At last the mainstream medical establishment responds to the challenge of unconventional medicine. The National Institutes of Health (NIH) has appropriated $2 million, out of a budget of $10 billion, to establish a new Office of Alternative Medicine.

Joseph Jacobs, MD, a conventionally trained pediatrician (Yale) who is also a Native American with experience at an Indian medical center in New Mexico, has been appointed to head the project. The mission of the new office is to initiate scientific research aimed at finding out which alternative therapies work.

Recently I heard Dr. Jacobs speak to a gathering of ethicists on the difficult decisions he faces. One might call Jacobs's dilemmas examples of social and scientific ethics. With so little funding, he must decide which alternative therapies should be investigated first. He must also determine what kind of scientific methodologies are appropriate for investigating the complexities of a therapeutic event. Moreover, as interest in unconventional therapies grows, everyone involved in healthcare—including researchers, providers, and patients—will have to confront such questions at some level.

**EVALUATING EFFECTIVENESS**

The apparent success of an unconventional therapy can be explained in different ways. Sometimes scientific analysis revealing heretofore unknown biochemical properties in some traditional medicine explains why an animal or plant extract produces its effects. This poses no real challenge to the conventional medical model of bodily disease and cure.

But other healing events present more difficulties for current scientific models of medicine. A Navajo healing ceremony, for instance, is a multidimensioned psychological, social, and spiritual undertaking that will seem pointless to someone who views the human body as a machine that periodically needs to be repaired.

Many unconventional therapies focus on a whole person who is actively involved in the interpersonal healing encounter. Participants may see restoring physical health as only part of a larger social and spiritual transformation. Such therapies raise the basic question of what counts as "health." How much do a person's mind, morals, spirit, emotions, and interpersonal relationships affect the body's functioning?

Modern medicine has not been enthusiastic, to put it mildly, about addressing these fundamental questions. Too often the interpersonal dimensions of healthcare have been slighted or summarily subsumed into the scientific or technological aspect of modern treatments.

**TREATMENT DECISIONS**

Today an estimated third of the U.S. population have effectively voted with their feet and consulted alternative healers—and without insurance reimbursement. Usually patients do not tell their primary physicians that they are also consulting an alternative practitioner. Perhaps patients ought to assume some ethical responsibility to inform any and all therapists they consult of any others who are simultaneously in on the case!

A more serious ethical problem for a healthcare
giver arises if he or she knows that patients are
couraged by some alternative healer to refuse
the medical treatment prescribed by conventional
medicine. What to do? Ignore it? Try persuasion?
Or use more forceful methods? Noncompliance
with physicians’ orders is already a widespread
problem, but difficulties are intensified whenever
an adversarial relationship grows between a con­
tventional and alternative therapist.

A cooperative approach between conventional
and alternative therapies should be the goal.
Recently viewers of Bill Moyers’s television series,
“Healing and the Mind,” witnessed many
instances of cooperation between conventional
medicine and other traditional and innovative
approaches. In China both traditional Chinese
medicine and Western scientific medicine are
practiced conjointly.

In the United States more and more modern
hospitals and medical schools offer stress reduc­
tion and chronic pain clinics, complete with train­
ing in Eastern meditative techniques. They help
patients cope with chronic conditions that
medicine has failed to cure. On the research
front, scientists are conducting meticulous con­
trolled studies into the effects of group support
and emotional expressiveness on the course of
different diseases.

If Jacobs’s NIH office makes such research
even more respectable, we may see a revolution in
our scientific models of how the human person
functions in both healthy and diseased states.
Already, placebo studies in which people get bet­
ter despite biochemically ineffective medications
have led to more scientific acceptance of the
power of the person’s expectations in bringing
about healing.

FAITH AND TRUST
Interestingly, in some placebo studies it appears
that both the physician who administers the
placebo treatment and the patient who expects to
be healed must believe the therapy will work.
Maybe alternative therapists not only pay more
attention to the patient as a whole person but
also believe in their treatments more intensely
and communicate their beliefs more effectively.

Faith and trust can be dismissed as “merely
placebo effects.” On the other hand, faith,
beliefs, and interpersonal trust can be seen as the
spiritual component of every healing encounter
that takes place, whether that encounter is inside
or outside of modern medicine.

Surely Catholic healthcare providers who con­
sider their work a healing ministry incorporate a
vision of the person as a body-mind-spirit unity.
Christ healed persons through faith, trust, and
prayer and restored them to their families and
communities. Treating the whole person within a
spiritual and interpersonal communal context will
be nothing new for those in the Catholic health­
care ministry.

Many Catholic healthcare providers already
work and pray, pray and work in their efforts to
give patients the best modern medicine within a
nurturing and spiritually attuned environment.
Catholics who believe the Holy Spirit works
within the creation will be open to the idea that a
reductionist, mechanistic model of the human
person and disease needs to be broken open in
the interest of true healing.

But the ethics of participating in our society’s
present paradigm shifts have never been ade­
quately explored. Jacobs must confront his ethi­
cal social dilemmas about how to research alter­
native therapies, but so must the conscientious
healthcare provider, who lives with his or her own
version of the question.

HOW OPEN?
How open should I be to therapeutic claims and
world views that at present remain unproven or
make no sense to me? And what of those uncon­
tentional practices which seem counterproduc­
tive and harmful?

A balanced personal and professional integrity
must be observed. One must be true to one’s
present convictions about scientifically proven
therapeutic effectiveness, while not rejecting the
possibility that there may be more, indeed much
more, to learn about helping patients.

Healthcare providers always face perplexing
dilemmas in considering proposed innovations.
Care givers who are too skeptical will summarily
dismiss any challenge to their habitual mind-set—
and perhaps fail their patients. Those who are too
rash in taking up new, untested ideas may harm
their patients with risky and faddish interven­
tions.

Healthcare providers who aspire to be healers
must learn to live with uncertainty. Our knowl­
dge is always inadequate, and the future is inher­
tently uncertain. As always, it requires wisdom and
grace to care and heal effectively.