

Alternative Medicine and General Practitioners in The Netherlands: Towards Acceptance and Integration

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A questionnaire on alternative medicine was sent to 600 general practitioners in the Netherlands. Most of the 360 (60%) GPs who replied expressed an interest in alternative practice; and 47% revealed that they used one or more alternative methods themselves, most often homoeopathy. However, the number of patients given alternative treatment by each doctor was small. Almost all (90%) of the GPs referred patients to alternative practitioners. There is no reason to assume that GPs make use of alternative methods just to meet their patients' wishes. A majority of the respondents thought that these therapies included ideas and methods from which the regular methods might benefit. Actual contacts with alternative practitioners are mostly limited to those practicing acupuncture, homoeopathy and manipulative medicine with a regular medical or paramedical education. The integration of alternative medicine within the medical system goes hand in hand with its acceptance by general practitioners. Contact with medically or paramedically qualified practitioners has hardly any legal implications for individual general practitioners.

Over the last few years there has been a debate in the United Kingdom on the rapid expansion of alternative medicine and the GPs response to it.¹ A high level of interest in and acceptance of alternative medicine among general practitioners was demonstrated on the basis of empirical data.²⁻⁴ Others recommended a critical appraisal of alternative medicine as part of undergraduate teaching, in order 'to get rid of magic in medicine'.⁵ In addition, some implications for the general practitioner were mentioned in respect of his clinical responsibility for those of his patients who visited non-medically qualified alternative practitioners.⁶

As is the case in Britain, alternative medicine is becoming increasingly popular among the public in the Netherlands. In 1981, 3.8% of the Dutch population visited an alternative practitioner (6.4% if visits to one's own 'alternative' general practitioner are included); in 1987, this figure had risen to 5.2% (11.8%).⁷ The growing demand forced both government and health insurance companies to respond. In 1977, the Dutch Government appointed a State Commission to 'investigate the significance of alternative forms of treatment for health care in the Netherlands and, if appropriate, to make recommendations to the Government on the basis of its findings'.⁸ As a result of the Commission's work two permanent committees were set up to consult and advise the Government; one

on scientific research into the efficacy of alternative treatment and one on alternative practice itself. A national information and documentation centre was also set up, and research into alternative forms of treatment was encouraged.

The health insurance companies responded by taking reimbursement of alternative treatment into consideration. In 1988, all larger private insurance companies included at least homoeopathy, acupuncture and manipulative therapy, either in their standard package or in a supplementary package. The health insurance funds, with which some two-thirds of the population (below a certain income) were registered, reimbursed all care given by the patient's GP, whether 'alternative' or not. In addition, most (26) of the 45 health insurance funds, reimbursed some forms of alternative treatment, if given by another medical doctor or a physiotherapist.⁹

These developments led to a debate among general practitioners about their role in their patients' visits to alternative practitioners.^{10,11} Some of them did not want to be involved in any medical practice that had not been scientifically tested. Others stressed the importance of the doctor's support for patients who took refuge in alternative medicine. As was indicated before, a growing number of general practitioners started to use alternative techniques themselves.

In this article, we present the results of a survey among Dutch general practitioners held in 1987. Three questions are posed:

—What do general practitioners think about alternative medicine?

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—To what extent do general practitioners apply alternative medicine and refer patients to alternative practitioners themselves?

—What characterizes GPs who apply alternative methods and refer patients to alternative practitioners?

METHODS

In the summer of 1987, a questionnaire was sent to a random sample of 600 Dutch general practitioners. In this questionnaire, doctors were asked about their attitudes towards alternative medicine, their knowledge of its methods, their view of their own job, their actual behaviour (discussing the subject with patients, applying alternative methods, referring their patients to alternative practitioners) and their contacts with alternative practitioners. The focus was on six alternative methods: acupuncture, anthroposophical medicine, homoeopathy, manipulative medicine, naturopathy and paranormal treatment. In the Netherlands, these six are known as the six 'mainstream systems' in alternative medicine as they were studied by the State Commission for Alternative Systems of Medicine, mentioned before.

RESULTS

Of the 600 general practitioners, 360 (60%) replied. A response rate of this order is common in any survey among Dutch general practitioners, whatever the subject.¹² Only slight differences were found between respondents and the other GPs in the sample, with respect to age, sex, region, etc. Of those who filled in the questionnaire, 90% were male (90% in the sample) and 52% were under 40 years of age (50% in the sample). Twenty seven per cent of the GPs responding lived in cities (28% in the sample) and 44% lived in the urbanized western part of the country (47% in the sample). Half of the respondents had a one-man practice, compared to 55% of those in the sample.

Attitude towards alternative medicine

Among Dutch general practitioners there seems to be a positive attitude towards alternative therapies. A majority of the respondents (62%) thought these therapies included ideas and methods from which the regular medicine might benefit (Table 1). Half (47%) of the respondents, however, thought results were mostly due to a placebo effect. This percentage was much smaller among those who were willing to accept the usefulness of some alternative ideas and methods (30%, versus 83% among the others). (A negative correlation existed between both statements: $\chi^2 = 79.5$; $DF = 4$; $P < 0.001$). One-third of these 'benevolent' respondents ascribed any results of alternative treatment to more than mere suggestion; the rest of them were unsure.

Readiness to accept alternative therapies did not extend to all of them (Fig. 1). Manipulative medicine, homoeopathy and acupuncture were assessed positively by more than half of the respondents. On the

other hand, only one tenth of the respondents had a favourable view of naturopathy and paranormal treatment. A comment that can be made on the openness observed towards alternative theories relates to the education of the practitioners. Almost all respondents (95%) thought that manipulative medicine, homoeopathy and acupuncture (ie those methods that were most widely accepted) should be applied by (other) medical doctors or physiotherapists only. Only paranormal treatment could just as well (or even better) be applied by therapists without approved medical qualifications.

Most general practitioners wanted to be involved with alternative practice in one way or the other (Table 2). A majority of the respondents thought that GPs should be able to discuss the subject with their patients. It was also acknowledged (by 75% of the respondents) that GPs should have some basic knowledge of the most important alternative methods. In daily practice, however, the GPs do not meet this requirement. Only 60% had a thorough or moderate knowledge of homoeopathy and manipulative medicine, 50% of acupuncture (Table 3). A possible explanation for this might be the lack of formal training. Only one-fifth of the respondents had received any training in this field during their university training. One third had attended a course on one of the alternative theories, either before or after graduation. Of course, formal training is not the only way for doctors to find out about alternative treatments: 55% had one or more alternative practitioners (most of them medical doctors) among their friends and acquaintances; 29% had at some time been treated by an alternative practitioner themselves or had a close relative who had been.

Actual experiences

Almost all (95%) GPs discussed the option of alternative treatment with their patients either frequently or once in a while. The interesting fact, however, is that patients need not necessarily seek alternative treatment outside their own GP's practice. About one-half (47%) of the respondents applied one or more alternative methods themselves, mostly homoeopathy (40%), (9%, 4% and 4% applied manipulative medicine, acupuncture and naturopathy, respectively). 'Alternative' practices were not very large: the number of patients treated with homoeopathic medicine varied from only four to 2000 in every practice (median: 60). Only 57% of the GPs concerned had any training in alternative medicine. A minority of them (24%) were members of the Association of Homoeopathic Doctors in the Netherlands.

Almost all (90%) GPs referred patients to alternative practitioners. The average number of patients referred by each single GP was 27: 13 of them were referred to a manipulative practitioner, seven to a homoeopath and five to an acupuncturist (Fig. 2). Most patients were referred to another medical doctor or to a physiotherapist.

TABLE 1 The attitude of Dutch general practitioners towards alternative medicine (in percentages; n = max. 360).

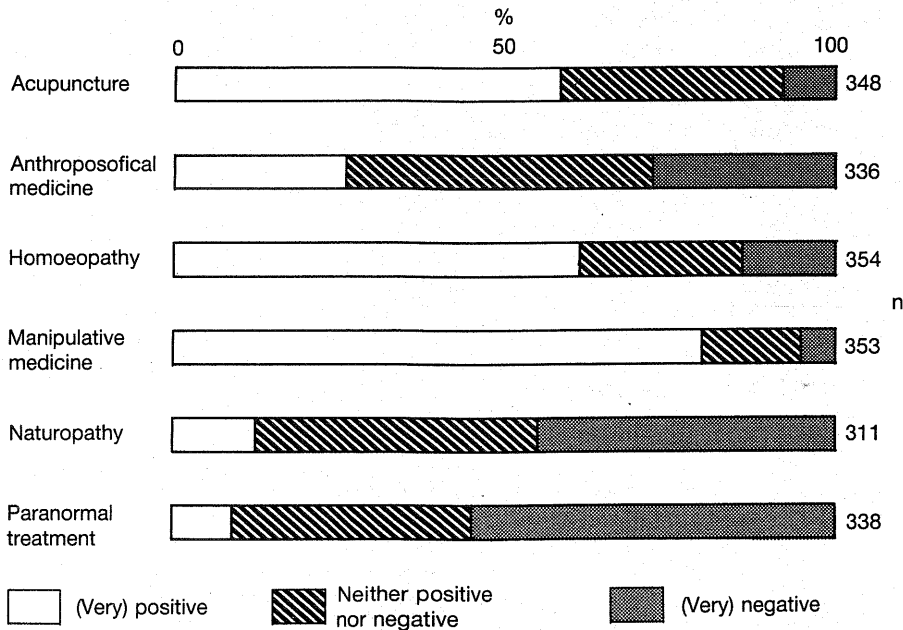
	(Strongly) agree	Neither agree nor disagree	(Strongly) disagree
1. Alternative medicine forms a threat to public health	9	50	41
2. If treatments have not been tested in a scientifically recognized manner their application must be discouraged.	31	33	36
3. Alternative medicine is a useful supplement of regular medicine.	45	36	18
4. The results of alternative medicine are in most cases due to a placebo-effect.	47	33	21
5. Alternative medicine includes ideas and methods from which official medicine could benefit.	62	24	15
6. Most alternative treatments stimulate the body's natural therapeutical powers.	19	36	46

Five-point scale; Cronbach's alpha = 0.86.

The most important reason for referring a patient to an alternative practitioner (mentioned by 82% of the respondents) was the patient's request. That is not to say that GPs had no confidence in these methods. On the contrary, 60% said that confidence in the alternative practitioner or in the alternative method was another important reason for referral.

Characteristic features

What features characterize GPs who apply alternative methods themselves or refer patients to alternative practitioners? It might be assumed, of course, that a positive evaluation of alternative medicine is a decisive factor in this respect. The GP's orientation towards his patients might also play a part. A doctor who is willing to



Five-point scale; Cronbach's alpha=0.80 (manupulative therapy excluded).

FIGURE 1 GPs attitude towards the six 'mainstream systems' in alternative medicine (in percentages; n=max. 358)

TABLE 2 *The opinion of GPs about their desirable involvement in alternative medicine (in percentages; n = max. 360).*

	(Strongly) agree	Neither agree nor disagree	(Strongly) disagree
1. A GP should have some knowledge about the most important alternative treatments.	75	18	6
2. A GP must (get to) know alternative practitioners in the area.	36	36	29
3. If a patient has any questions about alternative medicine his GP must be able to answer these.	64	33	12
4. A GP must be able to advise his patients about non-allopathic methods.	25	33	42

Five-point scale; Cronbach's alpha = 0.65 (item 1 excluded).

share responsibilities with his patients might be more willing to comply with a patient's request for alternative treatment than a doctor who tends to act on his own. Finally, personal characteristics, such as age, sex, list size and location of the practice (in a city, or in the urbanized western part of the country) might add to a doctor's inclination to make use of alternative methods.

In Table 4, these variables are put together in a regression model. In order to obtain a single measure for the different aspects of the GPs' assessment of alternative medicine—their attitude towards alternative medicine in general and towards the various healing systems, their knowledge of these systems and their perceived task in advising their patients on the subject—a factor score for every single respondent was computed, based on the answers to the items mentioned in Table 1, Fig. 1, and Tables 3 and 2, respectively. (Cronbach's alpha for the reliability of these scales is mentioned under the various tables).

The GPs' orientation ('general medicine orientation' versus 'clinical orientation') was measured on two five-point scales.¹⁵ One scale measures whether the GP always plays safe and prefers unnecessarily to treat a patient in a somatic way, rather than risk omitting to treat the patient. This attitude with regard to risk is measured on a five-point scale consisting of five items with a reliability of 0.79. Another aspect concerns the degree to which the doctor sees the patient as an equal 'partner in collaboration', who must be kept informed as fully as possible, who has the power to decide and with whom it is possible to discuss his own case. This is measured by five five-point items (reliability: 0.64). Individual factor scores were computed for these two variables too.

Together the variables mentioned explain about one-third of the variance in alternative practices. Those GPs who use alternative techniques themselves are younger than those who do not. They have a broader view of their role and know more about alternative medicine. Most important, however, is their assessment of alternative medicine: the more positive the GPs' attitude towards it, the more likely they are to apply one of the alternative techniques themselves.

Subjective factors are also the most important in

explaining the number of patients referred. The more positive the GPs' attitude and the more they know about alternative medicine, the more patients they refer. Their personal experience (of being treated by an alternative practitioner themselves or having someone in the family who has been) is also important.

The GP's orientation towards his patients does not exert any significant influence, either on the question of whether or not the GP applies alternative techniques himself, or on the number of patients referred.

DISCUSSION

Our survey among general practitioners in the Netherlands shows the willingness of the majority to be involved with alternative practice and their actual involvement. Most of the respondents thought that GPs should be able to discuss the subject with their patients. A majority also acknowledged that GPs should have some basic knowledge of the most important methods. In daily practice, alternative medicine was often discussed during consulting hours. Almost all GPs discussed the option of alternative treatment with their patients either frequently or occasionally. Almost all GPs also referred patients to alternative practitioners. In addition, about one half of the respondents applied one or more alternative methods themselves, mostly homoeopathy.

Considering the different theoretical concepts, this involvement of general practitioners in alternative medicine is rather surprising. One might argue that, in so doing, general practitioners are only giving in to their

TABLE 3 *Familiarity of GPs with alternative methods, according to their own statements (in percentage n = max. 356).*

	Thorough	Moderate	Limited
Acupuncture	7	42	52
Anthroposophical medicine	4	18	79
Homoeopathy	9	51	40
Manipulative medicine	12	49	39
Naturopathy	2	11	87
Paranormal treatment	2	12	87

Five-point scale; Cronbach's alpha = 0.76.

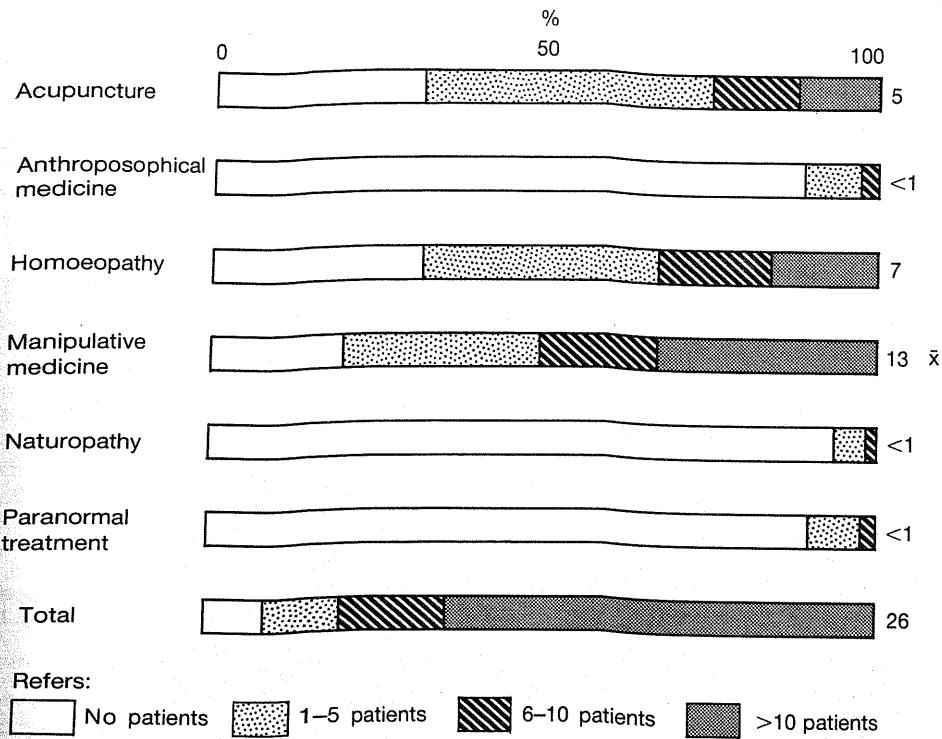


FIGURE 2 Referrals to the six 'mainstream systems' in alternative medicine (in percentages; n=max. 352)

patients' requests. Indeed, a majority of the general practitioners studied saw the patients' wishes as an important reason for referring them to alternative prac-

tioners or using alternative methods. On the other hand, the interest of many doctors seems to be based on more than that. 'Confidence' in the alternative prac-

TABLE 4 Multiple regression analysis of whether or not alternative methods are applied and of the number of patients referred to alternative practitioners.

	Application		Referral ¹	
	Bêta	F	Bêta	F
GP's age	-0.14	5.61*	-0.02	0.14
Sex (fem. doctor)	-0.10	2.68	0.06	0.83
Practice in western part of the Netherlands	0.09	2.91	0.02	0.07
Practice in the city	0.01	0.07	0.08	1.76
Shared practice	0.11	3.49	0.07	1.54
Practice size	0.01	0.03	-0.11	2.89
General valuation of alternative medicine	0.41	20.15**	0.27	7.79**
Specific valuation of alternative medicine	-0.15	2.97	0.16	3.22
Perceived task in alternative medicine	0.15	6.10*	-0.02	0.05
Knowledge of alternative medicine	0.15	6.91*	0.15	6.51*
Own experiences as a patient	0.06	0.94	0.13	4.85*
Alternative practitioners among friends	0.02	0.10	-0.06	0.95
Patient as partner	0.00	0.02	0.02	0.16
Taking risks	0.00	0.00	-0.03	0.31
Apply alternative methods	-	-	-0.03	0.23
Explained variance	32%		31%	

¹number of patients referred to alternative practitioners, per thousand registered patients.
*P<0.05 **P<0.001.

itioner or in the alternative method was another important reason for referral. A majority of the respondents also thought alternative therapies contained ideas and methods from which the regular methods might benefit. Of these 'benevolent' doctors, one-third ascribed any success of alternative treatment to something more than the placebo effect. Our results also made clear that the doctor's general attitude towards his patients ('general medicine oriented' versus 'clinical oriented') did not have any significant effects on this behaviour. This makes it unlikely that GPs make use of alternative methods just to meet their patients' wishes.

A possible explanation for this phenomenon is given by the Dutch psychologist Vroon.¹⁴ In his view two 'circles' can be distinguished in medicine. One is the 'scientific circle', in which theories are developed and tested by scientific standards. The other is the 'practical circle', the main aim of which is to cure patients. Most general practitioners are not scientists but pragmatists. Consequently, they are willing to give a method 'the benefit of the doubt', even if its scientific basis has not yet been assessed. They are even more willing to do so at the patient's request and when regular care has not shown sufficient positive results. Once a larger number of practitioners make use of a method, the professional group tends to 'legalize' it in order to prevent the front from cracking.

Our results indicate one addition to this thesis. Not all alternative techniques share in the growing acceptance by general practitioners. As is the case in Britain, this tendency is restricted to acupuncture, homoeopathy and manipulative medicine. Most general practitioners also limit their contacts with alternative practitioners to those who are medically or paramedically qualified practitioners, eg (other) medical doctors and physiotherapists. Accepting alternative medicine means, therefore, accepting alternative techniques that are increasingly being integrated into regular care.

In England, referral by a doctor to a medically qualified alternative practitioner differs in no way, medically or legally, from a referral to any other doctor.⁹ There are no legal implications either for Dutch general practitioners. Where they refer patients to other medical doctors, they delegate treatment and are therefore formally correct. Referral to a paramedically educated professional can raise some troubles, but as these professionals, too, have had their training in state recognized training institutions, the referring doctor can rightly assume that they have appropriate medical knowledge. The practice of medicine by practitioners without medical training is, however, prohibited by law. Although, in practice, criminal prosecution is seldom undertaken,¹⁵ a doctor who refers a patient to one of these practitioners might be held responsible for any damage to the patient's health. In such a case it would be difficult for him to demonstrate that he had taken his duty of care seriously.

Formal correctness is not enough for the individual patient. He can rightly expect his doctor to know about

the pros and cons of medical techniques used by himself or by any professional he recommends. Although three-quarters of the doctors under study thought they should have some basic knowledge of alternative methods, in practice only six out of ten had knowledge of homoeopathy and manipulative medicine, and only five out of ten claimed at least moderate knowledge of acupuncture. Only one-fifth of the respondents had received any training in this subject during their university training. So far, in Dutch university medical education very little attention is paid to this subject.¹⁶ In England, a large majority of GPs in training wanted to train in at least one alternative method.² More education is needed, in order to meet the demands of daily practice.

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