

Spring 2018

Perceptions of Complementary and Alternative Medicine in Western Society: A Focus Study on Switzerland

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Perceptions of Complementary and Alternative Medicine in Western Society: A Focus Study on
Switzerland

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April 23rd, 2018

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Abstract

The demand for complementary, alternative, and traditional medicine, or CAM, has been a topic of debate in Western countries like Switzerland in the past decades due to the limited evidence-based research on its effectiveness. However, countries like Switzerland have been implementing CAM in their national health insurance as a response to the pressure of demand from the people. Thus, understanding the motivations for CAM use may help medical and government institutions address the shift towards a new way of managing health and disease. The purpose of this study was to evaluate the psychosocial factors involved in influencing the patients' perception of CAM in Switzerland, as a reflection of the rise of CAM in Western society. The current literature reveals that for CAM users, psychosocial factors, such as culture and doctor-patient relationships, may be more important in determining CAM use and in influencing the perception of effectiveness of CAM than actual treatment outcomes. In addition, patients may prefer CAM as it seems to address psychological and social needs that conventional medicine in Western society does not.

Acknowledgements

Thanks to the support and guidance of many people, I was able to complete this Independent Student Project.

I would like to thank my parents for providing me with an opportunity to study abroad in Switzerland. I would also like to thank my friends from the program for supporting me and encouraging me throughout the project. Many thanks to the professors and directors of this program for providing guidance and knowledge. I would particularly like to thank Dr. Elisabeth Meur for reviewing my ISP proposal and giving me back helpful feedback in how to improve my research question.

Additional thanks to the interviewees, Dr. Michaud Pierre-Andre and Dr. Henk Verloo for giving their time to answer my questions.

Despite the limited research in Western science on its effectiveness in treating illnesses, Complementary and Alternative Medicine (CAM) in Europe has gained a lot of momentum in the past 20 years (Klein, Torchetti, Krei-Erb, Wolf, 2015). Complementary and Alternative Medicine, as defined by the NIH, is “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine” (2016). Due to the demand of the presence of CAM in conventional medicine, European countries like Switzerland have included some of the most common treatments such as acupuncture, homeopathy, and naturopathy, as part of the national health insurance (Carruzzo, Graz, Rodondi, & Michaud, 2013; Klein et al., 2015). In addition, since 2004, one-third of Swiss hospitals offered CAM to its patients. This demonstrates how Western medicine in Europe, and Switzerland specifically, has been legitimizing CAM as a helpful treatment, whether truly effective or not.

The current debate

The effectiveness of CAM in treating certain illnesses has been under criticism for a long time in Western society. The main argument against the use of CAM is that it is not as evidence-based or methodologically rigorous as conventional medicine (Tabish, 2008). Conventional medicine refers the use of drugs, radiation, or surgery by health care professionals to treat symptoms and diseases (National Cancer Institute). They argue that clinical trials that state that certain CAM treatments are effective do not always follow the same rigorous methodological standards as conventional medicine research, so their results should be interpreted carefully (Tabish, 2008). In addition, without appropriate research and implementation of regulations, CAM may actually present severe risks to CAM users. For instance, a study found that there are around 23,000 emergency department visits every year in the United States due to adverse

effects from certain dietary supplements (e.g., “herbal or complementary products”) (Geller, Shehab, Weidle, Lovegrove, Wolpert, et al., 2015). Ultimately, some critics emphasize that CAM is not universally accepted because it has not been scientifically proven to work. If it were, CAM would no longer be alternative and would be integrated into conventional medicine (Tabish, 2008).

On the other side of the debate, CAM practitioners state that there is in fact scientific evidence to support the effectiveness of CAM. While some admit that some CAM treatments could have placebo effects (Linde, Clausius, Ramirez, 1998), this can also be said for conventional medical treatments as well (Tabish, 2008). In addition, there are studies showing that different types of CAM can improve chronic illness symptoms. For instance, alternative treatments such as yoga and hypnotherapy (e.g., “induction of a trance-like state to facilitate relaxation and enhance suggestibility for treating conditions and introduce behavioral changes”) have been shown to significantly improve pain symptoms and overall psychological well-being in cancer patients (Singh & Chaturvedi, 2015). Multiple clinical trials have also found that acupuncture and homeopathy were superior than placebo, and were at least as effective as conventional medicine in treating chronically ill patients (Spence, Thompson, Barron, 2005; G6thlin, Lange, Walach, 2004; Linde, Clausius, Ramirez, Melchart, 1997). In addition, CAM may also provide more cost-effective treatments if a patient’s public health system does not cover desired medications or therapies (Kienle, Kiene, Albonico, 2006). At the same time, these findings do not explain the rise of CAM use in Western countries and the introduction of certain CAM treatments in public health systems. The studies are not as methodologically consistent as conventional medicine studies, and due to the lack of acceptance for CAM among Western medical actors, training, safety regulations and surveillance are not as developed as in

conventional medicine (Tabish, 2008). These limitations suggest that CAM users perceive traditional and alternative medicine to be effective or at least as safe as conventional medicine, whether there are legitimate actors supporting their beliefs or not. Thus, in order to understand how CAM works or does not work, it is not only essential to develop more consistent research methods on CAM but also to understand patients' characteristics and their motivations for pursuing CAM.

Switzerland and CAM

The prevalence of CAM in European countries, such as Switzerland, is reflective of patients' demand for treatments other than conventional medicine. In fact, approximately half of the Swiss population uses CAM and 85% of the population would like the costs for CAM to be included in the nation's basic health insurance (Wolf, Maxion-Bergemann, Bornhoft, Wolf, 2006). In addition, the majority of CAM users and 40% of cancer patients in Switzerland consider CAM treatments to be effective (Wolf et al., 2006). The demand for CAM ultimately led the Swiss Federal Government to pass a vote for implementation of CAM in the universal healthcare system.

In May 17, 2009, the Swiss people voted in favor for the inclusion of complementary medicine in the national public healthcare by a two-thirds majority. In August 1, 2017, the Swiss Federal Government added on specific medical complementary services, such as classical homeopathy (e.g., "safe, gentle, and natural system of healing that works with the body to relieve symptoms, restore itself, and improve overall health") (National Center for Homeopathy) and traditional Chinese medicine, as long as they are provided by conventional medical practitioners with additional training on CAM disciplines, which must be recognized by the Swiss Medical Association). This decision provides a next step for the acknowledgment of CAM and could

contribute to further development of safety and quality regulations in CAM. In addition, this decision also acknowledges patients' personal needs.

Patients with chronic illnesses and even hospitalized patients are seeking out CAM (Klein et al., 2015 & Oren-Amit, Berkovitch, Goldman, Kozer, et al., 2017), implying that they may not be satisfied with more conventional treatments. Thus, understanding the factors behind the rise of CAM in Western society, specifically Switzerland, which is one of the countries that integrated CAM in their public health system, could be crucial in understanding how society, specifically CAM users, perceives health and disease.

Current Study

The prevalence of CAM in Western developed countries like Switzerland, suggests that CAM is addressing physical and mental needs that conventional medicine does not. Thus, it is important to address and understand what these needs are. However, there is limited research on the psychosocial determinants of CAM use in Western Society. Instead, most CAM research today focuses on proving the effectiveness of specific CAM treatments due to increasing interest in CAM (Frass et al., 2012) and new national and international programs that seek to improve the credibility of CAM and protect the safety of CAM users (National Center for Complementary and Integrative Health, WHO traditional medicine strategy 2014-2023). The objective of this study, then, is to review existing literature on psychosocial factors that contribute to CAM users' perception of CAM in Western Society, in Switzerland specifically.

Methodology

For this study I made use of Google Scholar, PubMed, and the NCBI journal using key terms such as "CAM usage in Switzerland", "Determinants of CAM use", "sociological and

psychological factors of CAM use”, “perception of CAM in Switzerland”, and “Swiss government and CAM”.

In addition, I interviewed two health care professionals to ask about their perceptions of CAM use based on their research and experience. I first interviewed Dr. Michaud Andre-Pierre, a retired physician and honorary professor at University of Lausanne, Switzerland. He has published a couple of articles on offer and use of CAM in Switzerland. I asked him twenty questions about topics such as his personal experience with CAM (e.g., “Did you prescribe CAM to your patients, to adolescents?”), his views on the effectiveness in CAM (e.g., “What are your views on the effectiveness of CAM as someone who practiced medicine today?”), and about Swiss health actors’ approach to the implementation of CAM (e.g., “Do you think Swiss hospitals do a good job at regulating CAM use in patients?”) The interview lasted one hour and half.

The second interview was with Dr. Henk Verloo. He has a PhD in infirmery and was a nurse himself. He is currently working at University Hospital of Lausanne and conducts research as a professor at HES- Valais Wallis (Haute École de la Santé). He published an article on a human rights perspective of CAM along with Emmanuel (last name) my third interviewee. I asked him 18 questions about his perception of CAM (e.g., “Do you think they are sometimes more effective than conventional medicine? In which situations?”), about his views on human rights and CAM (e.g., “In your article Traditional/Alternative medicines and the right to to health, you give NCMs a human rights approach. Why is it important to look at NCMs as a human right?”) and his views on the current use of CAM in Switzerland (e.g. “As a nurse, have you interacted with patients that prefer CAM or NCMs over conventional medicine?”). The interview lasted one hour.

In order to get into contact with them, I used the authors' information section from their respective research articles to search for their e-mails. In the e-mails and before the interview, I made it clear that the interview was completely voluntary and that they would not need to answer questions they were not comfortable with. Before the interview, I also asked for consent to write notes and after the interview, asked for consent to quote what they said during the interview. I was authorized by all three interviewees to quote them in this paper.

Analysis

Sociological determinants of CAM use in Switzerland

Demographics. The most predictive sociodemographic factors of CAM use in Switzerland are sex, age, and education. Women, people of middle age, and those with higher education are more likely to use CAM (Wolf et al., 2006; Klein, Frei-Erb, Wolf, 2012).

In addition, people with poor self-perceived health status are more likely to use CAM (Wolf et al., 2006; Klein et al., 2012), which may help explain why women are more likely to use CAM than men. Studies have found that there are significant gender differences in how women and men approach their health conditions. In general, women had lower perceived health status than men with similar chronic conditions, such as sleep apnea (Greenberg-Dotan et al., 2007; Bixler et al., 2001; Quintana-Gallego et al., 2004) and were more likely to seek out treatment from both conventional health care and CAM (Green & Pope, 1999; Bishop & Lewith, 2008). Thus, women with lower perceived health status would be more likely to seek CAM treatment for their condition, especially if they find that their health status does not improve with conventional medicine. In addition, Dr. Michaud explained that one reason people are more open to CAM is because it is now a "trend" in Switzerland and other Western countries to seek out more natural, (e.g., vegan diets, organic food, etc.), "youthful and healthy lifestyle". Seeing as women may be

more preoccupied with their health, it may be that CAM treatments reflect a healthier and more natural solution to their conditions and are more inclined to treat themselves with CAM.

However, there is currently no research that evaluates the role of societal and cultural trends on the utilization for CAM among women.

Education as a predictor for CAM use may be more complicated to understand as education could be confounded by income. Many studies have found that income and education are strongly positively correlated (Stelmach, 2005; Tolley, 1971; Saad, 2016). Thus, it could be that a patient with more education has higher income levels, and is more likely to be able to afford CAM treatments that are not in the Swiss health insurance plan. At the same time, there are studies revealing that only education is linked to CAM use (Schmueli et al., 2006; Saper et al., 2004; Rafferty et al., 2002). In this case, highly educated people might be more likely to research about different types of treatment for their conditions, and might therefore be more health literate and know more about CAM. However, research should further investigate the link between education and CAM use.

Finally, chronic illnesses related to aging, such as chronic back pain, tend to manifest themselves during middle age (Saad, 2011), which may contribute to lower perceived health and thus contribute to higher CAM use. Studies have found that in Switzerland, people with chronic illnesses, such as migraines, arthritis allergies, or depression were more likely to seek CAM for treatment (Simoes-Wust, Rist, Dettling, 2014; Wolf et al., 2006; Klein et al., 2012). Thus, while chronic illnesses in older adults may be more common, patients with chronic illnesses in general are more likely to seek CAM as treatment. Dr. Michaud explained that patients with chronic illness may use CAM due to their disappointment with conventional medicine in curing or treating their symptoms. While conventional medicine is effective in treating acute illnesses, it

has yet to be able to manage chronic illness symptoms, such as chronic pain (Haetzman et al., 2003). Thus, due to the ambiguous and diverse range of symptoms and causes for chronic illnesses, patients with chronic illness may prefer more natural and alternative medication with less side effects to make them feel healthier in general.

Sex, education, and age are only a few of the demographics that affect CAM users' motivations to pursue CAM. It is also important to note that the demographics and characteristics of CAM users in Switzerland are similar to those of other Western countries, such as the United States and other European countries, which suggests that there are also cultural and economic factors involved in predicting CAM use. Thus, in order to understand the perception of CAM among patients in Switzerland, it is necessary to evaluate a combination of social and cultural perceptions of CAM.

Culture and Beliefs vs Postmodernism. Despite the advancements of biomedicine, CAM use is becoming increasingly popular in Western countries like Switzerland. Bakx (1991) explains that there has been a rejection of modern industrialization on what is called postmodernism. Postmodernism as defined by Bakx, is a philosophy that represents nature and tradition, and is becoming more prevalent in Western countries due to globalization. In other words, there is an increasing global exchange of knowledge, traditions, and culture and this transition affects how CAM is perceived in countries that have historically developed biomedical technology. The people in developed countries like Switzerland thus might accept alternative and traditional medicine for different reasons than populations in developing countries and isolated areas. For instance, in India, traditional medicine like Ayurveda has been part of the country's culture for centuries, thus people perceive their local traditional medicine to be trustworthy (Bakx, 1991). In fact, for some cultures, biomedicine may be seen as an intrusion to their culture

and traditions (Sharpston, 1976), and only when educational and economic growth occur in these populations, will they be more likely to accept Western biomedical technology (Bakx, 1991).

However, the antagonization of conventional medicine may be simply due to infrastructural weaknesses such as lack of transportation and lack of financial resources, and thus unofficial and untrained traditional medicine practitioners become the main health care providers (Workneh and Giel, 1975) Yet, if this is the case then why have Western countries accepted CAM?

Global exchange of culture may have allowed countries like Switzerland, in which traditional Chinese techniques like acupuncture are popular (Klein et al., 2012), to be more open to alternatives for medicine. In addition, with the rejection of modern industrialization, there has been a shift in people's cultural beliefs about CAM and health in general. In Switzerland, this transition can be demonstrated by the steady rise of CAM use from 1990 (33.8%) to 1997 (42.1%). As Dr. Michaud mentioned, there is a trend now for healthy lifestyle changes (e.g., natural products, organic food, etc.). Patients in Switzerland are seeking out alternatives and "natural" treatments not only for healing but for preventative health measures as well (Crivelli et al., 2004). In addition, Dr. Verloo (2018) also noted in the interview that cultural beliefs and philosophical congruence is also important for the perception of CAM among patients. With the introduction of alternative treatments, patients in countries like Switzerland may prefer to choose treatments that are congruent to their own cultural and/or spiritual beliefs. Alternative therapies such as yoga and meditation are not biomedical interventions, but have been shown to improve mental and physical health (Singh & Chaturvedi, 2015). These types of treatments focus on the healing of the "soul" or on "energy recharge", which are not measurable medical terms. This creates conflict between CAM and conventional medicine, and yet these treatments are still perceived to be effective by CAM users (Frass et al., 2012; Klein et al., 2015). As such, Bakx

(1991) argues that modernism, biomedicine included, in Western society has gotten out of touch with a growing section of the population, which may have contributed to the increase of CAM use and acceptance. Thus, CAM may be appealing not only to wide array of cultural beliefs but also psychological needs that conventional medicine cannot.

Psychological motivations of CAM use in Switzerland

When evaluating the popularity of CAM in Switzerland and Western society in general, it is important to address CAM users' psychological motivations for using alternative and traditional medicine treatments. As Dr. Verloo pointed out, many CAM treatments encompass individual cultural and spiritual beliefs. As such, CAM provides a more personalized, holistic approach to health – by acknowledging the body and the mind as one. On the other hand, conventional medicine tends to treat the body and the mind as separate entities (Binkx, 1991). Dr. Verloo stated that addressing patients' psychological needs are important because it takes patients' economic and social backgrounds into consideration, and allows practitioners to prescribe treatments that will not only be financially accessible but also congruent with their beliefs. Thus, CAM, with its focus on personalization and holism rather than standardization and fragmentation of the body, may more effectively address human needs and improve patients' perception of the effectiveness of CAM.

Active Role in Health. One way in which CAM addresses human needs in Western society is through its wide array of options for treatments, which allow for patients to have a more active role in their physical and mental health. In fact, studies have shown that CAM use is associated with an increased sense of perceived control over diseases, such as breast cancer (Bauml et al., 2014; Henderson & Donatelle, 2003). The nature of CAM treatments may be the reason for this increase in perceived control. Homeopathy, for instance, is the most common

form of alternative medicine in Switzerland and in Europe (Sirois, 2008; Klein et al., 2015). One study found that patient satisfaction in Switzerland was significantly higher for homeopathic patients than conventional medicine patients, and perceived severity and amount of side effects for homeopathy were two to three times lower than for conventional medicine (Marian et al., 2007). These findings emphasize the difference between conventional medicine and homeopathy. In conventional care, disease has to be diagnosed and treated through specific and standardized procedures, whereas homeopathy perceives the cause of disease to be “a disturbance of the person’s life force”, and their individual symptoms are a manifestation of this (Hahnemman, 2000). The homeopathic approach to health and disease is clearly different, as it promotes physical and/or mental self-healing rather than on medications that offer short-term relief. Thus, by treating health as a matter of their own mind and soul, homeopathy and other CAM treatments with a similar approach (e.g., herbal medicine, energy healing) allow patients to take responsibility over their health, which may contribute to better quality assessments of CAM (Melchart et al., 2005; Gunther, 1999; Sparber, Bauer, Curt, et al., 2000).

Another popular form of CAM in Switzerland that may affect perceived control of disease are alternative therapies such as hypnosis and mindfulness. These therapies are usually used for mental health conditions such as depression, and according to Dr. Verloo, it is when CAM is most effective. Indeed, hypnosis has been shown to significantly reduce pain and suffering in Swiss burned victims (Berger et al., 2009) and reduce anxiety in American patients (Ashton et al., 1997). Mindfulness has also been shown to be effective in increasing the time between depressive relapses (Bondolfi et al., 2009) and reducing bipolar disorder symptoms in Swiss patients (Weber et al., 2010). While it may sound counterintuitive to feel as if one would have more control with hypnosis, Oakley and Halligan (2013) noted that during hypnosis one is

in a “focused and absorbed attentional state” of mind. In other words, despite being in a heightened state of suggestibility, patients choose how focused they wish to be. They have to consent to being hypnotized in order for the therapy to be effective in changing their habits and behavior. Even after the hypnosis, they are still in control of their actions. Thus, hypnosis provides a less intrusive form of therapy for patients that allows them to focus and reflect on their own actions. Mindfulness also functions by self-regulation of attention. According to Bishop et al., (2004), for a determined amount of time, patients can practice being in control of their thoughts and emotions by becoming aware of the present state of their body and mind. Thus, therapies like mindfulness and hypnosis provide a sense of awareness and control over the body and mind that can ultimately improve mental health, and thus improve patients’ acceptance of CAM. Compared to conventional medicine, this “spiritual” approach to mental health is not scientifically viable. Thus, as Dr. Verloo explains, these types of alternative therapies are yet to be accepted by most of Swiss official medical actors. However, the preference for homeopathy and alternative mental therapies among Swiss patients suggests that there is an intrinsic need in Western society for people to have control over their mind and body – a need that is not properly addressed in conventional medicine.

Doctor/Patient relationship. In health care, the quality of the doctor/patient relationship in CAM can be a motivation for patients to use CAM and may affect how patients perceive the effectiveness of CAM. In fact, CAM patients have expressed that CAM services provide a more welcoming environment for them than conventional medicine. Studies have shown that many CAM users prefer to be treated by CAM practitioners because they take more time to talk to the patient and get to know them (Sirois, 2008). CAM users also express their frustration with their previous, more orthodox, physicians as they have difficulty communicating with them about

their health (e.g., didn't understand the problem, didn't listen, etc.) (Sirois, 2008). Dr. Verloo argued that CAM allows "patients to become experts of their own symptoms". This is because physicians depend on the collection of symptoms to determine the most appropriate homeopathic remedy to prescribe (Frank, 2002). Thus, the doctor-patient relationship in CAM is collaborative rather than authoritative, as reflected in conventional medicine (Bakx, 1991). One study conducted on Swiss CAM users revealed that alternative medicine patients were significantly more satisfied with their physicians in primary care than conventional medicine patients (Esch et al., 2008). CAM users also valued their physicians more, and gave them higher ratings for thoroughness, information, and support. More specifically, the CAM patients appreciated that their physicians listened to them, spent more time on the consultations, had more interest in their personal background, "involved them more in decisions about their medical care", and made it easy to communicate with the physician about their problems. These results were parallel to their satisfaction with the general treatment and outcome, as CAM patients expressed significantly higher satisfaction with the general treatment and had their expectations met at the follow-up consultation.

This study reveals the importance of the doctor-patient alliance in determining the perceived quality of CAM treatments. In fact, previous studies reveal that patient satisfaction with the treatment CAM and conventional medicine alike is not so much due to the outcome of the therapy but due to the quality of the doctor-patient relationship (Michlig, et al., 2007). These findings suggest that CAM, whether it is more effective than conventional medicine or not, appeals to patients' social and psychological needs for genuine relationships. In other words, the relationship between doctor and patient in CAM may serve as a therapy in and of itself, as the patient relies on the expertise and friendship of their physician, and thus, is more likely to see the

physicians as trustworthy, helpful, and successful in treating the disease (Hannover et al., 2000). Furthermore, if the patient values and appreciates his/her/their relationship with the physician, the patient will perceive the CAM treatment to be more effective than conventional medicine (Esch, et al., 2008).

Personal psychological characteristics. Specific personalities and characteristics might also affect one's motivation to use and trust CAM as an effective treatment. For instance, one study found that being a cultural creative – a person involved in and committed to movements of cultural change such as feminism, environmentalism, spirituality, personal growth, and a love of the foreign and exotic— were more likely to use CAM (Astin et al., 1998). The study also found that people who had a transformational experience that changed their worldview were also more likely to trust CAM. Surprisingly, dissatisfaction with conventional medicine did not significantly predict CAM use. This finding is consistent with Michlig et al.'s (2007) study showing that factors such as the doctor-patient relationship were more predictive of CAM use. In addition, a study found that one of the principal motivations for Swiss patients to pursue CAM was due to their personal preference for a specific procedure with certain traits (holistic procedure, mild treatment, etc.) rather than for pragmatic reasons (e.g., family doctor, geographic proximity, etc.) or physician-related reasons (competence of or trust in physician) (Wapf & Busato, 2007). Ultimately, these findings suggest that psychological characteristics of patients are more significant predictors of CAM use and more influential in shaping one's perceptions of the effectiveness of CAM. More specifically, congruence with personal philosophical orientations, beliefs, and values toward health and life in general are important in determining CAM use and the perception of effectiveness of CAM.

Psychological motivations for CAM use are important in understanding the perceptions of CAM in Western society because they affect how patients perceive health disease. As a result, they affect the health decisions that patients take to treat their disease. Dr. Verloo added that psychologically, CAM is more appealing to patients than conventional medicine, because while it may not be a cure-all approach, it allows them to mentally and physically cope with the disease. For instance, as mentioned previously, 40% of cancer patients in Switzerland consider CAM to be effective (Wolf et al., 2006), which suggests that while it may not cure their cancer, it helps them cope with their illness somehow.

Conclusion

The utilization of CAM in Western society has been a topic of debate in recent years due to the “unscientific” nature of CAM treatments. It has been an especially hot topic when considering whether CAM should be included in national health insurances. While the Swiss government has included certain CAM treatments in their health insurance, Dr. Verloo mentioned that Switzerland is still not open to CAM to treat illnesses. However, the demand of CAM among the Swiss people (Klein et al., 2015) reflects a shift in how people wish to be treated and how they perceive health and disease. Thus, the Swiss government and other Western nation states need to be willing to adapt and develop measures that will regulate CAM. Evaluating the reasons behind why patients in Western society decide to use CAM may be important in creating such regulations. This study reviewed the current literature on patients’ the psychosocial motivations for using CAM and their effect on the perception of CAM. Overall, the literature reveals that the sociological and psychological determinants of CAM use, such as cultural beliefs and doctor-patient relationships, are important for patients in how they perceive the effectiveness of CAM. The findings suggest that, in fact, psychosocial factors may be

more predictive of CAM use and its perceived effectiveness than the actual outcomes of the treatments; and that conventional medicine cannot seem to address the psychosocial motivations that CAM can.

Limitations and challenges

The demand for CAM should be acknowledged by national medical and authoritative actors. However, in order for CAM to be accepted universally, there are some limitations in CAM research that should be addressed. For one, due to the qualitative and culturally diverse nature of CAM, there are a wide range of definitions of CAM used in research (Eardley et al., 2010). In addition, the methodologies used in research to test the same CAM treatment can vary greatly and make it difficult to come to a conclusive consensus about the effectiveness of the treatment (Eardley et al., 2010). The World Health Organization developed an international CAM strategy to try to address these issues, along with other concerns such as the use of poor quality or “fake” products, unqualified or untrained CAM practitioners, misdiagnosis, failure to refer to conventional treatments when appropriate, etc, lack of research or knowledge of adverse side effects for CAM medication and treatments, among others. In light of these limitations, the WHO international strategy for CAM from 2014-2023 has three main objectives:

1) To build the knowledge base for active management of T&CM through appropriate national policies 2) To strengthen the quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners. 3) To promote universal health coverage by integrating T&CM services into health care service delivery and self-health care (Zhang, 2014).

The Swiss government specifically has contributed to the legitimization of CAM through the implementation of CAM in the national health insurance. However, as Dr. Michaud noted,

Swiss patients do not always tell their physicians when they are using CAM in fear that the physicians will disallow the treatment. In fact, pediatric oncology patients often do not tell their oncologists that they use CAM (Langler et al., 2005). Lack of communication between physician and patient on this subject can lead to risks for the patient, as they may not be informed of the possible risks and side effects of their CAM medication. Another challenge in CAM is addressing CAM practitioners' source of information for CAM treatment. Little is known about where health care practitioners such as physicians and nurses learn about CAM, especially considering that not all physicians are trained in that field (Aveni et al., 2017). A study conducted in Switzerland also revealed that regardless of their information sources, most healthcare professionals did not feel comfortable answering patients' questions about CAM (Aveni et al., 2017). Thus future strategies and national programs in Switzerland should focus, not only on improving regulations regarding CAM research and education, but also improving hospital CAM policies and safety precautions (Coulter et al., 2008).

The conflict between biomedicine and CAM still persists today, and will continue to persist in the future. However, sociologist, Nicola Gale, notes that regardless of whether medical authority figures are convinced about the effectiveness of CAM or not, the demand for CAM among an educated and wealthy population in Western society (Klein et al., 2012) calls for adaptation and flexibility (2014). Thus, perhaps the question we should be asking ourselves is not whether CAM works or not, but how.

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