



vide the intrapartum care needed. It is uncertain whether the number of midwives available will be sufficient to meet the shortfall in most provinces for many years to come.³ This shortage of human resources for obstetric care is already being felt in many rural areas of the US and Canada, where women must travel great distances and be separated from their families when they give birth.⁴⁻⁶ These trends, if sustained, will have a profound effect on the organization and provision of intrapartum care to Canadian women.

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Competing interests: None declared.

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Alternative and complementary medicine in Canadian medical schools: a survey

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In spring 1998 we undertook a survey of all 16 Canadian medical schools to determine what education is being provided in the area of complementary and alternative medicine in the undergraduate medical curriculum.

A questionnaire was sent by fax to the deans and associate deans of the 16 medical schools. Each dean was asked to identify, within several days, which faculty member could best respond to questions about the teaching of complementary and alternative medicine at the medical school. Representatives of all 16 schools responded to the survey: 10 associate deans and 6 other faculty members who were knowledgeable about educational initiatives on this subject. A follow-up telephone interview lasting approximately 30 minutes was conducted with most respondents. The questions asked are listed in Table 1. The survey covered 18 complementary therapies selected from the list of the Office of Alternative Medicine, National Institutes of Health, in Washington,¹ ranging from acupuncture to reflexology, and sought to identify whether medical education about these therapies focused on the basic principles and philosophy of the technique or on experience with its practice.

Most schools reported that they include comple-

mentary and alternative medicine in their curricula, usually as part of a required course (Table 1). Lectures constitute the most frequent method of information delivery, and this is done predominantly during the preclinical years.

Acupuncture (in 10 schools) and homeopathic medicine (in 9 schools) were the interventions most often included in such course material; the others, in descending order, were herbal medicine (in 8 schools); chiropractic medicine (in 6); naturopathic medicine, traditional Chinese medicine and biofeedback (in 5 each); osteopathy (in 4); shamanism, massage therapy and therapeutic touch (in 3 each); yoga, aromatherapy, reflexology and native traditional healing (in 2 each); and bioelectromagnetic therapy, spiritual healing and a holistic approach (in 1 each).

Only 2 schools reported that they provide instruction on the actual practice of one or more complementary therapies: biofeedback, yoga, chiropractic medicine and massage therapy at one school and massage therapy at the other. Most of the respondents believed that more specific training is the prerogative and responsibility of the students, who can seek outside electives or training schools related to specific alternative medical therapies.



Table 1: Undergraduate medical education on alternative and complementary medicine provided in 16 Canadian medical schools*

Has the undergraduate curriculum committee of your medical school considered incorporating alternative and complementary medicine into your curriculum?

Yes = 12 No = 4

Have any of your students or faculty expressed an interest in complementary and alternative medicine?

Students Yes = 14 No = 2

Faculty Yes = 13 No = 3

Are you currently offering any education on alternative and complementary medicine in your undergraduate medical school curriculum? [Interpreted as offered by either faculty or students]

Yes = 13 No = 3

If you are not currently offering education on alternative and complementary medicine in your medical school curriculum, are you planning to do so in the future?

Yes = 3 No = 0

Is your medical school's education on alternative and complementary medicine:

part of a separate required course = 9

available as an elective or selective = 6

presented as student-developed lectures or presentations = 7

How is this education on alternative and complementary medicine delivered? Please read the list below and indicate how and when the education took place by checking the appropriate education delivery category.

Education delivery	Preclerkship years	Clerkship years
Workshop or seminar	3	0
Lecture(s)	9	1
Structured clinical experience	3	1
Part of one or more preclinical PBL cases	3	0
Independent study or self-directed experience	4	1
Small group discussion or presentation	3	0

Note: PBL = problem-based learning.

*Numbers indicate number of responses in the various categories.

Comments from the survey respondents indicated that Canadian medical school faculty believe that they should provide a general conceptual overview of alternative medicine, and that it is acceptable to deal with the different therapies as a group. Understanding alternative medicine as part of patients' health care belief systems is emphasized. When attention is given to specific therapies, it often reflects the therapies that are most popular in the province where the medical education takes place or those that are particularly important to specific segments of the population (e.g., native traditional healing in the western provinces, where aboriginal populations are larger and more visible).

These findings contrast with those of a 1997 survey of British medical schools, which found that there was little education on complementary and alternative medicine in British medical schools, although it was an area of active curriculum development.² A recent survey of all 125 US medical schools³ reported that 84 (67%) of the schools offered stand-alone courses in various topics related to complementary and alternative medicine. Nearly all of the other schools (38 [30%]) incorporated these topics as part of required courses.

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Competing interests: None declared.

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