

# Familiarity with Research and Personal Experience as Factors Affecting Physician Referral to Acupuncturists

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The practice of acupuncture, which boasts more than 15,000 licensed practitioners, is one of the leading non-physician medical occupations (Lysell, 2004). However, physicians seldom coordinate healthcare with acupuncturists: only 43% of physicians have ever referred patients for acupuncture (Astin et al., 1998) and when referrals are made, these are almost always in response to patient requests (Berman 1999). Co-treatment without coordination is substantial: nearly half of the patient visits to acupuncturists are to treat problems for which patients are simultaneously receiving care from a physician with whom the acupuncturist has no contact (Cherkin et al., 2002). However, coordinated care is beneficial in terms of outcomes (Hays et al., forthcoming) and quality (Consensus, 1983). In this perspectives piece, we discuss two mechanisms, scientific research and personal experience, that may influence physicians' willingness to coordinate their patient care with acupuncturists through referrals. We argue that, despite scientific evidence and positive personal experience, physicians are not easily persuaded to proactively refer their patients to acupuncturists; this is due to skepticism about the credibility of scientific research on acupuncture and the lack of a causal link between understanding the safety and efficacy of acupuncture and trusting acupuncturists.

We have developed our opinions from 30 semi-structured interviews with physicians who hold differing opinions about acupuncture (Johnston, et al forthcoming) and a review of the literature. Additionally, the second author is founder of the UCLA Center for East-West Medicine, an organized unit within the Department of Medicine with physicians

and acupuncturists working as a team in the Center clinic. The Center has excellent referral relations with more than 150 physicians at UCLA, who refer more than 1200 new patients annually.

## Familiarity with Scientific Research

If evidence-based medicine is relevant, then the available scientific evidence on acupuncture should be a primary factor shaping physicians' decisions about referrals to acupuncturists. In 1997, a National Institutes of Health (NIH) consensus conference concluded acupuncture therapy is of demonstrable effectiveness for treating adult nausea and vomiting arising from operations and chemotherapy and also in postoperative dental pain (NIH, 1998). Furthermore, the consensus conference noted that acupuncture is potentially effective in treating other conditions such as back pain, stroke rehabilitation, and drug addiction. Since then, additional studies have shown further supportive evidence of efficacy in conditions such as osteoarthritis of the knee (Berman et al., 2004) and neck pain (White, Lewith, and Conway, 2004).

The availability of credible scientific research demonstrating the effectiveness of acupuncture does not necessarily mean that physicians have read this literature. In fact, of the thirty physicians with whom we discussed acupuncture, only five demonstrated more than a passing familiarity with relevant scientific research. These five had studied acupuncture and taken steps to incorporate the therapy into their own practice.

Thirteen of the twenty-five physicians vaguely familiar with the scientific research on acupuncture generally held two kinds of negative opinions about this research. The first was skepticism about the validity and reliability of scientific research on acupuncture. The second was an interpretation of the evidence, demonstrating a placebo effect, not as a mechanism of effectuating cure. Those physicians who minimized the

merit of scientific acupuncture research were uniformly unwilling to proactively refer their patients to acupuncturists. Only one was willing to refer in response to patient demand.

Nine of twenty-five physicians held a positive opinion of this research, though not all were willing to refer their patients to an acupuncturist. Five indicated that they do not do so for practical reasons – either they practice acupuncture themselves, or they have yet to develop a professional relationship with an acupuncturist. Three indicated they proactively refer; and one more said he refers in response to patient demand. These four physicians saw acupuncture as playing an adjunctive role, potentially valuable for treating ailments not amenable to conventional therapy, or as an option for patients unable to tolerate conventional therapy.

Three of the twenty-five physicians knew almost nothing about the scientific literature on acupuncture.

## Personal Familiarity with Acupuncture

Clinical experience plays an influential role in shaping medical decision-making. Among the interviewees, twenty-one of the thirty physicians discussed either direct or indirect personal experience with acupuncture. These physicians spoke of exposure to acupuncture in three different ways: personally receiving treatment, personally administering treatment, and hearing about acupuncture from their patients.

For those unfamiliar with acupuncture as a medical procedure, receipt of a treatment may lead to an intuitive appreciation of statements found in the literature about safety: When used in accordance with state regulations and performed by a competent practitioner, acupuncture is safer than standard conventional treatment (Birch et al., 2004). However, it is unlikely that receipt of a successful treatment would lead a physician to trust in the efficacy of an unfamiliar medical procedure. In line with

evidence-based medicine, efficacy is best demonstrated through meta-analyses of randomly-controlled studies involving many patients. Perhaps because safety alone is insufficient grounds for referral, none of the three interviewed physicians who had experienced acupuncture are proactively referring their patients to acupuncturists.

Six of the physicians reported experience in personally administered acupuncture. While three continue to practice acupuncture, three had stopped. For example, one physician explained that he successfully used acupuncture to treat patients with arthritis, chronic pain, migraine headaches, and stroke but later shifted his practice to treat patients with cancer. In response to a question about referring his patients suffering from cancer-related pain, he replied he does not do so because he does not personally know an acupuncturist whom he considers to be competent and reliable. All six of these physicians, presumably, are aware of the efficacy of acupuncture for treating at least some conditions, but personally understanding that acupuncture is safe and efficacious does not necessarily persuade physicians about the benefit of referring their patients to acupuncturists. Of the six physicians, only one proactively refers, and this is to an acupuncturist on his staff.

None of the physicians reported hearing positive testimony about acupuncture from more than a few of their patients. Only a few had heard some positive patient testimonies, but none were willing to proactively refer. Three physicians attributed negative patient outcomes because of acupuncturists. For example, one physician claimed that a patient who had died from Hepatitis B caught the infection because they had seen an acupuncturist who may have used an unclean needle. These three physicians were strongly opposed to their patients seeing acupuncturists and justified their position by referencing either improper treatment by an acupuncturist or the potential danger with the therapy itself. If indirect experiences with acupuncture were more regular and more positive, physicians might develop the trust necessary for proactively making referrals to acupuncturists.

## Conclusion

Only five of thirty physicians with whom we discussed the issue of referrals indicated they proactively refer their patients to acupuncturists, with three additional physicians indicating they refer in response to patient request. However, neither scientific evidence nor personal experience has been strong facilitators for referrals. Nearly half of the interviewees expressed considerable skepticism about the credibility of scientific research on acupuncture. When discussing personal experience, interviewees alluded to a gap between personal recognition for the safety and efficacy of acupuncture therapy and having a personal relationship with an acupuncturist with whom they would feel comfortable referring their patients.

Societal trends seem to herald the advent of coordinated care between physicians and acupuncturists. Sufficient scientific evidence shows that patients benefit from acupuncture (Birch, et al., 2004), and many patients are satisfied with acupuncture as a medical therapy (Cassidy and Emad, 2002). Further, in a recent report, the prestigious Institute of Medicine (IOM) argued for the develop-

ment of a new health care system that builds on the strengths of all health professionals (IOM, 2004). These trends raise the hope that physicians will begin proactively and consistently referring patients to acupuncturists, as evidence diffuses into their professional community and they accumulate personal experience with acupuncture therapy. Efforts that provide focused education and exposure may promote the development of relations between physicians and acupuncturists (Cassidy 2002), but our experience at the UCLA Center for East-West Medicine suggests that a critical element would still be missing—appreciation of the strengths and limitations of each professions' practice of healing.

## References

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