Integrative medicine: the golden opportunity for family medicine

The discipline of family medicine is now recognised as an essential component in the health care system with a unique body of knowledge, skills and attitudes embodied in defined post graduate curricula in various academic institutions worldwide. Integrative medicine should be incorporated into the paradigm of family medicine to combine the best insights of both conventional and alternative/complementary medicine, while providing a unifying perspective to guide physicians in intelligently combining these heterogeneous systems of thought.¹

The foundation of family medicine is firmly rooted in general practice, but the role of the traditional general practitioner has expanded in the post-modern era to incorporate the holistic concept of the bio-psycho-social – and spiritual perspectives. Family medicine has appropriately articulated a patient-centred model of care, replacing the traditional, more physician or disease-centered approach originating from the modernistic, reductionalistic post Newtonian era.

Integrative medicine promotes physician well-being and self-reflection, where the doctor is a role model promoting wellness. Wellness promotion enhances physician credibility proposing a transformational component to combat the epidemic of lifestyle related diseases responsible for 37% of deaths due to non-communicable diseases in South Africa.²

Integrative medicine embraces the notion that the body is innately self-healing and attempts where possible to promote healing rather than suppressing symptoms. It emphasises the therapeutic doctor-patient relationship and makes use of all appropriate therapies, both conventional and alternative to stimulate healing. The physician must remove the barriers to healing to assist the healing process, using suppressive therapies only when necessary. Lifestyle modification becomes the cornerstone of early interventions to prevent disease by prescribing non drug and natural interventions such as diet, exercise, stress management and smoking cessation to combat chronic and degenerative diseases such as the enormous burden of cardiovascular disease and cancer on society.

Integrative medicine provides a supportive setting where patients can take responsibility for their own health by making healthy choices based on physician supported individualised health education. Patients should take control of their own lives by making informed decisions to prevent illness and to promote well-being. Family medicine is well placed to lead the way in integrative care to support their patients to make sense of the flood of pseudoscientific literature disseminated on the Internet and other media outlets. All aspects of lifestyle including nutrition, physical activity, stress, sleep, spirituality, family relations and occupational functioning must be taken into account. Integrative medicine seeks to reinforce these aspects with enhanced teaching and detailed skill development in promoting motivational strategies to create behavioural change.

It is now being recognised that each individual has a unique genetic profile determining the therapeutic response of all interventions. Recent advances in genotyping technology have allowed for easier identification and confirmation of susceptible genes serving as a potential source for therapy, specifically chosen to match one’s genetic profile. Genetic testing to promote well-being through incorporation of the emerging sciences of nutrigenetics (gene-diet interaction) and pharmacogenetics (gene-drug interaction) can now been used by health care professionals with great success. Identification of genetic and lifestyle risk factors that may interact to increase the risk of chronic diseases and to intervene effectively is the key objective of lifestyle intervention for optimal health management.

The genetic information provided must be interpreted by the physician in the context of the family history, personal medical history, biochemical, anthropometry, dietary analysis, lifestyle risk factors, medication and supplement usage. Pathology testing should be done where appropriate to determine gene expression, if any, and to monitor response to treatment. The knowledge gained from genetic testing combined with lifestyle risk factors empowers patients to move from a passive to a participatory role in managing their health.³

Medicine is currently at a crossroads. The prevailing paradigm of scientific reductionism is being questioned and its limitations increasingly recognised. While reductionism has generated much useful knowledge about the mechanism and treatment of diseases, it falls short of elucidating aspects of healing that a complex interplay of many factors involve.

Family physicians trained in integrative medicine will be well placed to promote evidence-based medicine in the field of conventional and alternative medicine, and to heal the unnecessary sense of conflict between conventional and comprehensive medicine, both in society, and in the minds of patients and clinicians.

To a certain extent, modern health care has marginalised the family physician resulting in physician stress and job dissatisfaction compromising optimal care delivery. The family physician’s role as “gatekeeper” to protect the patients from unnecessary and harmful drugs, invasive investigations, and surgical interventions for potential preventable conditions must be restored. On the other hand, patients must have access to sophisticated diagnostic and therapeutic interventions facilitated by the family physician where necessary. Integrative medicine holds the promise of restoring to medicine a complete sense of its mission, and to family physicians an enhanced sense of personal well-being and job satisfaction.

The Faculty of Health Sciences at Stellenbosch University has to be applauded for their initiative to incorporate integrative medicine teaching in both undergraduate and post graduate level to reflect the vision of integrative medicine.

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References