

**Doctor-patient interaction in complementary medicine:
homeopathy, acupuncture and Ayurveda in Germany**

Robert Frank, Gunnar Stollberg

Dr. des. Robert Frank, Universität Bielefeld, Fakultät für Soziologie, Postfach 100131, 33501

Bielefeld, Germany

researcher

Prof. Dr. Gunnar Stollberg, Universität Bielefeld, Fakultät für Soziologie, Postfach 100131,

33501 Bielefeld, Germany

professor

Correpondence to: rog.frank@t-online.de

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Abstract

Objective: To explore the perspectives of physicians and patients in the interaction between doctors and patients in various settings of complementary medicine: homeopathy, acupuncture, Ayurveda.

Design: face-to-face semi-structured interviews

Participants: 49 physicians practising, 26 patients using homeopathy, acupuncture or Ayurveda

Results: Homeopathic and Ayurvedic consultations are long and personal, but not necessarily harmonious. Conflicts arise when patients refuse to accept the lack of therapeutic transparency, when they demand more time (homeopathy) or when patients act too passively in terms of lifestyle changes (Ayurveda). In acupuncture, communication is less relevant than in Ayurveda and homeopathy. There is little evidence of informed or shared decisions in all three settings.

Conclusion: Even though the physician-patient relationship varies across the different modes of complementary treatment, encounters tend to be patient-centred *and* paternalistic.

What is already known on the subject

It is widely assumed that a particularly personal and harmonious relationship is an important reason for the popularity of complementary medicine.

Little empirical research has been conducted on the perspectives of physicians and patients during these interactions.

What this paper adds

Encounters in complementary medicine tend to be patient-centred *and* paternalistic.

The physician-patient relationship varies across the different modes of complementary treatment.

The social standing and the conceptual features of each form of complementary medicine appear to be responsible for these differences.

Introduction

In the discussion about complementary medicine, the relationship between physicians and their patients is a key factor. Proponents and critics in academia [1,2] as well as in the mass media [3] attribute the popularity of complementary medicine to a more satisfying, personal relationship, compared to brief and technical consultations in biomedicine. Opponents claim that the perceived benefits of complementary medicine are nothing more than placebo effects produced by the specific doctor-patient relationship. Supporters argue that interactions in complementary medicine represent a more humane and holistic approach. It is assumed that decision-making is more *informed* [4] or *shared* [5] than *paternalistic* [6].

While there is evidence to suggest that patients' alienation from interactions in biomedicine is one of the reasons why they turn to complementary medicine [7,8], little is known about the encounters themselves. Previous studies have focused on elements of *biomedical* consultations which were known to cause unease in patients: technicalisation, brevity, neglect of personal aspects. If those aspects were not found in complementary medicine, it was concluded that the relationship is harmonious and patient-centred [9]. Thus, relationship patterns specific to complementary medicine have escaped the analytical gaze. Therefore, we explore the perspectives of medical doctors practising homeopathy, acupuncture or Ayurveda and their patients' views on doctor-patient interactions. In Germany, out of approx. 120,000 medical doctors working in their own practice, some 4,500 hold the protected occupational title of *homeopathic physician*, and the largest organisation of medical acupuncturists has 11,000 members [10]. The number of medical doctors practising Ayurveda is relatively low: approx. 50 [11].

Methods

Research instrument: In order to collect data in an explorative way, we decided to conduct face-to-face semi-structured interviews. This involved probing and handling open-ended questions flexibly. Thus, it was possible to achieve a certain degree of comparability without sacrificing the possibility that unexpected categories would emerge.

Study population and sample: 49 interviews with medical doctors were conducted between July 1999 and June 2001. Physicians practising homeopathy or acupuncture were selected randomly from the Yellow Pages Berlin, where Ayurveda is not represented. Therefore, we selected physicians randomly from an address list on the Maharishi-Ayurved website, while other interviewees were tracked down all over Germany by word of mouth.

Patients were selected with the help of the participating medical doctors. One of the reasons for this procedure was the relatively strict privacy laws in Germany, which prevented a more randomised selection. Therefore, we must assume that dissatisfied patients are under-represented in this study. 26 interviews, which took place in the patients' homes, were conducted in February/March 2002.

The majority of patients was between thirty and fifty years old, two thirds of them were female and half of the patients had a university degree. The patients' complaints also corresponded to our expectations: All patients were suffering from chronic, non-life-threatening diseases like allergies, rheumatism or skin diseases, while the acupuncture patients often presented conditions involving pain. The characteristics of our sample are consistent with previous research [12,13].

Data analysis: The interviews were tape-recorded and transcribed. Assisted by software for qualitative data analysis (N4), both authors independently identified key concepts. Each sequence of the interviews was coded, following the method of qualitative content analysis [14]. Consensus about key themes was reached, and both authors agreed on the final interpretations.

Results

Homeopathy

Communication: The collection of a large number of symptoms and characteristics of the patient is the central pillar of homeopathic concepts. This entails extensive verbal exchange, particularly during anamnesis which usually lasts two to three hours. Follow-up consultations take between 15 and 60 minutes. As psychosocial issues are prominent, the encounter is often perceived as very personal. Therefore, homeopathy seems to epitomise the advantages of the doctor-patient relationship in complementary medicine.

Disagreements: Even though the interactions in homeopathy appear to be long, patients regularly demand more time.

Another source of conflict is the lack of therapeutic transparency. Nearly all of the physicians who participated in our study try to conceal the administered homeopathic remedy. They are worried that the patient will consult random self-help books, which may include a description of the various constitutional types, which outlines all kinds of patients' characteristics on a physiological and psychological level. This reveals the conclusions which the homeopath drew from anamnesis and, essentially, what s/he thinks about the patient's personality. Homeopaths argue that this knowledge would make it impossible for patients to observe their symptoms without being influenced by what they read. Another concern is the patients' potential annoyance with the literature's remarks about their remedy. Some patients are not prepared to accept this procedure. In these cases most physicians deviate from their usual practice and name the remedy. Just two of the twenty homeopaths would not shy away from open conflict and still refused to disclose the remedy.

Decision-making: Homeopathic physicians are trained biomedically *and* homeopathically. They have to decide which resources of medical knowledge to use in each particular case. The patient's preferences play a crucial role in this decision. For the majority of homeopathic physicians in Germany, homeopathy dominates the spectrum of therapeutic devices and biomedical drugs are only applied in dangerous situations [15]. The patient's preferences are an important criterion in this decision.

Box 1 – Consultations in homeopathic medicine

Disagreements: I don't like the "in-and-out" approach, but sometimes patients' demands are excessive?]: I have already got up, walked to the door, closed the file, long since given the remedy and said, 'Alright then...' I am already standing in the door and they do not even get up. That happens - and they don't even have a guilty conscience - and there are even those who fight and force you into another five minutes, because they need it for whatever reason. (physician 20)

At the beginning, I keep the name of the remedy to myself. If you tell the remedy to the patient, they are suggestible. It is dangerous because the patient starts unconsciously focusing on some symptoms more than on others. There is no way around that. (physician 4)

A lot of homeopathic patients possess a huge armoury of books and they want to be consistent with certain remedies and are disappointed if they are a different remedy. (physician 14)

Decision-making: If the patient is intelligent you can often agree on a concept and say, 'Alright, it is a serious disease right now, maybe even pneumonia, I'll give you a prescription for the antibiotic and I'll administer the homeopathic remedy right now. Let's wait for a couple of hours and then you should call me in the evening and we'll take a look.' And if it has not improved or has even become worse, we will use the antibiotic. (physician 8)

Ayurveda

Communication: Communication in Ayurvedic consultations also includes a wide range of psychosocial issues combined with a particular focus on the patients' diet. Even though Ayurveda is widely represented in the German media, it is marginal in the German health care system. Therefore, there is little infrastructure to distribute Ayurvedic drugs. Import regulations are tight and some physicians import drugs from India indirectly via the Netherlands. Others tend to rely exclusively on advising their patients about nutrition and lifestyle from an Ayurvedic perspective. Therefore, communication becomes the central feature in German Ayurveda. Patients describe these events as pleasant experiences, emphasising their long duration and the personal nature of the Ayurvedic encounter.

Disagreements: Conflicts arise during the interaction between the doctor and the patient when patients' expectations do not match the German version of Ayurvedic concepts. As a passive attitude is ineffective for this lifestyle-oriented treatment, there are frequent conflicts with patients who are not ready to actively transform their daily lives and habits.

Decision-making: It has been argued that patients of complementary medicine represent particularly *active consumers* [16]. However, only few patients aspire to gain insights into the logic of Ayurvedic medicine. Having little control over decisions or information does not seem to matter to most Ayurvedic patients. To be guided by their physicians is more important than autonomy and there is little evidence of *shared* or *informed* decision-making in German Ayurveda.

Box 2 – Consultations in Ayurvedic medicine:

Communication: It is so difficult to import drugs from India and sometimes, customs officers say, ‘We have to send it to the lab.’ Well, at my expense! Therefore, I primarily advise my patients about lifestyle and nutrition. There is this wonderful saying, ‘Who needs any drugs when you are having the right food?’ (physician 13)

Disagreements: Problems almost always arise if a patient comes here with biomedical values and perceptions. If I tell them, ‘You have to care for your diet now. You have to stop this, you have to do that..., ’ they are completely bewildered. Sometimes they come back two weeks later, saying, ‘Nothing has improved.’ I ask, ‘Did you take in what I said?’ – ‘No.’ (physician 5)

Decision-making: I have to say that I fully trust her. Would I make enquiries elsewhere? – no. I’m fine with what she tells me, and she explains it in a way that I understand. There are so many books available. If I started looking for a book, I don’t know where I would end up. So I wait until she tells me. (patient 13)

Acupuncture

Communication: Extensive communication is not as crucial in acupuncture. The accounts of the interactions between physicians and patients were homogenous: Some five to ten minutes of conversation are followed by the insertion of needles. In these twenty to thirty minutes, the patients are lying in a separate room, and the receptionist occasionally looks in on them. Afterwards the needles are removed and the patient leaves. As patients' have the impression that there would be the option of a longer conversation with the physician if needed, none of our respondents was dissatisfied with the - compared to other complementary methods - brief conversations. Instead, most of them praised the relaxing effect of the period when they are lying down with needles inserted in their bodies.

Decision-making: As for Ayurvedic patients, there is little curiosity about any details of acupuncture or Chinese medicine. *Shared* or *informed* decisions, however, would imply that patients and physicians discuss the appropriate points at which needles should be inserted. If the patients have little knowledge about acupuncture, the only decisions to be made are between various (biomedical or complementary) modes of treatment. Patients are usually strongly involved in these choices. However, even in these decisions we find strongly paternalistic patterns.

Box 3 – Consultations in acupuncture:

Communication: We always talk for five or ten minutes. This is while she is already inserting the needles. Then everything is clarified. It would be possible to talk longer, but I have never needed it. (patient 8)

Decision-making: I only knew that he was a pain therapist. But then he said that he also does acupuncture and that we should try it again. I didn't really want to, as it hadn't helped when I did it the first time. But he simply said, 'Lie down. We'll start right away.' I was taken by surprise. While we were talking, he was listening and nodding and then - well. Luckily! Maybe I would have said no, but I wasn't asked – lying down, needling. Now I am happy, because it worked so well, but... (patient 11)

I go to my physician because he is an expert. On a medical level, he knows how to help me. Parents come here and say, 'Teach my child how to play the guitar. You know how to do it.' That's what experts are for and that's why I tell myself that I don't have to bother with it. I wouldn't comprehend it anyway. He once tried to explain it to me, but I kept wondering, 'Why the hell is there a liver point in the foot?' In the end, I didn't bother trying to get my head around it. (patient 12)

Discussion

On first assessment, it does not seem possible to apply any of the existing theoretical models to interactions in complementary medicine. Because of the heterogeneity across the various forms of treatment, it is impossible to identify *the* quintessential doctor-patient relationship in complementary medicine.

In homeopathy and Ayurveda, various phases of the consultations have to be distinguished. During anamnesis, the physician's behaviour is highly co-operative as she/he is depending on the information provided by the patient. As there is a wide range of psychosocial issues discussed in these long consultations, homeopathy and Ayurveda appear to be good examples of patient-centred medicine. These patterns seem to be inherent in homeopathic concepts, because the patients' elaborations are the only path to remedial decisions and homeopathy can *only* be patient-centred. Ayurveda's focus on communication is increased by organisational difficulties. Ayurveda enjoys little social prestige in Germany, and for legal reasons, acquiring drugs is a major challenge for physicians practising Ayurveda. Therefore, Ayurveda becomes a verbal rather than pharmaceutical mode of treatment.

In acupuncture, verbal exchange during the consultation is less vital than in homeopathy and in Ayurveda. It is limited to five to ten minutes and there is no evidence that patients demand more time.

Homeopathic and Ayurvedic consultations appear to conform closely to assumptions about extensive, personal interactions in complementary medicine. This does not necessarily mean that they are harmonious events. In Ayurveda, some patients' passive attitude to lifestyle changes is inconsistent with Ayurvedic treatment, and some homeopaths find it difficult to handle their patients' narrative stream pragmatically once it has been stimulated during anamnesis. Furthermore, not all homeopathic patients accept decision-making processes,

even though the relationship is still egalitarian when it comes to the decision as to whether to treat by biomedicine or homeopathy. In the final selection of a remedy, however, physicians act as experts and decide on the appropriate remedy by themselves. The patient does not even learn the name of the drug he/she is taking. This would be hard to imagine in biomedical practice. Thus, the most suitable model seems to be the *paternalistic* model of decision-making inspired by Parsons [6], because all decision-making control is centred on the physician. There is also little evidence of *informed* or *shared* decisions in Ayurveda and acupuncture. Here, limited patient involvement is due to the patients' disinterest in information about therapeutic options. 24 of the 26 interviewed patients reported a clear preference for being guided by their physicians rather than becoming knowledgeable about Asian medicine.

While the Parsonian model of the physician-patient relationship is rarely considered compatible with the idea of patient-centred medicine [17], the patients' accounts clearly show that they feel that their needs are met and their perspectives considered in the medical encounter. Therefore, consultations in complementary medicine appear to be paradoxical: paternalistic *and* patient-centred.

While this study's interview-based approach has proved fruitful for discovering aspects that have previously been overlooked, the picture of the physician-patient relationship in complementary medicine remains far from complete. It would be helpful if our findings were tested by quantitative research with a more representative sample, avoiding the limitations of our approach to patient sampling. Additionally, our research on *perspectives* could be complemented by examining *practice* using observational data such as video-taped consultations in complementary medicine.

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