PITTMED

PUBLISHER
Arthur S. Levine, MD

EDITOR IN CHIEF
Erica Lloyd

CREATIVE DIRECTOR
Gary Cravener

ART DIRECTOR
Elena Gialamas Cerri

SENIOR EDITOR
Robert Mendelson

ASSOCIATE EDITOR
Dottie Horn

PRODUCTION COORDINATOR
Chuck Dinsmore

STAFF CONTRIBUTOR
Mark Jacobs

OBITUARIES CONTRIBUTOR
Macy Levine, MD '43

CHIEF EDITORIAL ADVISOR
Steven L. Kanter, MD

EDITORIAL ADVISORS
Timothy Billiar, MD
Jonathon Erlen, PhD
Michael Gorin, MD, PhD
John S. Lazo, PhD
Pat Levitt, PhD
Margaret C. McDonald, PhD
Ross Musgrave, MD '43
Paul Paris, MD '76
Charles F. Reynolds III, MD
Ian Reynolds, PhD
Ellen Wald, MD
Simon Watkins, PhD
Mark Zeidel, MD

OFFICE OF PUBLIC AFFAIRS
Robert Hill
Mary Ann Aug, PhD

University of Pittsburgh

Pitt Med is published by the Office of the Dean and Senior Vice Chancellor for the Health Sciences in cooperation with the alumni and public affairs offices. It is produced quarterly for alumni, students, staff, faculty, and friends of the School of Medicine. PR 2944

The University of Pittsburgh is an affirmative action, equal opportunity institution.

Copyright 2001, University of Pittsburgh

JULIA MAROUS STRAUT

A painting by a wonderful contemporary artist, Ida Applebroog, depicts a physician and his patient in an exam room. Since this is a contemporary work, it should come as no surprise that the doctor, complete with white coat and stethoscope, is looking at his watch. The portrayal may be an exaggeration, but the message is not. In this Time-Is-Money era, many physicians feel that they no longer can afford more than a few minutes with a patient—leaving their patients with unanswered questions and unaddressed hopes. Increasingly, patients with intractable medical conditions, such as cancer or chronic pain, seek relief, hope, and cure in alternative therapies.

And so-called cures are out there, everything from coffee enemas to acupuncture to herbal concoctions. This is big business. Each year, Americans make more than 600 million visits to complementary and alternative medicine (CAM) practitioners, which is 200 million visits more than they make to their primary care physicians. The price tag for CAM treatments and services is an estimated $27 billion yearly.

CAM has become hugely popular for a number of reasons: a widespread view that modern medicine is excessively technocratic, bureaucratic, and impersonal; the antiscientific attitudes of new-age mysticism; vigorous marketing; the belief that "natural" remedies are necessarily safe and gentle; and wishful thinking. Moreover, therapists and patients might conclude that an ineffective therapy works if the disease being treated has run its natural course (independent of any treatment), if the disease is cyclic, if it is characterized by not-infrequent spontaneous remission, or if the disease was misdiagnosed initially. The most important reason for a doubtful remedy being credited with an improvement is the ubiquitous placebo effect. One of the fundamental advances in medical science has been the recognition of the power of the placebo, with more than 30 percent of patients visiting a physician deriving benefit from the placebo effect—whatever the illness or its conventional treatment. However, many patients believe that physicians ignore the interaction between mind and body—clearly not the case, as reflected in any medical school's curriculum.

Another important advance in medical science has been the development of sophisticated methods for the design and interpretation of controlled clinical trials. Thus, modern conventional medicine is based on evidence, and alternative therapies are based on beliefs.

The medical profession cannot put its head in the sand and hope that alternative medicine will go away. The only way to debunk a bogus treatment—or validate a promising therapy—is to test it in a controlled clinical trial. In addition, we need to be well informed about the safety of alternative therapies: Many valuable medications have been derived from herbs and botanicals, yet people treated with the herb *aristolochia fangchi* have developed renal failure, and St. John's Wort increases the rate of metabolic degradation of many medications (such as the HIV protease inhibitors).

We need to develop sufficient rapport with our patients so that they are comfortable discussing their concerns, hopes, options, and choices. Our patients should feel well cared for and able to discuss openly, without embarrassment, any experimentation with alternative therapies. Further, our medical students must be well informed about the conceptual basis, safety, and efficacy of alternative therapies, the power of the placebo effect, and the psychodynamics of the doctor-patient relation. None of this can be relegated to an elective. Rather, what I have discussed here must be incorporated into the required curriculum of our school. Our patients are speaking to us through those 600 million CAM visits. We must do more than look at our watches.

Arthur S. Levine, MD
Senior Vice Chancellor for the Health Sciences
Dean, School of Medicine