AACP bylaws state that the Professional Affairs Committee is to study issues associated with professional practice as they relate to pharmaceutical education, and to establish and improve working relationships with all other organizations in the field of health affairs. The Committee is also encouraged to address related agenda items relevant to its bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups.

In President Hugh F. Rabat’s inaugural address, he recognized that significant changes in the demographic makeup of the United States population would cause a dramatic impact on the delivery of health care. The patients of today, and well into the future, increasingly come from a diverse range of cultures unfamiliar to traditionally trained pharmacy practitioners in the United States. The increasing diversity in this country’s patient population may indeed be responsible, in part, for the increase in nontraditional treatment options available today. It would appear that these nontraditional therapies, often termed “alternative therapies,” will be utilized more frequently as the American population grows in diversity. In order to address the impact that this trend will have upon the pharmaceutical education and professional practice communities, President Kabat charged the Professional Affairs Committee to consider the following issues:

• Given the increasing utilization of complementary and alternative therapies by a culturally diverse society, what instructional mechanisms might AACP and its member schools employ to provide meaningful information to practitioners?
• Can there be a balance between the ethical concerns, economics, and science in a culturally diverse society’s utilization of complementary and alternative therapies?
• Managed care is impacting the health care service arena by demanding greater efficiency. This has resulted in the utilization of diverse interdisciplinary primary care teams and the measurement of patient outcomes, including patient satisfaction. How can these diverse interdisciplinary teams create collaborative processes utilizing delivery of pharmaceutical care to accomplish efficient patient care?

The Committee held its first meeting via conference call to develop a strategy to address these issues. Through that conference call and through extensive deliberations in a meeting held in October of 1997, the Committee felt that there was a compelling interest in the practitioner community to concentrate on the first two charges dealing specifically with complementary and alternative therapies. The third charge is addressed within this report, but not fully. The Committee’s discussions of the third charge were limited by time constraints.

Chair Report for the Professional Affairs Committee

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BACKGROUND
In 1995, a panel of individuals representing public and private sector practitioners and educators met to discuss the definitions and descriptions of complementary and alternative medicine (CAM). Their discussions yielded the following definition of CAM which is used by the National Institutes of Health’s Office of Alternative Medicine:

“Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompass 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 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 or fixed.”(1)

Within the past five years, significant public attention has been drawn to the prevalence of alternative therapies in today’s American culture. The federal government has already taken significant steps to research and evaluate unconventional medical practices and disseminate new information to the public.

“One third of the American public use and pay almost $14 billion per year for complementary and alternative medicine (CAM). Eighty percent of the world’s populations use traditional medicine that is classified as CAM in the United States. Many immigrant and minority populations bring these practices with them when they come to the United States.” (2)

Responding to these staggering statistics, Congress mandated the creation of the Office of Alternative Medicine in 1992. In 1992 Congress appropriated $2 million to fund this office. Today the Office of Alternative Medicine’s budget has grown 10 times to a level of $20 million.

A paper prepared by Dr. David Eisenberg, based upon his published research, for the American Board of Internal Medicine contains an outline of the prevalence, costs, and patterns of use of alternative therapies:

• One in three respondents reported using at least one alternative therapy to treat a serious or bothersome medical problem during the past year.
• Seventy percent of alternative medicine consumers did not inform their medical doctors of their alternative therapy use.
• A majority of respondents used alternative therapies for chronic as opposed to life-threatening medical conditions. (Alternative therapies for cancer and HIV illnesses accounted for less than three percent of all alternative medicine use.)
• Extrapolating from survey data, Americans made an estimated 425 million visits to providers of alternative medical therapy in 1990, exceeding the 338 million visits made to all U.S. primary care physicians during the same period.
• Out-of-pocket expenditures associated with alternative therapy use in the United States in 1990 was $10.3 billion, nearly equal to the $12.8 billion out-of-pocket expenses incurred that same year for all U.S. hospitalizations(3).

The educational community has just started to respond to the increase in the use of alternative therapies. Several AACP member schools have courses dedicated to alternative therapies. At least 40 U.S. medical schools currently offer courses devoted to the topic of alternative medicine(4). Many of these schools have close affiliations with schools and colleges of pharmacy throughout the United States. Additionally, the Association of American Medical Colleges has recently established a Special Interest Group devoted to alternative medicine.

ISSUES FACING THE PROFESSIONAL COMMUNITY
Defining alternative therapies is difficult. Essentially any therapy, even traditionally accepted therapies, can be applied alternatively. What is unconventional to the American culture may be very common to cultures thousands of years older. Is allopathic medicine considered “alternative” to cultures outside of the United States? Although allopathic medicine might seem out of the ordinary in some cultures, it is widely accepted in others. Is allopathic medicine scientifically based, while all other therapies are not? Many alternative therapies have significant scientific origins and have scientific evidence justifying their use. While the scientific evidence may not be widely known or accepted by American scientists and clinicians, it may be widely known and accepted by foreign researchers and practitioners. Additionally, many of the therapy options available in traditional allopathic practice have limited scientific evidence backing their use. Many medications used in traditional allopathic healing do not have definable mechanisms of action. Long term side effect information is not available on many products recently released to the marketplace. Patients frequently experience a significant benefit following the administration of a placebo. The same arguments disputing the benefit of alternative therapies can be used to raise concerns about traditional allopathic medicine. What makes traditional therapy superior to alternative therapy? Is there a superior therapy option?

The Committee did not dwell upon questioning the appropriateness of alternative medicine’s place in the wellness or healing process of those who use them. The choice to use alternative therapies goes well beyond the question of whether the therapy is widely accepted by the health care community. The fact that the therapy is alternative makes it controversial and debatable among traditional health care providers. Rather, the Committee accepted that the use of alternative therapies may not always be scientifically based. A consumer’s choice to seek out alternative therapies is a reflection of several factors. Attitudes, beliefs, values, and the cultural background of an individual frequently lead him or her to choose alternative therapies when making health care decisions. The question of safety and efficacy is not always an issue of immediate concern to the health care consumer. However, the issue of potential harm that any therapy presents to a patient is of utmost concern to the pharmacy community. The consumer believes that “each system of alternative healing has its own vision, theory, therapeutics, style structure and body of evidence.”

ROLE OF PHARMACY PRACTITIONERS AND THE OBLIGATION OF THE EDUCATIONAL COMMUNITY
It makes sense that the pharmacist may be the most appropriate health care professional to take a leadership role in the investigation and dissemination of information regarding alternative therapies. Pharmacists are uniquely qualified to deal with substance based treatment options. It seems that the majority of alternative therapies popularly used in the United States are based on substances. Herbal therapy, aromatherapy, chelation therapy, homeopathy, and naturopathy are strongly rooted in the use of substances.

There was general consensus among members of the Committee that the foundation of pharmaceutical education prepares the pharmacist to take a holistic approach to patient care. Whether a practitioner believes in the alternative therapy is not up for debate. The core of what a pharmacist is trained to pro-

to increase federal funding for basic science and clinical research devoted to the evaluation and clinical applications of complementary and alternative therapies.

PHARMACISTS AS LEADERS IN COLLABORATIVE EFFORTS

The pharmacy profession is well positioned to assume a leadership role in conducting research, developing acceptable clinical applications, and improving access to information regarding alternative therapies. The Committee recognized that there is an ethical obligation for pharmacists to work with patients to make rational decisions concerning their use of alternative therapies. Regardless of the professional, scientific, or personal views of the pharmacist, each member of the pharmacy community must approach alternative therapies with an openness and respect that nurtures a meaningful pharmacist/patient relationship.

There may be considerable value in looking to pharmacy’s counterparts in other parts of the world to develop models of collaboration between traditional and alternative practitioners. This collaborative approach would promote a mutual level of respect between two groups of practitioners who are frequently at odds with each other. Often, understanding the patient’s choice in health care options requires an intimate knowledge of the cultural, and frequently, spiritual component of the healing process.

DEVELOPMENT OF PRACTICAL RESOURCES FOR PRACTITIONERS AND EDUCATORS

The Committee discussed the critical need for improved access to information that is currently available regarding alternative therapies. Access, not only to the scientifically based information, but to the information directed toward consumers of alternative therapies. To provide authoritative, credible advice to their patients, clinicians must have access to the same information that is utilized by providers outside of the traditional health care arena. All too frequently, consumers receive seemingly valuable advice regarding natural herbs and home remedies from unlicensed retail clerks working outside of licensed health care facilities. The clerks are confident and provide what appears to be very compelling evidence, anecdotes, and testimonials to promote the use of their alternative products, procedures, or services. When these same consumers approach the pharmacy practitioner regarding the same products that may be available in a pharmacy, pharmacists are frequently unable to respond with confidence. Without access to the appropriate information, pharmacy practitioners choose to hold off judgments or advice until some evidence is identified. The perception that the pharmacist is unclear on the use of these products may lead the patient to seek out an unlicensed provider, and close the pharmacist off from further communication regarding the use of alternative products.

There is considerable need for a database clearinghouse, immediately accessible by any practitioner from any setting. The clearinghouse should be Internet accessible, allowing the practitioner to retrieve available information about the alternative therapy in question. Without access to such a database, pharmacists will be unable to engage their patients in meaningful discussion that might lead to more rational decision making.

RECOMMENDATION 1: AACP should establish, within its organizational structure, a body of members who would be charged to partner with the WHO and NIH to develop an electronic clearinghouse of information regarding alternative therapies. This body should meet regularly to update and respond to the needs of health care professionals seeking information concerning alternative therapies.

There is also considerable need to inform and educate the members of AACP about the immediacy and implications of the growing use of alternative therapies in today’s society. It would
be advantageous to provide AACP members with programming that would directly expose them to the providers in complementary and alternative medicine fields.

**RECOMMENDATION 2:** AACP should sponsor and coordinate a stand-alone conference/workshop that would address the issues and educational needs of health care practitioners in relation to alternative therapies. This conference should be interdisciplinary in nature, bringing together traditional providers from various disciplines and alternative therapy providers. This conference/workshop should focus on “training the trainers” regarding the applications and implications of alternative therapies and how alternative therapies contribute and/or detract from the delivery of health care.

Alternative therapy is becoming less the alternative and more often the initial choice. The increased use of alternative therapies is not a fad that will fade away. Some alternative therapies have existed much longer than the biomedical model in use today. AACP is a logical leader in the effort to educate and prepare practitioners who have the skills and knowledge to practice in a health care environment in which consumers more and more frequently turn to alternative health care delivery models.


**References**