

Barriers and Bridges in CAM Research and Scientific Publication

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Goals of This Presentation

- To raise more questions than to offer solutions
- To stimulate thought and discussion

Disclosures and Perspectives

- What my resume says ...
 - a “CAM” provider and educator for 18 years
 - editor in chief of “CAM” journals – 9 years
 - peer review chair “CAM” scientific conference – 15 years
- What my reality is...
 - patients have responded to and appreciated my care
 - there is scientific evidence for much of what I do
 - some mainstreamers consider me a “quack”
 - the common person does not understand what I do

Barriers - Culture

- One type of healthcare is “good” (allopathic) all others are “bad” (CAM, traditional methods, etc)
- Some think that everything in traditional medicine is *scientific* and everything in CAM is *unscientific*
- Current practices focus on disease instead of health
- Reductionistic views focus on pieces instead of person
- Result – fractured healthcare
- Silos and professional territorialism
 - separate research agendas
 - unequal reimbursement
 - unequal requirement to demonstrate evidence

Barriers - Money

- Money drives the research agenda
- Industry/commercial– procedures or modalities that have commercial interest have political and financial support

Treatments that cannot be “bottled to be sold” do not get much attention or funding

Barriers - Research

- Research infrastructure
 - CAM experts often do not have research skills
 - Research experts may not have knowledge about CAM
- Research hierarchy – assumption that everything can be answered with an RCT - dismiss all other designs
- Used as a weapon to deny care

Barriers - Publication

- Not all CAM research is available in English
- Keywords – MeSH terminology
 - *Qi* and *Innate intelligence*
- Some CAM journals are not indexed
- Some libraries do not subscribe to indexed CAM journals

Many factors influence health
One group does not have all the answers!



How to we bridge the gap?

Bridge building as a series of questions

Bridges - Culture

- How can we develop cultural competency skills for all health care providers?
- Cooperation between professions – how can we find common ground?
- Community and Populations – how can we develop a model to focus on whole person instead of only a disease?

Bridges - Culture

- What do we need to do in order to focus on what is best care for the person and population (not profession)?
- How do we transition from provider-centric to person-centric care?

Bridges - Money

- What collaborative organizations are available to assist with funding?
- Are we capable of setting cooperative research agendas to wisely use limited resources?
- How can we incentivize “health” and prevention - not only “sickness” care?
- Is it possible to reduce then eliminate discrimination for CAM provider reimbursement?

Bridges - Research

- How can we use multiple forms of research design to improve health care?
- Clinical relevance – how can we communicate the results so they are used in a practical manner?

Bridges - Publication

- What can we do to improve publishing and indexing?
- How will our results be communicated to practical changes in practices and policy?
- Can we develop programs where practitioners can collaborate with scientists?
- How can practitioners participate in utilizing - and contributing to - better health care?

Hope – Building Bridges Together

- It is our hope that this NORPHCAM conference will help to stimulate questions, solutions, and create bridges.



Thank you!