Integrative medicine: A contested practice

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Abstract

In contemporary Western society, the healthcare arena has become increasingly technology-based, rationalised and specialised with alternative forms of medicine being taken up alongside orthodox medicine. This shifting healthcare terrain has brought forth challenges to practitioners’ and patients’ identity and to the practitioner-patient relationship. Today, the expertise and autonomy underpinning general practitioners’ professional identity has been challenged. In parallel, patients have become reconceptualised from subjects in need of medical expertise, to ‘informed’ and ‘active’ health consumers. Within this fluid healthcare arena integrative medicine (IM) is emerging, a practice which amalgamates orthodox medicine with forms of alternative medicine. This emerging form of healthcare produces a number of paradoxes. These occur around the paradigm clash between treatment philosophies, issues of professionalism and the standardisation of treatments, power relationships and debates around dominance and subordination, and issues relating to patient autonomy and treatment responsibility. A discursive analysis of IM practitioners’ and patients’ talk reveals that the practice of IM gives rise to a number of contradictions and challenges for both IM practitioners and patients. Practitioners draw on discourses of holism, liberal humanism, spirituality and empowerment to construct IM as a healthcare model which maintains elements of both allopathic and alternative medicine in place, but also to legitimate practices inherent in IM. Through doing so, they reconstruct their medical professional identity. In conjunction, patients’ draw on practitioners’ extended knowledge-base and open-mindedness to construct IM practitioners as trustworthy professionals and to legitimate their own engagement in exploratory forms of treatment. This has implications for patients’ and practitioners’ subjectivity. Patients become individuals who deserve to be understood on a multitude of levels: psychologically, spiritually, emotionally and physically through which they gain recognition. Concurrently, practitioners’ become placed in a paradoxical position with respect to their practice. They resolve this by resisting the position of biomedical expert and by incorporating a range of alternative medicine treatments to extend the healthcare they offer to patients. In conclusion, the practice of IM is shown to legitimate patients’ engagement in self-reflexivity practices and to reproduce Cartesian dualism. Further, the research reveals how discourses of holism and empowerment, that are held to represent the fundamental difference between allopathic and alternative medicine, are drawn on by practitioners to legitimate a more in depth practice and a deeper level of
engagement with patients. Finally, the research questions whether IM constitutes a truly ‘integrative’ medicine.
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To Dad, with love
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# Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIMA</td>
<td>Australasian Integrative Medicine Association</td>
</tr>
<tr>
<td>CAM</td>
<td>Complementary and alternative medicine</td>
</tr>
<tr>
<td>DHB</td>
<td>District health board</td>
</tr>
<tr>
<td>DTCA</td>
<td>Direct to consumer advertising</td>
</tr>
<tr>
<td>EBM</td>
<td>Evidence-based medicine</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>HPCA</td>
<td>Health Practitioners Competence Assurance Act (2003)</td>
</tr>
<tr>
<td>IM</td>
<td>Integrative medicine</td>
</tr>
<tr>
<td>MACCAH</td>
<td>Ministerial Advisory Committee on Complementary and Alternative Health</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary health organisation</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised clinical trials</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic status</td>
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Terminology

A variety of terms are used interchangeably throughout this thesis to describe the healthcare practices referred to. These fall within three categories:

1) Allopathic medicine, orthodox medicine, conventional medicine or biomedicine
2) Alternative medicine, complementary medicine, complementary and alternative medicine (CAM), and non-orthodox medicine
3) Integrative medicine (IM)

These categories are outlined below. In each case the term that is most frequently referred to throughout the thesis is used as the descriptor for each category.

Allopathic medicine refers to treatment modalities conducted under the Western scientific paradigm. However, it should be noted that allopathic medicine is also practised in many non-Western societies. In New Zealand, allopathic medicine is the dominant model of healthcare practised and receives funding from the state (largely through taxation revenue). GPs in New Zealand operate as private businesses and set their own consultation fees. However, the government has recently injected more funding to ensure lower cost GP consultations for people enrolled in primary health organisations (PHOs), to which most GPs belong, and to encourage free GP consultations for children under six.

Alternative medicine is the term used to describe treatment modalities that fall outside the parameters of the Western scientific paradigm. However, it should be noted that what is considered ‘alternative’ medicine tends to shift over time. For example, through processes such as professionalisation, alternative medicine modalities may become understood differently and, in conjunction, individuals are likely to differ in their views about what is considered allopathic medicine and what is considered alternative medicine (Dew, 2003). In New Zealand, alternative medicine is considered marginal in comparison to allopathic medicine, largely because alternative therapies (and the training required to become proficient in such therapies) do not attract government subsidies.
**Integrative medicine** refers to healthcare which combines biomedicine with some form(s) of alternative medicine. The term integrative medicine is used in the current context to refer to treatment employed by medical doctors who combine the use of allopathic medicine and alternative medicine. In New Zealand, IM practitioners are not provided with government subsidies.

It should be noted that all participants understood the types of healthcare I referred to during the research. However, on a few occasions some clarification became necessary. In those instances, I clarified the meaning of the term used, and if the participant had a preference for using a specific term to describe that modality of healthcare, I attempted to use this myself so as to overcome any confusion.