

# Classical medicine v alternative medical practices

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## Author's abstract

*Classical medicine operates in a climate of rational discourse, scientific knowledge accretion and the acceptance of ethical standards that regulate its activities. Criticism has centred on the excessive technological emphasis of modern medicine and on its social strategy aimed at defending exclusiveness and the privileges of professional status.*

*Alternative therapeutic approaches have taken advantage of the eroded public image of medicine, offering treatments based on holistic philosophies that stress the non-rational, non-technical and non-scientific approach to the unwell, disregarding traditional diagnostic categories and concentrating on enhancing subjective comfort and well-being, but remaining oblivious to the organic substrate of disease. This leads to questionable ethics in terms of false hopes and lost opportunities for effective therapy.*

Contrary to widespread belief, medicine only began to achieve the social status of a profession in the Middle Ages, when it became a fundamentally intellectual discipline that did not fully develop its therapeutic and counselling functions till the 19th century. Consequently, so-called traditional or classical medicine has always co-existed with alternative therapies, both paradigms sharing the social functions of palliating suffering, healing, and controlling biological disorders and the vagaries of the deviant (1).

Discrepancy mounted and expectations became somewhat frustrated as medicine increasingly stressed the scientific and highly technical aspects of its methods; hopes were nourished that often remained unfulfilled and were then rechannelled towards alternative therapeutic offers, leading to acrid sociological, medical and ethical controversies between traditional and alternative therapeutic approaches. There is hardly any aspect of medicine that is not profoundly affected by the differences between medical and alternative therapies, and it appears of some urgency that medicine establish its position in the debate, in order adequately to meet the rhetorical and dialectic challenges it faces in such multifarious areas

## Key words

Alternative therapies; holism; placebos; traditional medicine.

as allocation of resources, research priorities, hubris and nemesis, criteria of efficiency, areas of relevancy, and right to the exclusive practice of medicine.

## The sociological issues

Medicine has been able to convince society that it holds unique qualifications, exclusive competence and undoubted efficacy in matters concerning health and disease. By any standards that define disease as some sort of disruption or revolution of an established order, be it organic, cultural or social, medicine has managed to monopolise the management of a substantial number of such derangements, gaining the economic and strategic support of the social system of which it is part. Such a process has been criticized as medicalisation (2, 3), but a more exact analysis shows a generalised process that goes beyond a mere take-over, where medicine and society enter a mutually beneficial symbiosis.

Originally, religion monopolised medical and many other social functions, as is exemplified by numerous hygienic and civic regulations to be found in the Old Testament. Religion has yielded social power to medicine as well as to other institutions, at the same time willingly surrendering supra-natural areas of competence to these more profane and visibly effective systems of compensation for everyday misfortunes. From its inception medicine has competed with the traditional healing functions of religious institutions (as shown by the common etymology of the words heal and holy). To achieve its privileged and respected status, medicine had to show a convincing record of therapeutic effectiveness, usually gaining territory at the expense of religion and other social institutions. Thus, medicalisation seems to be a secular invasion of areas that traditionally had been managed in transcendent terms (4).

A gap seems to have developed between the interests of medicine as a social system and the patient's need for comfort and support, a gap that is exploited by opponents of the medical establishment and that provides an easy bonus for alternative approaches (5). A number of reasons make scientific medicine pursue interests that do not always cover the non-organic needs of its beneficiaries. In this macroscopic view, criticism is easy to come by, for not all that is good for

medicine as a social system is good for the individual patient.

This kind of insight goes a long way to explain why scientific medicine, being rational and mundane, has been unable to fulfill certain yearnings that religion no longer attends to. Alternative therapies are for the most part immersed in a theoretical framework with clear metaphysical undertones that seem to offer a new form of gratifying sacralisation (6, 7). Seen in this social perspective, medicine appears to fail in its task of providing an emotional environment of meaning and direction, and alternative therapies can hardly be blamed if they manage to convey a sense of existential protection which operates not on the basis of some truth, but by means of its soothing and comforting effects.

## The medical issues

### SCIENTIFIC ASPECTS

Medicine is a rational enterprise built on a scientific tradition that operates with logical arguments, the laws of causality and the epistemic strategies of observation and experimentation. The scientific community rejects the intellectual elements used by alternative disciplines, dismissing them as charlatanry, but it is easier to attack the epistemic claims of alternative therapies, than to counter criticism that both these therapies and public opinion have directed at medicine, accusing it of being an ineffectual, impotent, expensive, blindfolded and unimaginative enterprise (8).

Medicine is ineffectual, it is said, because whatever progress mankind has achieved in its capacity to survive, has been obtained independently of medical progress (9). Economic growth and sanitary developments have been major factors in improving health standards, far beyond the minute engineering of medical interventions. Medicine is impotent, for it is unable to solve most biological problems that afflict mankind, such as degenerative diseases, senescence, death or, more recently, AIDS. Medicine is expensive, for where it does help, it also creates enormous social and economic expenses, thus operating with unacceptable high cost-benefit ratios. Medicine is blindfolded in that it cherishes its own scientific bias but will not see truth in any testimony rendered by people dealing with or being treated by alternative forms of therapy. Finally, medicine is unimaginative because it is incapable of conceiving explanations beyond the realm of the scientific paradigm (8).

How much of all this is true and valid criticism? Much, and yet very little. Much, because it is true that the practice of medicine is fraught with failures, mistakes, risks, complications and side-effects. But very little, for the critics of medicine are using the same language and comparable reasoning to try and show that this language and this reasoning are inadequate (3, 10). Alternative schools are inconsistent in their use of empirical data, presenting anecdotal pieces of

experience as convincing evidence that consciousness, for example, can have telepathic and telekinetic influences. Strong claims are presented in vague language, where terms remain undefined, observations are not clarified, causality is treated lightly, testimonies receive no validation and conclusions are not demonstrated. After all, whoever asserts postulates that do not fit accepted paradigms is under obligation to buttress his or her claims and make them plausible. Rejecting and replacing accepted ways of thinking is a rational enterprise, not an act of faith, and must therefore abide by the laws of rational thinking. In point of fact, alternative therapies employ rational language with the explicit purpose of clouding issues or letting unclear arguments emerge and compete for validity. Concepts like health, well-being, the natural, responsibility for moral weakness or dysfunctional lifestyles, and many more are very hard to pinpoint as to their intention – what they designate – and their extension – which entities they apply to –. Terms used in this way become ubiquitous, useful for ill-defined propositions and elusive to serious analysis and criticism.

Ever since Descartes created a formidable chiasm between the material and the mental, the history of thought has battled to explain the interaction of these two apparently distinct worlds. Traditional medicine, even psychiatric and psychosomatic approaches, have decidedly taken sides with materialism, considering the body to be a machine, subject to deterministic explanation and causal intervention. This has been the strength of medical diagnosis and the weakness of its therapy. The main stumbling-block of a scientific approach has been that science operates with generalities whereas medicine has to act on sick individuals. Science is inductive, but induction is probabilistic and does not work for the individual (11). As science progresses, the individual *qua* individual appears to be side-tracked from its benefits. It is hardly surprising that patients feel neglected by high-tech medicine and turn towards alternative approaches. Surely it is here where alternative therapies find their most plausible justification, stressing as they do the personal approach, while medicine becomes increasingly technical, aloof to any non-quantifiable aspects of disease and disengaged from the individuality of patients. Alternative approaches do concentrate on the individual, but they disparage personal values by reducing the patient to the metaphysical and administrative order of their holistic perspective, where he becomes an acquiescing appendage.

### CLINICAL ASPECTS

The most powerful tool of medicine is diagnosis. It serves to specify and at times aetiologically to explain the disease state; it helps establish prognosis and it outlines a therapeutic approach. It has been pointed out that diagnosis is of no heuristic value in itself, but that it increases the chances of rational and effective

therapy (12). Clinicians will probably disagree, for innumerable diagnostic efforts are carried out in good faith in spite of lacking therapeutic consequences, but it remains true that diagnosis is not a labelling process but rather an orientation aimed at directing medical action.

Not only is diagnosis based on scientific data, it is a rational process in its own right, although coloured by strong institutional components; diagnosis utilises the scientific tools of controlled observation, exploration and experimentation (as in provocation tests). Additionally, diagnosis is indispensable for adequate control and evaluation of therapy, for the efficacy of treatment can only be gauged by permanently reverting to comparisons with the initially diagnosed condition. A disease is cured when the mosaic of initially observed derangements disappears, signs and symptoms fade away and lab tests normalise. The diagnostic process is thus therapeutically normative, for it establishes the parameters that must be changed in order to gauge the efficacy of treatment and the elimination of disease. Medicine must therefore be scientific in its diagnostic approach both to establish and to evaluate therapeutic courses.

In contradistinction, alternative medicine has little use for standardised diagnostics. The diagnosis of clinical entities is neglected, only the elimination of symptoms is of interest (13). The diagnostic evaluation of therapeutic success is replaced by a subjective process that remains refractive to any parameters of comparison.

Traditional medicine is more consistent in its loyalty to diagnosis than is alternative medicine in disregarding it. Even though holistic therapies deny diagnostic procedures, they often purport to reach diagnostic levels of knowledge through finely honed, at times esoteric-sounding, explorations such as feeling the pulse, mapping the iris or detecting microenergetic channels along the body. A further inconsistency is seen when alternative medicine decides to employ the diagnostic labels of allopathic medicine, albeit distorting or remodelling them at will (14).

The primary purpose of medicine is to bring a disease-diminished human organism to its best possible state of adaptation to its environment. This goal is best reached by removing disease, a second-best strategy being to enhance well-being by improving the individual's attitude towards his infirmity when the disease cannot be eradicated. Traditional medicine pursues knowledge about morbid entities for the purpose of offering disease-eradicating therapy, while alternative therapy appears unconcerned with the underlying processes and seeks to remove the disturbing facts of disease by attacking symptoms and increasing patients' well-being, often restricting its actions to dysfunctional states and preferring to leave the management of anatomical derangements to traditional medicine, or to disregard them completely. In other words, alternative medicine does not cure but rather peripherally changes patients' attitudes towards

the natural event of their disease. Records of therapeutic accomplishments remain anecdotal and testimonial, leading to unwarranted extrapolations and generalisations.

By stressing the patient/therapist relation, alternative approaches fulfill the second objective of medical intervention, namely to change the patient's attitude towards his disease, despite the fact that the disease process has not been removed. Needless to say, this change in attitude may coincide with, or even be instrumental to actual cure, so that it is hardly surprising that the therapeutic claims of alternative medicine appear at times justified, although they will just as often create false confidence and hinder opportune medical help.

### **The ethical issues**

Possibly the strongest issues dividing alternative and traditional therapies lie in the ethical arena. The history of therapeutics is richly spiced with charlatantry and quacksalvery, practised both by licensed doctors and by self-appointed healers. Also, both traditional and alternative therapies rely heavily on the healer/patient relationship, employing psychological props, placebos and rituals to gain therapeutic efficiency even at the cost of disrupting the laws of causality. The ethical aspects of such fringe-therapies as placebos can be reduced to two fundamental attitudes. Favouring their use is the utilitarian argument that any relief obtained by the patient will justify them. The argument against placebos claims that deceitful manipulation of the patient is not permissible and that ineffective medication tends to nourish excessively high and unwarranted expectations in the powers of medicine (15).

The point to be made is that, independent of the ethical stance one may take regarding placebos, they are conceptually embedded in the scientific matrix of clinical medicine. Without a clearly outlined diagnosis, the therapeutic possibilities of specific, non-specific or placebo intervention cannot be accurately appraised. This cluster of clinical judgements, although perhaps in itself not an act of science, derives from a scientifically gained pool of knowledge. Thus, although the use of placebos may possibly be the most marginal activity of medicine, it is, independently of its ethical status, coherent with the scientific environment of clinical judgement.

The vice of falsehood lies not necessarily in the discipline but in its practitioners. Medicine has defended the professional privilege of inner control, thus assuming the responsibility of ethical practice and surveillance, but at the same time serving as a tolerant and often blind refuge for misconduct. Alternative therapies have also been practised in good as well as bad faith, so the black-sheep argument will hardly serve to settle this issue.

More relevance in gauging the ethical stance of therapeutic efforts must go to three other issues: allocation of resources, comparability of competing

therapies and vulnerability to criticisms.

Medicine is plagued by insufficient funding because of increasing costs, ever-growing expectations and the expansively competing needs of other social services. Much of what organised medicine spends is superfluous and yet, in absolute terms, resources are insufficient. An ethical allocation policy requires plausible and well-grounded requests for funds, presented on the basis of empirical knowledge, state-of-the-art appraisals and rational argument. Alternative therapies shun this kind of *exposé*, being unwilling and unable to negotiate in technically acceptable terms. Any resources diverted to non-medical therapies are therefore unethical, be they to subsidise benefits and material implementation, or to support official accreditation and public approval.

The damages of therapeutic courses of action lie not only in their side-effects, mistakes and shortcomings, but more importantly in the opportunities lost for other possible actions that might prove more beneficial or less harmful. Within the realm of orthodox medicine, the course of disease and the effects of medical management are permanently being subjected to evaluation: antibiotics are replaced, dosages are adjusted, expectancy v intervention is under permanent comparison, additional opinions are culled. Alternative treatment lacks any comparative apparatus and is much less flexible in adjusting its therapeutic strategies and treatments, basically because it does not operate with a cause/effect rationale, but also because alternative therapies are usually monothematic and exclusive of any supplementary forms of management which appear foreign to their theoretical premises. If the alternative therapy fails, much opportunity will have been lost and by the time the patient reaches traditional medical advice he may be in a state of irreversibility or chronicity, and be developing sequelae and complications that could, perhaps, have been avoided. It is for these reasons that the denomination 'alternative medicine' is a misnomer; for if it actually is effective therapy, it becomes incorporated into current medical practice and ceases to be alternative, whereas, if it remains alternative, it can no longer claim to be medicine. To insist on representing a valid therapeutic option becomes, under the circumstances, a case of dubious morality.

Finally, whereas both orthodox medicine and alternative therapies partake of the epistemic hiatus that exists between experts and lay-people, there is an important ethical difference in the way they deal with this knowledge gap. Medicine, like any scientific or highly technical discipline, functions within a theoretical framework that is in principle open to everyone. Medicine has often and validly been criticised for artificially keeping its knowledge from being universally accessible. In fact, much of what has been written about themes like the doctor/patient relationship, informed consent (rather, informed decision) and the autonomy of patients, has aimed at reducing the difference between what the doctor

knows and what the patient ought to know. The medical knowledge gap can in principle be bridged, and it has become a standard of ethical excellence to reach the patient with as much information as is necessary for him to decide about the management of his disease.

Alternative medicine operates with a holistic concept of health/disease which necessarily buttresses its theoretical grounds and diminishes the individual (16). Holism believes that a sound biological system depends upon physical, mental, social and spiritual well-being. Thus, being healthy means living a well-rounded existence and being sick is a demonstration of one's incompetence in some aspects of one's way of life. The ascribed nature of disease is buttressed by the responsibility that holistic movements require individuals to take for their health or disease states. Having thus diminished the sick individual, holistic movements see therapists as teachers more than health providers, thus emphasising the distance between the initiated, knowledgeable and presumably overall healthy therapist and the diseased, deficient, uninformed and untrained patient. Out of this predicament comes a yoke of two additional holistic tenets, namely i) the insufficient scope and lack of behavioural, social and environmental dimensions imputed to traditional medicine, and ii) the preferability of natural (= non-invasive) means in lieu of artificial (= interventionist) medicine. These non-technical therapeutics might at first glance seem to be amenable to unsophisticated usage and self-application, but it must be remembered that they are embedded in esoteric and transcendent world-views which the initiated has reached through long years of discipline, whereas the sick person has become deranged precisely because he does not partake of this insight. Being by definition refractive to and ignorant of the philosophical perspective of the healthy, the patient must become dependent on the enlightened therapist, to which purpose the healing theory is clad in metaphysics that stress an overwhelmingly optimistic valuation of man and nature. This is exemplified by the harmony of Yang/Yin, the outstanding gifts ascribed to man by anthroposophy, the benign healing powers attributed to nature by naturopathy, the wholesomeness of macrobiotics or the presence of Life's Universal Healing Force as maintained by so-called healers. Consequently, therapeutic failures constitute the demonstration that the patient lacks the necessary armamentarium fully to subscribe to and benefit from the healing powers of the therapeutic school of thought he has chosen, so that alternative approaches can bathe themselves in the self-fulfilling prophecy that only he who believes in his own cure will actually get better.

The ethical problems of alternative medicine do not, therefore, rest in its lack of efficacy, nor can its strength be seen in the occasional therapeutic successes it achieves, for medical ethics do not comfortably operate on a merely utilitarian evaluation of medical

acts. Placebos are useful, yet they are ethically vulnerable to criticism because they mislead the patient and leave him uninformed. Research on insufficiently informed subjects may be very enlightening, it nevertheless remains unethical. By the same stringent standards, alternative medicine cannot gain moral status on the mere argument of efficacy, especially if it is unwilling to abide by scientific gauging standards.

Non-rational arguments, as employed by alternative practices, are rejected by the scientific-minded community. In addition, there is no reason to believe that such irrational methods will always be employed for a good purpose (14). If paranormal healing powers really exist, they might just as well be used intentionally to harm people, for if there is no commitment to abide by scientific medicine, there will also be no valid reason to respect culturally accepted forms of ethical discourse.

In sum, critics of medicine and alternative therapies share an understandable negative view of modern scientific medicine. The medical establishment is certainly slow to accept and act upon such criticism, but this reluctance is merely sociological and not intrinsic to its rationality, whereas so-called paranormal therapies depend on scientific incoherence, esoterism and intolerance towards both traditional medicine as well as competing alternative stances operating on premises equally based on faith or assertions that are not amenable to validation.

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## References

- (1) King L S. *Medical thinking*. Princeton: Princeton University Press, 1982.
- (2) Ariès P. *Geschichte des Todes*. Munich and Vienna: Hanser, 1980.
- (3) Illich I. *Medical nemesis*. Toronto/New York/London: Bantam, 1977.
- (4) Bull M. Secularization and medicalization. *British journal of sociology* 1990; 41, 2: 245–262.
- (5) Brewin T B. ‘Orthodox’ and ‘alternative’ medicine. *Scottish medical journal* 1985; 30: 203–205.
- (6) Frank J D. *Persuasion and healing – a comparative study of psychotherapy*. Baltimore and London: The Johns Hopkins University Press, 1961.
- (7) Allander E. Holistic medicine as a method of causal explanation, treatment, and prevention in clinical work: obstacles or opportunity for development. In: Nordenfelt L, Lindahl B I B, eds. *Health, disease and causal explanation in medicine*. Dordrecht: Reidel, 1984: 215–224.
- (8) Stanway A. *Alternative medicine*. Harmondsworth: Penguin, 1982.
- (9) McKeown T. *The role of medicine*. Oxford: Blackwell, 1979.
- (10) Dossey L. *Space, time and medicine*. Boulders: Shambhala, 1982.
- (11) Gorovitz S, MacIntyre A. Towards a theory of medical fallibility. *The journal of medicine and philosophy*. 1976; 1,1: 51–71.
- (12) Whitbeck C. What is diagnosis? Some critical reflections. *Metamedicine* 1981; 2,3: 319–330.
- (13) McQueen D V. Nordamerika als beispiel heilkundlicher pluralitaet. In: Schipperges H, Seidel E, Unschuld P U, eds. *Krankheit, heilkunst, heilung*. Freiburg/Muenchen: Alber, 1978: 343–395.
- (14) Skrabanek P. Paranormal health claims. *Experientia* 1988; 44: 303–309.
- (15) Simmons B. Problems in deceptive medical procedures: an ethical and legal analysis of the administration of placebos. *Journal of medical ethics* 1978; 4: 172–181.
- (16) Kopelman L, Moskop J. The holistic health movement: a survey and critique. *Journal of medicine and philosophy* 1981; 6: 209–235.