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ScienceDirect
European Journal of Integrative Medicine 2 (2010) 53–56
European Journal of INTEGRATIVE MEDICINE
www.elsevier.com/eujim

Original article

Professional treatment in the context of medical pluralism—A German perspective

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Accepted 27 April 2010

Abstract

The current debate on medical professionalism is challenged by situations of co-existent "conventional" and "complementary/alternative" medical approaches. The issue of this article is how to realize professional behaviour in such pluralistic context.

Medical pluralism is presented as consequence of the inherent pluralistic feature of science. Both conventional and complementary medical approaches need to adhere to the ethical principles and commitments of the medical profession. Though questioning scientific mainstream models, professional pluralism means to comply with scientific attitude. It calls for an unfolding of the premises and consequences of the respective therapeutic concepts. Scientific orientation of individual therapy includes competence, rational assessment of the patient's situation, clinical experience, knowledge of external evidence, and a critical evaluation of the course of disease. Furthermore, shared decision making on individual therapy requires empathy and the consideration of the patient's perspective.

Keywords: Professionalism in medicine; Medical pluralism; Complementary medicine; Medical ethics; Dialogue forum on pluralism in medicine; Therapy evaluation; Patient perspectives

In the last decade the nature of medical professionalism has been widely discussed [1–5]. According to the Charter on Medical Professionalism, physicians are oriented towards three principles: patient welfare, patient autonomy, and social justice. To adequately realize these principles, physicians enter into a set of commitments: professional competence, honesty with patients, patient confidentiality, appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, scientific knowledge, disclosure of conflicts of interest, and collegiality [1]. Similar ideals are expressed in the International Code of Medical Ethics of the World Medical Association, the European Code of Medical Ethics and in the Code of Medical Ethics by the German Medical Association [4–6].

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doi:10.1016/j.eujim.2010.04.002

In 2000 the *Dialogue Forum on Pluralism in Medicine* was initiated in Germany, following a suggestion of the President of the German Medical Association, Prof. Dr. med. Jörg-Dietrich Hoppe. The latest publication of this forum contributes to the international debate on medical professionalism, extending it to the situation of co-existing conventional and complementary medical approaches. This article also reflects on the tradition of pluralistic medicine in Germany, where it has received much attention since the 1960s.

We thank the *Deutsches Ärzteblatt* for permission to publish the English translation of this article.
Original German publication:

Kiene H, Brinkhaus B, Fischer G, Girke M, Hahn EG, Hoppe HD, Jütte R, Kraft K, Klitzsch W, Matthiessen PF, Meister P, Michalsen A, Teut M, Willich SN, Heimpel H: Ärztliche Professionalität und Komplementärmedizin. Was ist seriöses Therapieren? Deutsches Ärzteblatt 107 (12) A548–A550.

However, these codes do not deal with the conflict caused by the coexistence of "conventional" and "complementary/alternative" medical approaches. The question therefore arises: How can professional treatment be realized in the context of medical pluralism?

Professional standards of therapy

Generally speaking, medical treatment is professional – i.e. competent as well as ethical – when applied and implemented in accordance with the above-mentioned principles and commitments. The following criteria describe professional medical practice in further detail:

- Conscientious everyday work (e.g. taking thorough case histories, performing appropriate physical examinations) and documentation.
- Continuous striving for profound medical knowledge, including continuous medical education.
- Awareness of the scope and limitations of one's own diagnostic and therapeutic procedures; appropriate information to the patient in this respect.
- Knowledge of the most relevant diagnostic and therapeutic alternatives as well as their scope and limitations; appropriate information to the patient also in this respect.
- Avoidance of polemical comments on therapeutic alternatives.
- Willingness to explain the theoretical and empirical basis for one's own therapeutic approach.
- Respect for the patient's autonomy, individual perspective, preference, and freedom to choose.
- No exaggerated financial claims.
- No false pretence of future success for the purpose of financial advantages or other forms of profit.

This list of criteria is not conclusive and applies equally to conventional and complementary medicine. It can be a helpful tool for the distinction between professional and unprofessional treatment. The criteria can be further specified and augmented, according to the circumstances of the respective medical approach.

Science and pluralism

In the context of medical pluralism, one particular criterion of professionalism needs to be discussed in more detail: the commitment to scientific knowledge. This commitment has to acknowledge the specific nature of medicine as a science of practical experience, which also utilizes other scientific disciplines [7,8]. In accordance with the charter of professionalism mentioned above, the scientific knowledge of physicians is based on external evidence as well as clinical experience [1]. At first sight, medical pluralism and the commitment to scientific knowledge might appear to be a contradiction. However, science itself is pluralistic in a number of aspects.

The logico-mathematical sciences are based on axiomatic definitions [9,10] with the possibility of co-existing alternative systems [11]; in empirical science not only do facts define theories but theories also define facts (Einstein: "The theory decides on what we can observe" [12]); there is a plurality of explanatory possibilities [13] with complementary [14] and competing [15] explanatory models and different model levels [16], and there is a plurality of evidence theories [17]. Within the scientific community a variety of styles of thinking and schools of thought coexist [18]. Accordingly, there can be coexistence of competing or complementary scientific systems and perspectives.

This pluralistic character of science received much appraisal after Thomas S. Kuhn had brought the concept of the "paradigm" into the centre of the science debate in the 1960s [19], and after Imre Lakatos had spoken of competing research programs [15]. Subsequently, pluralism was called for: In 1974 Helmut Spinner declared "pluralism as a model of scientific epistemology" [20]. In Germany, medical pluralism was established in the Drug Law of 1976, acknowledging the so-called "special therapy systems" of homeopathy, phytotherapy, and anthroposophic medicine [21]. Since then, the importance of pluralism in medicine has also been emphasized by the German Social Code [22] as well as in German jurisdiction and legal literature [23–26]. On a global level, medical pluralism has been established by the World Health Organization, particularly with the concept of "traditional medicine", which acknowledges the diverse cultural traditions of different world regions [27].

Notably, the acceptance of medical pluralism came second to the acceptance of pluralism in science, both chronologically and logically [28,29]. Therefore, pluralism in medicine must not be confused with arbitrariness. Though questioning the explanatory

monopoly of scientific mainstream, pluralism does not question the commitment to science. On the contrary, pluralism calls for an unfolding of the premises and consequences of the respective therapeutic concepts [30], opening them up to critical discourse.

Evaluation

An important instrument for the evaluation of diagnostic, prognostic, and therapeutic procedures are clinical studies. In the current conceptual framework of evidence-based medicine, study evidence is ordered in a hierarchy with higher levels such as randomized controlled trials (RCTs) and their meta-analyses, and with lower evidence levels such as observational studies, clinical experience reports, and expert opinions. Each of these levels provides evidence of a certain strength. For the validation of diagnostic procedures and for prediction analysis, other study designs than RCTs are accepted. For the evaluation of therapies, RCTs are required in the majority of cases, sometimes also additional studies on routine health care.

Facing medical pluralism, one might argue that the commitment to science should be uniform at least in regard to therapy evaluation, and should be based preferentially on RCTs. However, RCTs are not always feasible: e.g. because of ethical or economical reasons; because the number of available patients is insufficient; or because there can be strong therapy preferences among physicians or patients. In particular for skill-dependent treatments, RCTs can easily lead to false results. Sometimes the existing evidence is convincing even without RCTs [31]. Therefore, in a pluralistic range of therapy options, "best available evidence" is not necessarily equal to "best therapy". This holds true not only for many areas of complementary but also of conventional medicine – especially when therapies have been developed from practical experience, such as surgery, physiotherapy and psychotherapy. Accordingly, therapy evaluation is in itself pluralistic ("a diversity of research approaches, rather than a hierarchy" [32]). Whether such pluralism of evaluation is a necessity and how it could be adequately implemented, is a matter of dispute [32–35], not least in regard to complementary medicine [36–40].

Clinical studies and systematic analyses thereof (reviews, health technology assessment reports) are important and are increasingly being used also in complementary medicine (e.g. [41–44]), but offer only a limited basis for the physician's decision on how to treat the individual patient. Criteria for a scientifically oriented individual therapy include a rational assessment of the patient's situation, clinical experience, external evidence, and a critical evaluation of the course of disease. Last but not least, patient treatment requires empathy and a consideration of the patient's perspective.

Competence and dialogue

Pluralism in medicine requires the commitment to professional competence. Medical competence includes multidisciplinary knowledge of the natural sciences, psychology, sociology, methodology, and pathology; skills in diagnostics and therapy; specialist expertise; the ability to create a trustful physician–patient relationship; cooperation with colleagues (in particular when one's own limits of competence are reached); and continued medical education. All these aspects apply likewise to physicians working with conventional or complementary medicine. Therapeutic professionalism can only be realized on the basis of competence.

Increase in competence can be achieved by medical specialization. Continued education in complementary medicine can also be considered as a competence gain – a viewpoint which appears to be widespread in outpatient care, e.g. in Germany, where the use of complementary medicine is endorsed by about half of the physicians [45]. On the other hand, the distinct differences between conventional and complementary medical positions often cause mutual antagonism within the profession. While differing expert opinions in conventional medicine tend to stimulate communication and cooperation, this is often not the case with pluralistic medical approaches.

Finally, medical competence depends on the knowledge of the scope and limitations of other therapy approaches than one's own. Consequently, medical pluralism invites physicians to inform themselves about other therapy options and their utility, and to cultivate a dialogue with other physicians and therapy providers across paradigms [46]. In this respect, the following questions can be useful:

- What is the conceptual framework, including conceptions of man and nature, of the respective therapeutic approach and how does it relate to the concepts of other therapy systems?
- How do representatives of the respective therapy system view the possibilities for evaluation?
- To which extent are representatives of the respective therapy capable of an open discourse?

Patient perspectives

The primary guiding principle of medical professionalism is patient welfare ("*salus aegroti suprema lex*"). As a second principle, the respect for patient autonomy was added in the second half of the last century. This patient autonomy makes it necessary to take into account the patients' perspectives on complementary medicine: according to surveys, the majority of patients would like an integrated healthcare system including conventional and complementary medicine [47]. In May 2009, a referendum in Switzerland brought into effect an addendum to the Swiss constitution, according to which the government shall ensure that consideration is given to complementary medicine within the healthcare system [48]. If in the further development of the healthcare system these patient perspectives are taken into account, issues of medical professionalism will be of paramount importance.

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