

Orthopedic Surgery and Integrative Medicine—Strange Bedfellows

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According to a recent nationwide government survey published in December 2008 by the Department of Health and Human Services, 38% of US adults used some form of complementary or alternative medicine (CAM) in 2005.¹ That is approximately 90 million people. An often-quoted 1998 study by Eisenberg and colleagues estimated total visits to alternative medicine practitioners in 1997 at 629 million, exceeding the total visits to primary care physicians.² In addition, the study estimated that 1997 out-of-pocket expenditures relating to alternative therapies (\$27 billion) were comparable to the projected 1997 out-of-pocket expenses paid to all US physicians. One could safely infer that the popularity of alternative services has only increased during the ensuing 12 years. Clearly, integrative medicine is no longer “alternative” and has been embraced by a large percentage of this country’s population.

First, some definitions: Complementary and alternative medicine (CAM) consists of health care services and products not considered part of conventional or “Western” medicine. *Complementary medicine* is used in conjunction with conventional medicine and *alternative medicine* is used in place of conventional medicine. *Integrative medicine* combines both conventional and CAM treatments.

Over the past two years, my Department of Orthopaedic Surgery at Beth Israel Medical Center has partnered with the Department of Integrative Medicine (the only comprehensive program at an academic medical center in the United States) and initiated two projects in our in-patient unit: music therapy and guided imagery/Reiki therapy. Our intent with these pilot studies was to determine whether our postoperative patients who had undergone total joint or major



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spine procedures were either interested in or benefited from these services in terms of pain control, motivation for therapy, and relief of stress and anxiety. To my astonishment, the vast majority of the patients embraced the programs and were enthusiastic participants. Surgeons, initially quite skeptical, were won over to the programs following the positive feedback from their patients.

Our pilot studies suffered from the frequent criticism of CAM—that is, the lack of scientific evaluation documenting the safety and efficacy of the treatments, which, for the most part, are untested and unregulated. This is a legitimate complaint—for I believe it is not sufficient for patients to merely appreciate the “personal touch and attention” provided by alternative services (however important that is). We must prove that such interventions are both safe and effective as measured by various accepted metrics, such as length of stay, amount of narcotic use, as well as pain and patient satisfaction scores. Consequently, our department has committed to hiring full-time staff in music therapy and Reiki therapy and, following IRB approvals, will engage in controlled studies to evaluate their effectiveness.

One may think that orthopedic surgery and alternative medicine are strange bedfellows. I have come to believe otherwise. In our pursuit of improved and more sophisticated technology and surgical procedures, and as a consequence of strained hospital finances that have stripped patient services to the bare bones, these alternative therapies hearken to an earlier and simpler time when “personal touch and attention” played a much larger role in patient care. Needless to say, surgeons and patients do not consider abandoning the improvements in health care afforded by new technology, but many will admit that the benefits of patient-centered alternative therapies

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may certainly contribute to the healing environment in the hospital.

Integrative medicine has become more widely accepted and sought after by the population at large. Orthopedic surgeons should be open to alternative treatments that could benefit our patients. We should also hold such CAM services to the same high standards as we hold “conventional” procedures:

subject to sound scientific studies documenting the efficacy and safety of these “unconventional” treatments.

References

1. Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. National health statistics reports; no 12. Hyattsville, MD: National

Center for Health Statistics. 2008.

2. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA*. 1998;280(18):1569-1575.

For Further Reading

National Center for Complementary and Alternative Medicine. Reiki: An Introduction. <http://nccam.nih.gov/health/reiki/>

