



ETHICAL ISSUES OF UNCONVENTIONAL THERAPIES

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



Dr. Callahan is professor, Department of Psychology, Mercy College, Dobbs Ferry, NY.

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BY SIDNEY
CALLAHAN, PhD

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 multi-dimensional 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 encouraged 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 conventional 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 reduction and chronic pain clinics, complete with training 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 controlled 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 better 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

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or outside of modern medicine.

Surely Catholic healthcare providers who consider 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 healthcare 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 adequately explored. Jacobs must confront his ethical social dilemmas about how to research alternative 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 unconventional practices which seem counterproductive 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 interventions.

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