

Should Vet Schools Teach Complementary Medicine?

Whether they endorse it or disdain it, veterinarians need to know about complementary and alternative veterinary medicine (CAVM), the components of which may include: acupuncture, manual therapy, nutrition, botanical medicine, mind/body medicine, Reiki, homeopathy, and Ayurvedic medicine. In fact, their patients' safety and well-being may *depend* on it. Integrating CAVM into a veterinary medical curriculum does not constitute blind endorsement; rather, veterinary schools have the responsibility to prepare their graduates for real-life practice situations, which includes assisting clients in making prudent healthcare decisions for their animal companions. Complementary and alternative medicine (CAM) has profound importance in human health in today's society, considering the prevalence of its use and its potential impact on health and disease. Given that forty-two percent of the American public uses CAM for themselves,¹ many veterinary clients are likely to be using one or more CAVM approaches for their animals. Furthermore, if veterinarians do not themselves pursue training in these modalities, there are significant numbers of non-veterinarians ready and eager to offer these techniques to patients in their stead. Veterinarians must have discretion and awareness when advising clients seeking referrals. They also need to know about the recent legislative activities affecting veterinary practice. Across the country, non-veterinarians are seeking access to direct care of animal patients with little or no veterinarian involvement. For example, human chiropractors associated with the American Veterinary Chiropractic Association are seeking licensure to treat animals in Colorado and Wisconsin.^{2 3} Human acupuncturists in Maryland already have the legal authority to treat animals without veterinary supervision or referral.⁴ Without active involvement and continued vigilance on the part of veterinarians on a state-by-state basis, increasing numbers of non-veterinarian CAM providers are likely to seek such licensure, putting both animal health and human safety at risk.

Educators in human medical colleges have long recognized the need to include complementary and alternative medicine in their curricula, and have created residency programs and fellowships with training in CAM. The University Of Arizona College Of Medicine offers a two-year fellowship in integrative medicine, directed by Andrew Weil, MD. Its goals, according to Dr. Weil, are to develop new models of medical education and practice, create new directions for medical

¹ 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; 280:1569-1575.

² Obtained at <http://animalchiropractic.org/update.htm> on June 15, 2002.

³ Obtained at http://www.chowwelfare.com/DFOW/sb_401_animal_chiropractor.htm on June 15, 2002.

⁴ Obtained at <http://www.avma.org/onlnews/javma/jun97/s061597a.html> on June 15, 2002.

research, and train professionals “with the potential to be agents of change in industry, government, and academia.”^{5, 6}

Nearly 2/3 of U.S. medical schools are also now including content related to complementary and alternative medicine as part of a required course.⁷ A further look at the content of these courses, however, reveals that the tone of the courses varies between one of promoting mutual respect between conventional and CAM health care providers, to the other extreme of alleging that CAM is “quackery.”⁸ While the proportion of veterinary schools offering complementary and alternative veterinary medical training falls far short of their human counterparts, the number is increasing, with courses available at Colorado State University, the University of Pennsylvania, Tufts, and several others.

In the past, conventional practitioners have been suspicious of CAM because the language and techniques fall outside of their realm of training and therefore their comfort level. However, both physicians and veterinarians need to be able to raise the subject of CAM in a respectful, non-judgmental manner when taking a history. If a health care professional either avoids discussion of, or stigmatizes CAM approaches, they may create a fundamental breakdown in the client-veterinarian relationship, and risk losing a client entirely to an alternative practitioner.⁹ Wayne Jonas, MD, former director of the National Institutes of Health Center for Complementary and Alternative Medicine, stated that 72% of patients do not tell their doctors about their alternative medicine use.¹⁰

Medicine must adapt to changes brought about by societal influence. The accessibility of information on the Internet creates an opportunity for veterinary clients to acquire a substantial knowledge base about practically every medical topic. They may also have been exposed to, and influenced by, erroneous material, advertising hype, and false claims. Students need CAVM education that stimulates them to read the literature critically, and which aids them in helping their clients distinguish the useful from the useless. Clients often ask for guidance in selecting qualified CAVM practitioners; recent graduates must also be familiar with the legal, ethical, and safety issues when making referrals. In some states, referral to a non-veterinarian for treatment is illegal. If an animal becomes injured by an individual referred by the veterinarian, the veterinarian

⁵ Waring N. Healing the Whole Person: Training program focuses on physical, spiritual, and emotional well-being. *Hippocrates*. October 2000:23-25.

⁶ More information on the Integrative Medicine Fellowship at the University of Arizona College of Medicine is available at www.integrativemedicine.arizona.edu.

⁷ Barzansky B, Jonas H, Etzel S. Educational programs in U.S. medical schools, 1999-2000. *JAMA* September 6, 2000; 284(9):1114-1120.

⁸ Moore NG. A review of alternative medicine courses taught at U.S. medical schools. *Alternative Therapies*. 1998; 4(3):90-101.

⁹ Greene J. Professional Issues: Complementary curriculum. *American Medical News*. January 17, 2000: pp. 7-8.

¹⁰ *Ibid*.

may share liability. Knowing who is qualified to treat animals and where to turn for this information are topics which are vital to practicing veterinarians.

Are there currently any standards for CAVM training in veterinary schools? No, but we can learn from human medical schools who have been grappling with the issue of standardizing and improving CAVM education during training in a much longer and larger way. Potential problems arise from variability in quality, focus, and depth. Not all courses are evidence-based, and course content may lack the scrutiny that material in conventional courses would endure. Minimum requirements might include exposure to basic theory and philosophy of the most commonly used modalities, their divergence or coherence with currently accepted scientific understanding, common clinical applications and indications for referral, potential for adverse effects, current research evidence for efficacy, difficulties inherent in researching the modality, and cost-effectiveness.

Course directors at universities often seek area practitioners (who may or may not be veterinarians) to lecture in CAVM courses. Depending on the practitioner's orientation, the information presented may be factual, scientific information, or outdated and misleading. For example, use of the chiropractic terms "subluxation", "bone out of place", and "innate intelligence" to describe the pathophysiology of biomechanical alterations underlying structural disorders does a disservice to the accurate and up-to-date understanding of musculoskeletal problems and their treatment. Ascribing the effects of acupuncture to a mystical energy flow through invisible meridians, rather than a result of neurophysiologic stimulation, misleadingly describes acupuncture as a metaphysical approach rather than the physiologically based medical system it was originally recognized to be in ancient China.^{11,12} Other factors, including limited time availability in an already crowded veterinary medical curriculum and inconsistent institutional support as an integral and legitimate part of the veterinary medical curriculum can make introduction of CAVM a daunting task for even a moderately receptive institution.¹³

Various solutions do exist, and suggested curriculum guidelines from human medicine are available.¹⁴ These guidelines outline ways to identify the specific knowledge, skills, and attitudes that students need in order to function as unbiased advisors to their clients, and to better understand and respect the cultural/ethnic influences on health care beliefs and choices. In summary, CAVM education and integration into medical care can and must be addressed with as

¹¹ Obtained on June 15, 2002 at <http://www.ormed.edu/newsletters/energymeridian.htm> .

¹² Kendall DE. *Dao of Chinese Medicine, Understanding an Ancient Healing Art*. Oxford: Oxford University Press, 2002. Pp. 1-15.

¹³ Kliger B, Gordon A, Stuart M, and Sierpina V. Suggested curriculum guidelines on complementary and alternative medicine: Recommendations of the Society of Teachers of Family Medicine Group on Alternative Medicine. *Family Medicine*. 1999;31(10):30-3.

¹⁴ Kliger B, Gordon A, Stuart M, and Sierpina V. Suggested curriculum guidelines on complementary and alternative medicine: Recommendations of the Society of Teachers of Family Medicine Group on Alternative Medicine. *Family Medicine*. 1999;31(10):30-3.

much critical evaluation, scientific rigor, and clinical judgment as is expected from all other aspects of veterinary medical care. The suggestion by some CAVM practitioners to “leave your ‘Western’ mind at the door” in order to swallow CAVM information uncritically has no place in university-based veterinary medical training programs.