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The broken link! Combining conventional and complementary medicine in a safe health care delivery chain

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The aim of our study is to investigate -whether the use of CAM threatens safe clinical pathways in conventional health care









Material and methods

- We have reanalyzed the EU FP7 CAMbrella data collected on regulation of CAM in 39 countries in Europe and the European Union (EU), and supplemented this with recent emerging knowledge in the area
- NAFKAM senior researchers Anita Salamonsen and Trine Stub have contributed with findings from their research







Case: Death caused by sepsis after acupuncture treatment

Acupuncture School (private)	Public Hospital	Health authorities	Family/Media
Patient	Emergency Unit	Police	Wife/widow
Acupuncture Student (physician)	Lab/blood tests	Norwegian Board of Health supervision	NRK (Norwegian broadcasting) Television
Director (not medical)	Patient	County medical officer	Newspapers/net news
	Wife/family	Regional health authority	Daughters
	Intensive Care unit	Community general practitioner	
	Specialists	County governor	
	Surgery	Health laws/ regulations	
	Hospital administration		

Nobody did wrong- nothing went right







Interactive flowchart for sepsis

(NICE- National Institute for Health and Care Excellence, 2017).





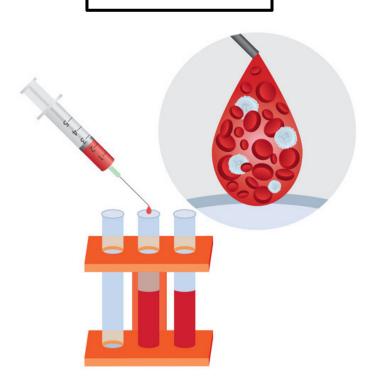


Cause of sepsis: penetration of the skin

Acupuncture?



Blood tests?









European health care trends

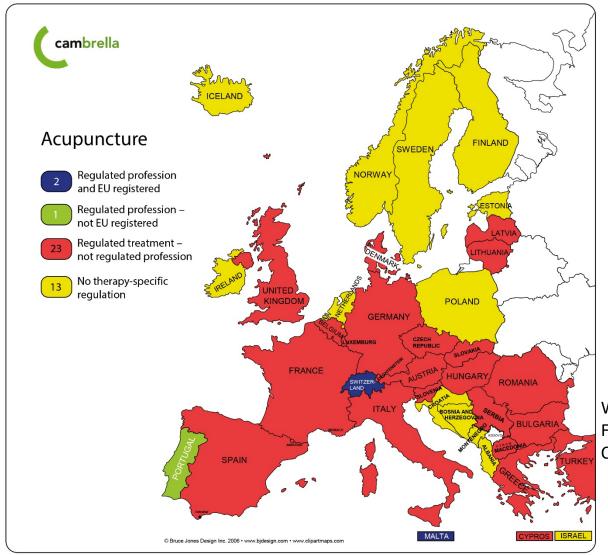
- Conventional medicine
 - ➤ Increased use of evidence-based treatment pathways
 - > Patients gain more rights to choose treatments
- Alternative and complementary medicine (CAM)
 - Increased use of CAM both inside and outside public health care services*
 - CAM providers are regulated as health personnel or non-medical professionals**







Regulation of acupuncture i Europe



Wiesener, 2012, 2013 Fønnebø, 2012 CAMbrella, 2012







Possible implications

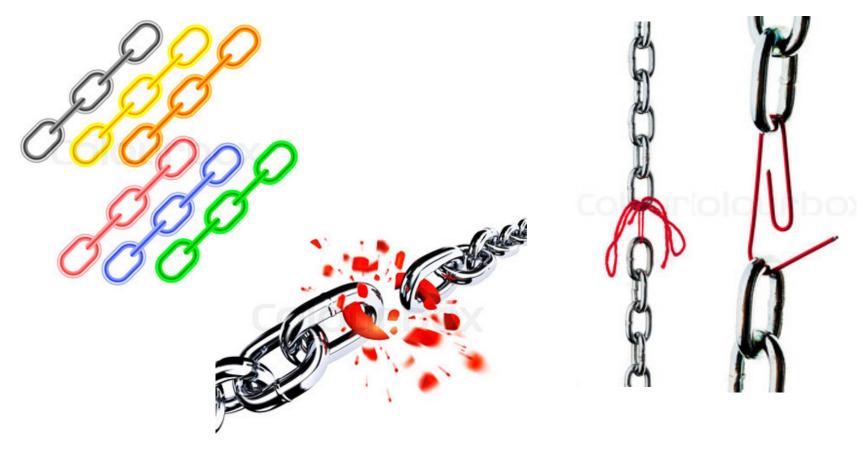


Photo: colourbox







Conventional treatment pathways – guideline-based

- Evidence-based medicine
- Clinical efficacy and benefits
- Adverse events
- Guideline and protocol recommendations
- Doctor- patient communication









CAM treatments – few guidelines

- Dissimilar treatment standards and provider competence
- Disharmonized regulation of treatments and providers
- Varying risk and patient safety understandings
- Inadequate professional collaboration
- Research challenging











Main findings..

- ✓ Insufficient documentation on safety and risk when combining CAM and conventional medicine
- ✓ Risk and safety challenges due to disharmonized regulation of health care in Europe
- ✓ Lack of doctor-patient communication on CAM
- ✓ Challenges with regard to supervision, claims and reimbursement
- ✓ Negative interactions between herbal- and medicinal products
- ✓ Insufficient patient information





Conclusion

- To avoid broken chains in safe conventional clinical pathways, patients' use of CAM must be acknowledged
- Communication on CAM use is crucial







All patients deserve a safe and efficient treatment!

Thank you!

Danke schön!











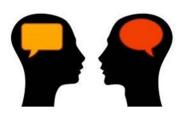
Gaps in risk perceptions are barriers to doctor-patient communication about CAM

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BACKGROUND

- Studies have revealed differing perceptions of risk associated with use of conventional and alternative treatments among medical doctors and CAM users
- This pilot study explored such differing risk perceptions and their possible influence on doctor-CAM user communication



MATERIAL AND METHODS

Participants: 25 CAM users: cancer (13), multiple sclerosis (12)

12 of the CAM users' medical doctors: oncologists (4), neurologists (3), general practitioners (5)

Methodology: Qualitative individual interviews and qualitative content analysis

RESULTS

	CAM USERS	MEDICAL DOCTORS
Perceived risk conventional treatments	Conventional cancer and MS treatments may represent considerable risk to patients	Use of conventional treatment is safe
Perceived risk CAM treatments	CAM use is safe	CAM treatments may represent unknown risk to patients
Risk knowledge	It is difficult to understand personal risk based on general, scientifically based risk information given by medical doctors	It is challenging to communicate about CAM because the lack of scientific evidence and governmental regulation
Experiences from doctor- CAM user communication	Many medical doctors are negative to patients' use of CAM and to communication about CAM	Many CAM users are naïve and non-compliant patients who put themselves at risk by using CAM and not reporting CAM use to their doctors
Communication about CAM and risk in public health care	CAM users want to communicate with medical doctors in public health care about CAM use and risk	Communication about CAM use and risk associated with CAM use is not part of medical doctors' duties in public health care

CONCLUSIONS

- Divergent risk perceptions seem to represent a so far neglected barrier to doctor-CAM user communication. To
 acknowledge possible differing lay and medical risk perceptions in clinical encounters is important to optimize
 patient safety in complex health care systems
- Medical doctors' responsibility with regard to communication about CAM use and risk with patients in public health care should be clarified by the health authorities





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