holism refers to treatment of the whole person (mind-body-spirit) in that person’s environment context. No single client characteristic or profile consistently predicts the use of alternative and complementary therapies. These practices are most popular among women and people with higher educational levels and those with annual incomes of more than $50, 000 (Eisenberg, 1998).

In most national studies of alternative therapy users, ethnic and racial minorities are under represented, particularly among persons who do not speak English. Such exclusions raise questions about whether the use rate of alternative therapies in the United States may exceed 42 percent, because the use of alternative therapies among immigrant populations and those with lower incomes tend to be high many such populations have grown up with these therapies as “ folk” medicine, and they have worldviews that encompass different concepts of health, illness and healing. Three general theories have been advanced to explain the growing use of alternative and complementary healing, dissatisfaction with conventional health care, a desire for greater control over one’s health, and a desire for cultural and philosophical congruence with personal beliefs about health and illness. Many other client-specific reasons have also been discussed, such as belief in the efficacy of alternative therapies and the individual’s health status. The rising cost of conventional health care may play a role as well (Jonas, 1996).

Disillusionment with the ability of conventional healthcare to deal with major health problems and improve general health contributes to the increasing use of alternative therapies. This feeling is especially strong among people who rely primarily on alternative therapies and have a general distrust of conventional health care. Lack of trust has begun to increase for a variety of reasons. Some people who use alternative therapies express a growing intolerance of the authoritarianism and depersonalization of conventional care. They feel that healthcare professionals are insensitive to the wishes of clients and their families when formulating treatment plans, depriving them of a partnership role in decision making about their care. Conventional health care is often faulted for its focus on the physiologic dimension of health and curing rather than on the holistic approach that espouses the unity of mind-body-spirit and healing.

For some, another negative characteristic is its dependence on medicine, surgery, and technology rather than on the more natural and noninvasive alternative approach with its focus on self-care and self-healing. Client who use alternative therapies do so because they believe those therapies will work either alone or combined with conventional treatments (Spencer & Jacobs, 1999). Alternative and nontraditional healthcare practices are a growing part of healthcare in the United States. It is essential that health practitioners become aware of what these practices entail and how they may affect or interact with conventional therapies that the client is already receiving.

Admission assessment for these practices, when clients enter the healthcare system for whatever reason, should become a routine part of client evaluation. Healthcare providers traditionally have approached healthcare from a holistic viewpoint that addresses all of the client’s needs. As healthcare moves more towards alternative practices, healthcare professionals would be logical choice to coordinate a comprehensive approach to healthcare that includes both traditional and alternative practices. Without this coordination, an already fragmented healthcare system will become even more fragmented.