

SHORT REPORT

## Turkish General Practitioners and Complementary/Alternative Medicine

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### ABSTRACT

**Background:** Complementary and alternative medicine (CAM) is in the spotlight of society. However, what is the position of physicians at this point?

**Objectives:** To determine general practitioners' (GP) knowledge, attitudes, and approaches to CAM.

**Methods:** All GPs (n = 521) practicing in Bursa Province, Turkey were surveyed by a questionnaire.

**Results:** Responses from 49% of GPs were analyzed. Altogether, most of our physicians (96.5%) had not received any education about CAM, wanted to learn more (74.4%), and their knowledge levels were low (60.8%). About half of them (51%) believed in the efficiency of CAM, whereas 38.0% did not. GPs desire more information about herbal medicine and acupuncture. Only 29% of GPs were using some type of CAM for themselves.

**Conclusions:** GPs are aware of the subject's importance and want to learn more about CAM and improve their knowledge. It would be reasonable to provide training possibilities for GPs, primarily for the CAM types highly used by the population and most requested by the physicians.

### INTRODUCTION

Complementary and alternative medicine (CAM) is becoming increasingly popular worldwide and national surveys show that great percentages of the population use at least one type of CAM each year.<sup>1</sup> There is a growing interest in CAM among people, and many patients seek information on alternative therapies from their physicians. Therefore, physicians must have the knowledge base to give sound advice about these methods. Primary care physicians are important in this regard because they traditionally have the role of "gatekeeper" of the patient's care.<sup>2</sup>

Turkey, a developing country between Asia and Europe, has a traditional medical education system and CAM has not been included in the curricula of medical schools. Primary care physicians are mainly nonspecialized doctors, called general practitioners (GPs), who are able to provide health services after 6 years of basic medical school and graduation. Complementary practitioners do not exist in Turkey as they do in many developed countries.

Although there have been several studies in developed countries, unfortunately in our country there is limited information about the general approaches among physicians regarding CAM.

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## METHODS

Study subjects were planned to be all GPs practicing in the center of the province of Bursa, the fourth largest city, which is situated in the western and relatively more developed part of Turkey. The list of all GPs ( $n = 521$ ) practicing in the city center was provided by the Provincial Health Directorate and ethical permission was obtained from this institution.

The questionnaire was given to GPs between June and November 2004; 314 responses (60.3%) were returned and after excluding inadequate data, 255 (48.9%) were available for analysis.

Data were collected by means of a structured questionnaire, consisting of 23 questions, in two sections. In addition to basic demographic information and professional variables, section 2 of the questionnaire asked 13 questions to measure the physicians' knowledge, beliefs, and attitudes regarding CAM generally, their patients use of these types of modalities and listed a total of 17 types—commonly used ones—of CAM. This list had been produced from research of the literature.<sup>3</sup> SPSS 11.0 (Chicago, IL) software was used to enter and analyze the data.

## RESULTS

The mean ( $\pm$  SD) age of the respondents ( $n = 255$ ) was  $36.6 \pm 5.4$ . More respondents were female (57.3%), mar-

ried (81.6%), and had one or two children (63.9%). Most participants (80.4%) had been practicing for 6–19 years, and commonly in primary care centers (53.7%). The length of GPs' practice since graduation was  $11.82 \pm 5.38$  years. Although physicians had graduated from 24 different medical schools in Turkey, the vast majority of physicians (96.5%) reported that they had not received any education about CAM modalities.

Although more than half the GPs (62.7%) agreed with the necessity for CAM education, the knowledge levels about CAM modalities were low, with most physicians (74.4%) wanting to learn more. An interest was expressed in CAM by 49% of the GPs, while 25% had no interest (Table 1).

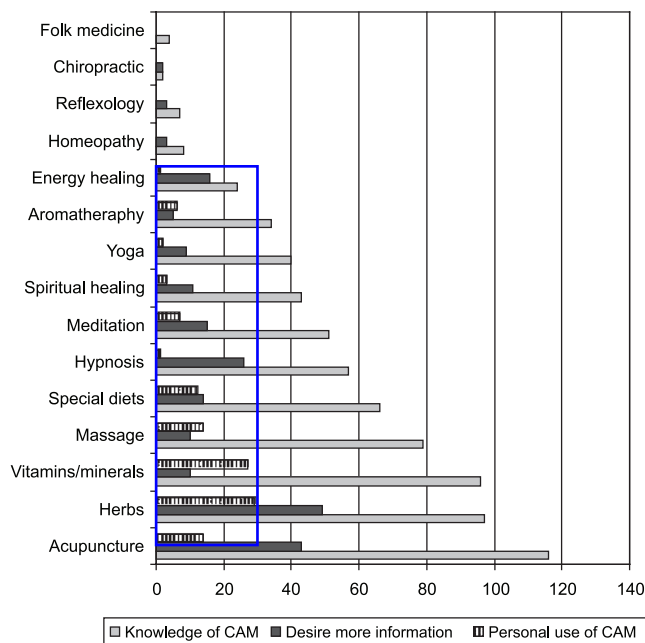
Acupuncture (45.5%), vitamin/mineral supplements (38.0%) and herbal medicines (37.6%) were the types of CAM that the GPs were most aware of, and they desired more information about herbal medicines (24.5%) and acupuncture (21.5%) (Fig. 1). Male physicians were more likely to report that they were informed about vitamins ( $p = 0.009$ ) and herbs ( $p = 0.006$ ), whereas females were more informed about hypnosis ( $p = 0.011$ ).

Whereas more than half of the respondents (51.4%) believed in the efficiency of CAM, only 29% of the physicians were themselves using some type of CAM (Table 1), herbs (39.2%) and vitamins (36.5%) being the most frequently used (Fig. 1). Most of the physicians reported their feelings as neutral—not bothered—(65.5%) or satisfied (28.6%) when their patients were using CAM (Table 1).

TABLE 1. ATTITUDES AND APPROACHES OF GENERAL PRACTITIONERS REGARDING CAM

<i>Features of general practitioners</i>	<i>N<sup>a</sup></i>	<i>%<sup>a</sup></i>
Necessity for CAM education		
I agree	160	62.7
I disagree	95	37.3
Knowledge levels about CAM modalities		
None/very small	155	60.8
Undecided	38	14.9
Some/large	62	24.3
Learning desire for CAM modalities		
Yes	189	74.4
Undecided	46	18.1
No	19	7.5
Interest in CAM		
Yes	125	49.0
Undecided	66	25.9
No	64	25.1
Believed in efficiency of CAM		
Yes	131	51.4
Undecided	27	10.6
No	97	38.0
Feelings toward their patients who are using CAM		
Bothered	15	5.9
Neutral	167	65.5
Satisfied	73	28.6

<sup>a</sup>Total numbers and percentage can differ because of missing data.



**FIG. 1.** Physician reports of knowledge levels, desire for more information, and personal use of complementary and alternative medicine (AM) therapies.

## DISCUSSION

Although interest in CAM therapies has been growing rapidly, there is no nationwide and population-weighted survey on the prevalent use of CAM and physicians' approaches to CAM therapies in Turkey.<sup>4</sup> Several studies have stated physicians' response to this increased patient use as ranging from enthusiastic and interested to mystified and critical.<sup>5–7</sup> Most of our GPs were in the middle of this wide range by being neutral (65.5%) to their patients' use of CAM.

Most of our physicians (74.4%) wanted to learn more about CAM, which was similar with but higher than Winslow's (60%) study.<sup>8</sup> Despite different proportions, our results are similar to those of other studies reporting an interest among physicians in receiving additional training about CAM<sup>9–11</sup> and about the need to include education on complementary medicine.<sup>11,12</sup> This consensus among physicians points out that all physicians living in different countries have an awareness about CAM's importance and popularity. Furthermore, most of our physicians (60.8%) regarded their knowledge of CAM to be poor, which is similar to the results of two different studies.<sup>13,14</sup> Because medical school is the most obvious place to assimilate CAM approaches within conventional medicine,<sup>15</sup> recently some medical schools in Turkey have begun to integrate various lectures or courses into their curricula. It has been seen that vitamin/minerals, acupuncture, and herbs were the most declared CAM types in our study, so these modalities should take priority in the formation of the curriculum.

In contrast to several studies<sup>8,16</sup> in which they found a positive correlation, we did not find any statistical relation between personal CAM use and physicians' feelings about their patients who were using CAM therapies.

In a study from England, White et al.<sup>17</sup> reported that the majority of GPs believed that complementary medicine is effective, this rate is much lower (51%) in our study. This can be due to a lack of knowledge and education, personal beliefs, or legal or cultural differences. Similarly, chiropractic, reflexology, and homeopathy being the most unknown CAM modalities for our physicians—yet most frequently known and used ones in general—can support the idea that there is a lack of knowledge and education among GPs.

The popularity of particular CAM types and incorporation of these types by physicians vary geographically.<sup>12,18</sup> Our study showed that herbal medicine is the area of CAM for which people had the greatest desire for more information. It is also the most highly personally used CAM type. In terms of herbal variety, Turkey is one of the richest countries in the world, with about 12,000 species due to the variety of climate and geomorphologic and soil diversity throughout the country.<sup>19</sup> This rich flora contributes to people's herbal use as part of a cultural tradition, passed down through generations as folk/traditional medicine throughout Anatolia. Herbal remedies are easily available from spice shops and herbalists without any supervision in Turkey and may be used for healing, such as in cancer therapy as reported by Tan et al.<sup>4</sup> At this point, GPs must be aware of harmful side-effects, toxicities, and possible drug–herb interactions and should ask whether the patient is using any herbs.

When illness strikes, self-medication is a common approach in Turkey because historically it was often difficult and expensive to reach medical professionals. The main reasons for this tendency are: (1) from ancient times, there were inadequate means to reach health professionals and medical centers, especially in the underdeveloped eastern part of Turkey; and (2) there was ignorance of scientific methods and ignorance. Common folk medicine uses herbs (lime tea to relieve cold symptoms, parsley juice for cystitis), leeching, cupping (for muscle pain), and pastoral inspiration. However, references for this information are unavailable.

## CONCLUSION

Because patients' CAM use shows cultural, pastoral, and ethnic differences, we need to know our society's general approaches to CAM. Our study demonstrates that primary care physicians understand the extensive use of CAM, and that most want to learn more and improve their knowledge. The availability of many books and Web sources about CAM that can facilitate the education process for physicians

is well known, and integrating postgraduate training possibilities for various CAM modalities could be very beneficial for a physician's personal improvement in this area of knowledge. What is important at present, however, is to integrate education about CAM modalities—especially Turkish society's frequently used ones such as herbal medicine—into our medical curriculum for knowledgeable future physicians.

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