

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

During my placement at the Royal London Hospital for Integrated Medicine I had the chance to attend many of the services offered with a range of professionals. Namely, I had the opportunity to observe: complementary cancer care, women's clinic, children's clinic, musculoskeletal disorders clinic, insomnia services, acupuncture, podiatry, physiotherapy, and the functioning of the hospital's pharmacy. This showed a wide array of conditions in which complementary medicine can be helpful. The outcomes of consultations were very diverse and depended on which aspects of the disorder had the greatest significance to the patient. Besides the prescription of homeopathic therapies and the use of practical techniques such as osteopathy and acupuncture; patients were offered several other therapies. These included cognitive-behavioural therapy and autogenic training. Patients were also often offered advice on diet and nutrition, where relevant to their disease and strongly encouraged to be proactive in the management of their disorders.

Complementary medicine services are offered alongside conventional medicine services, creating the practice of integrated medicine. During consultations, the patient's full medical history is obtained, including any medication and other therapies they are currently receiving from other teams. The information is considered in the overall advice and therapies suggested to the patient. This ensures that responsible advice can be given to the patient, and that any interventions suggested will work in conjunction to conventional medicine and the patient's own lifestyle changes. Patients can be referred to the service through their GP. However, in a resource conscious environment, there are limitations in place; the amount of sessions of acupuncture a patient will have access to, for instance. There can also be long waiting lists for certain services, such as the insomnia cognitive-behavioural therapy. This is another reflection of the limited resources for the current demand with which the NHS is contending.

Through my placement I had to appreciate the range of attitudes to complementary medicine services. Prior to this placement, I had encountered mostly dismissive opinions from other healthcare professionals. During this placement I had the chance to ask the professionals I was with what drove them to choose complementary medicine and the pervading reason was the benefit that it grants to patients. Most describe seeing complementary medicine techniques such as homeopathy being of great help to patients in addition to conventional therapies. This then drove them to become involved in the services and to deliver them exclusively. During consultations I also had a chance to get an insight into how these therapies benefit patients. Overwhelmingly, the follow-up patients I saw described an improvement in the original symptoms which drove them to look for medical attention. It was also common to see patients wanting to spread the advice they were given to others in their social circle. Despite this, when faced with cost-saving pressures, the Trust is much more likely to support services which are based on a firmer evidence base than complementary medicine services. Certain services offered by the hospital, the insomnia clinic for example, don't use any complementary medicine. The insomnia clinic is also able to provide improvement in a large group of patients for relatively low costs, and is therefore mostly insulated from these cost-saving initiatives. Several of the doctors working at the hospital described having to almost constantly justify the need for services they provide in order to prevent their closure. They are able to do this with the support of

patients who use the service. It is therefore quite reassuring that patients who have benefited from the services are able to make a contribution to ensuring these remain open.

The consultations in alternative medicine are conducted in quite a holistic way. As previously mentioned, during the consultation the patient's relevant medical history is taken. However they are also asked about their personality and temperament, as well as any life events surrounding the illness. In most consultations I saw with new patients, there was a tipping point of sorts, upon which patients explained what factors in their life were burdening them the most, and how these interacted with their condition. By recognising and sometimes addressing these, patients seemed more energised, empowered, and optimistic. I believe that this is quite helpful, and that there are many situations in conventional medicine consultations where it can be implemented. As patients don't exist in isolation, the issues and commitments which are significant to them are very relevant to the practice of medicine. This is particularly true in the management of chronic disorders and in implementing lifestyle changes. This is because patients will need to have more autonomy over their own treatment. To maximise the chances of adherence to recommendations, these will have to be discussed between the patient and the healthcare professional to ensure they are relevant and practical for each particular case. Therefore, I believe the lifestyle advice that I gleaned and the consultation techniques that I observed will be useful in my medical career.