Groft, Stephen (NCCAM)

From: Kaczmarczyk, Joseph (NCCAM)
Sent: Thursday, March 15, 2001 5:49 PM
To: 'Jim Swyers'
Cc: Groft, Stephen (NCCAM)
Subject: RE: definition

15 Mar 01

Jim,

I think that in general, it's very good. I recognize that style and tone! I only have the following five comments:
1. In the second paragraph, the NCCAM definition doesn't have the reference to lack of insurance reimbursement that is included in the NCCAM website CAM definition listed in the FAQs.
2. Consider adding the "Alternative Therapies in Health and Medicine" consensus definition that we talked about previously.
3. Is it necessary to define "wellness" in the Commission's Definition of CAM section?
4. In "The Commission's Definition of CAM" section, it certainly appears unfinished but also seems to wander a bit.
5. For consistency and other valid reasons, I believe that the WHCCAMP definition needs to be aligned with, related to, and reflective of the NCCAM definition of CAM.

Is this the type of feedback that you wanted?

Thank you for the opportunity to review and comment,
Joe

-----Original Message-----
From: Jim Swyers [mailto:jpswyers@starpower.net]
Sent: Wednesday, March 14, 2001 11:04 AM
To: Axelrod, Corinne (NCCAM); Chang, Michele (NCCAM); Kaczmarczyk, Joseph (NCCAM); Pollen, Geraldine (NCCAM); Miller, Maureen (NCCAM)
Cc: Groft, Stephen (NCCAM)
Subject: definition

Hi folks,

Here is the latest version of the CAM definition piece. Please return any comments, edits, suggestions, and criticisms (I've already gotten Ken's) to me by close of business Friday. Thanks.

Groft, Stephen (NCCAM)

From: Axelrod, Corinne (NCCAM)
Sent: Wednesday, March 14, 2001 4:16 PM
To: 'Jim Swyers'
Cc: Groft, Stephen (NCCAM)
Subject: RE: definition

Hi - I think that this introductory section could be condensed quite a bit. It may not be neccesary to have the historical perspective, since the history perspective is only a few years old and the definitions are not that good or helpful. Perhaps we can just have a few paragraphs about the evolving definition of CAM that reflects the changing role of CAM in our society, and then say that the Commssion has taken a broad approach that includes a wide variety of CAM practices and therapies (e.g. non-exclusive), and that a precise definition of CAM is continuing to evolve and develop. I would also not get too much in to what medical schools are teaching (or not teaching), particularly in regards to nutrition, as this sets us back to Eisenberg's definition of what it is not, instead of what it is.

Corinne

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From: Jim Swyers [mailto:jpswyers@starpower.net]
Sent: Wednesday, March 14, 2001 11:04 AM
To: Axelrod, Corinne (NCCAM); Chang, Michele (NCCAM); Kaczmarczyk, Joseph (NCCAM); Pollen, Geraldine (NCCAM); Miller, Maureen (NCCAM)
Cc: Groft, Stephen (NCCAM)
Subject: definition

Hi folks,

Here is the latest version of the CAM definition piece. Please return any comments, edits, suggestions, and criticisms (I've already gotten Ken's) to me by close of business Friday. Thanks.

Definition / Report

What Is CAM?

Complementary and alternative medicine (CAM) had become an increasing feature of healthcare practice, but considerable confusion remains about what exactly it is and what position the disciplines included under this term should hold in relation to conventional medicine. There have been many definitions offered for complementary and alternative medicine (CAM) over the yeas. In general, CAM is a title used to refer to a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care (Eisenberg et al, 1998). Other terms often used to describe CAM therapies include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.

However, such definitions have often been focused on what CAM is not rather than what it is. To develop a more precise, yet encompassing definition of CAM, a work group sponsored by the National Center for Complementary Alternative Medicine (NCCAM) of the National Institutes of Health (formerly known as the Office of Alternative Medicine) defined CAM as "a broad domain of medical or healing systems that are outside the range of those that are intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being, Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp and fixed" (Panel on Definition and Description, 1997).

NCCAM definition

The Complementary Medicine Field Group of the international Cochrane Collaboration (see Part I) has adopted a variation of this definition, which reads: "Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture of a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domain and that of the dominant system are not always fixed (Zolman and Vickers, 1999). The Cochrane has established a common set of modalities and systems of medicine that it generally recognizes as being encompassed by this definition (See Table 1 below).

Common CAM Therapies and Systems of Medicine

Acupuncture	Chiropractic	Naturopathy
Acupressure	(Sacral) Cranial Osteopathy	Nutritional Therapy
Alexander Technique	Environmental Medicine	Osteopapthy
Applied Kinesiology	Herbal Medicine	Reflexology
Anthroposophic Medicine	Homeopathy	Relaxation and Visualization
Aromatherapy	Hypnosis	Shiatsu
Autogentic Training	Imagery	Spiritual Healing
Ayurvedic Medicine	Magnets	Therapeutic Touch
Energy Medicine	Massage and Bodywork	Traditional Chinese Medicine
	Meditation	Yoga

Adapted from Zollman C, Vickers A. What is complementary medicine? BMJ 1999;319:693-696

These latter two definitions incorporate a larger worldview by acknowledging that many health care practices that are considered "complementary," "alternative" or "unconventional" in the United States, such as herbal medicine, are often the main system

of treatment in many developing countries (Bannerman et al., 1983; WHO, 1978) as well as in many ethnic communities in this country (Berman, Swyers, Kaczmarczyk, 1999). These definitions also acknowledge that the boundaries between CAM and biomedicine are constantly changing and are likely to evolve even further in the years to come as therapies that are now considered CAM become integrated into mainstream medicine and new, untested therapies appear on the horizon to take their place.

The Commission's Definition of CAM

Many of the Commissioners believed that the Commission could not fulfill its duties without considering "wellness" as an integral part of the definition of CAM. Although the concept of wellness has been part of allopathic medicine in the form of preventive medicine for many years, it is an aspect of allopathic medicine that has largely been under-emphasized and researched. In fact, a recent survey of 144 allopathic and osteopathic medical schools found a greater emphasis on teaching and evaluating medical students' knowledge in the areas of clinical preventive services and quantitative methods, and less emphasis on the community dimensions of medical practice and health services organization and delivery. More revealing, however, was the finding that fewer than half of all respondents were satisfied with the quality of their assessment of student achievement in any of the four domains of prevention education. More than 30% expressed a desire to receive assistance with designing curricula and/ or evaluation methods in prevention education (Garr, Lackland, & Wilson, 2000).

In addition, given the prevalence of nutritionally related chronic diseases in American society, it would seem imperative that the training of physicians should include a focus on the relationship of diet to disease. Yet, despite scientific data, public interest, US government reports, society studies, and congressional mandates, the teaching of nutrition in medical schools and residency programs remains woefully inadequate (National Education Consortium, 1997). Indeed, most medical schools do not have faculty trained specifically in nutrition (Cooksey et al, 2000), and faculty resistance to changing medical school curricula is a major barrier to overcome in the effort to expand such education (Armstrong & Koffman, 1998).

Finally, despite the importance of culture in health care and the rapid growth of ethnic diversity in this country, a recent survey of medical schools in the U.S. and Canada found that very few schools (U.S. = 8%; and Canada = 0%) had separate courses specifically addressing cultural issues (Flores, Gee, & Kastner, 2000). Schools in both countries usually addressed cultural issues in one to three lectures as part of larger, mostly preclinical courses. Significantly more Canadian than U.S. schools provided no instruction on cultural issues (27% versus 8%). Few schools taught about the specific cultural issues of the largest minority groups in their geographic areas: only 28% and 26% of U.S. schools taught about African American and Latino issues, respectively, and only two thirds of Canadian schools taught about either Asian or Native Canadian issues. Only 35% of U.S. schools addressed the cultural issues of the largest minority groups in their particular states.

Therefore, in attempting to provide a framework for its definition of CAM, the Commission decided to incorporate elements of health which have been embraced by some circles of conventional medicine, but have largely been ignored or marginalized by the majority of conventional medical education institutions. .....

[Note: This section will be completed after receiving feedback from the Commissioners]

3/14/01

What Is CAM?

Complementary and alternative medicine (CAM) had become an increasing feature of healthcare practice, but considerable confusion remains about what exactly it is and what position the disciplines included under this term should hold in relation to conventional medicine. A number of professional bodies have attempted to define CAM over the past few years. In the early 1990s, Eisenberg and colleagues (1993) defined "unconventional" medicine as those practices "neither taught widely in U.S. medical schools nor generally available in U.S. hospitals."

This definition has been widely adopted as the definition for CAM as well. For example, the National Center for Complementary and Alternative Medicine (NCCAM) at the NIH currently defines CAM as those healthcare and medical practices that are not currently an integral part of conventional medicine (NCCAM, 2000). However, this definition has proven unsatisfactory for some because it medicalizes self-help practices, such as weight loss programs and Alcoholics Anonymous (Cassileth, 1993). Others, on the other hand, have found it lacking because it has too narrow of a focus (Panel on Definition and Description, 1997).

In an attempt to develop a more precise concept of what CAM encompasses, the Office of Alternative Medicine of the National Institutes of Health (currently known as NCCAM) sponsored a work group in 1995 to define CAM. After extensive discussions, this work group defined CAM as "a broad domain of medical or healing systems that are

outside the range of those that are intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp and fixed" (Panel on Definition and Description, 1997).

The Panel was careful to note, however, that identifying a health system as "politically dominant" does not imply that it achieved its dominant position through political means. Rather, the phrase "political dominance" merely recognizes the fact that the dominant system of health often has broad cultural authority. This, in turn, gives it greater legislative and social institutional support and, thus, greater access to medical practice laws, legally recognized accreditation and rights of self-regulation, third-party payment, public research funds, and to prestigious scientific publications, than less dominant systems of health.

The Complementary Medicine Field Group of the international Cochrane Collaboration (see Part I) has adopted a variation of this latter definition, which reads: "Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture of a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or

promoting health and well-being. Boundaries within CAM and between the CAM domain and that of the dominant system are not always fixed (Zolman and Vickers, 1999). The Cochrane definition, therefore, further broadens the definition to include all healing resources and accompanying theories and beliefs. Furthermore, the Cochrane Collaboration has established a common set of modalities and systems of medicine that it generally recognizes as being encompassed by this definition (See Table 1 below).

Table 1: Common CAM Therapies and Systems of Medicine

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