

Complementary, Alternative, Unconventional, and Integrative Medicine

Call for Papers for the Annual Coordinated Theme Issues of the AMA Journals

FROM ACUPUNCTURE to aromatherapy, from homeopathy to hypnosis, and from relaxation therapy to reflexology, numerous practices that are termed *complementary, alternative, unconventional, or integrative* medicine have become increasingly prevalent and popular. Even though many of these therapies encompass diverse modalities and philosophies that usually are considered outside the realm of mainstream allopathic medicine, the use of complementary medicine interventions, visits to alternative medicine practitioners, and expenditures for these therapies are substantial. In the United States, the estimated 425 million visits to unconventional medicine practitioners in 1990 exceeded the number of visits to primary care physicians and the use of unconventional therapy generated expenditures estimated at \$14 billion.¹ Complementary therapies are used by 20% to 50% of the population in many European countries² and by 48% of the population in Australia.³

Despite increasing public interest and worldwide use of complementary and alternative therapies, high-quality scientific evidence that clearly establishes the effectiveness (or lack thereof) of these interventions is lacking.^{4,5} Consequently, many physicians traditionally have viewed alternative medicine in general, and most practices contained therein, with skepticism and mistrust.

However, recent developments indicate changing attitudes toward these unconventional therapies, and demonstrate increasing recognition of the need to critically investigate the safety and efficacy of complementary and alternative medicine practices and to determine how some of these therapies could be integrated into clinical practice to improve patient care. For instance, the US National Institutes of Health (NIH) spends approximately \$40 million per year on research related to complementary and alternative medicine (largely involving dietary manipulation and behavioral medicine),⁶ and the NIH Office of Alternative Medicine, which was established in 1992, is now under consideration to have its status upgraded to a full-fledged national center (for complementary and alternative medicine research).⁷ In their review of published surveys, Ernst and colleagues⁸ found that, on average, physicians perceive complementary medical therapies (such as acupuncture or manipulation) as moderately effective. Berman et al⁹ reported that more than half of family physicians they surveyed considered alternative medicine interventions (including diet and exercise, biofeedback, hypnotherapy, and massage therapy) to represent "legitimate medical practices." At least 34 US medical schools have been reported to have started

or are developing courses on alternative medical practices in their medical education programs.¹⁰ New biomedical journals devoted to the scientific evaluation of unconventional health claims also have been launched.¹¹

Given the burgeoning interest in alternative medicine among the general public, patients, physicians, academic medical centers, and health care payers, the JAMA Editorial Board and senior staff and the editors of the American Medical Association (AMA) *Archives Journals*, using our annual modified Delphi process, ranked alternative medicine among the top 3 subjects (of 86) for our journals to address in the coming year. (Last year, the editorial board ranked alternative medicine 68th of 73 subjects.) Moreover, in a recent survey,¹² JAMA physician readers identified alternative medicine as the seventh (of 73) most important topic for publication in THE JOURNAL. Considering that complementary and alternative medical therapies have the potential to involve patients of physicians in virtually all specialties, the editors of the AMA scientific journals have selected complementary and alternative medicine as the subject for coordinated theme issues to be published late in 1998.

The format for the concurrent theme issues on complementary, alternative, unconventional, and integrative medicine will be similar to theme issues on "Quality of Care" (November 1997) and "Managed Care" (October 1996), in which the AMA scientific journals devoted all or many of their pages, as merited after editorial evaluation and peer review, to a common topic. The 1998 coordinated theme issues will provide a unique, multidisciplinary forum for the publication of original research studies and scholarly articles that present new scientific information and innovative ideas on complementary and alternative medicine to the medical and scientific community. By stimulating research and giving emphasis to this topic, we hope to promote widespread attention in the medical literature and the lay media, foster education among health care professionals, and increase knowledge among patients and the public.

We invite authors from the United States and from other nations, especially authors from countries with an extensive history of non-Western, nonallopathic practice (eg, studies of acupuncture from China), to submit original manuscripts on topics pertaining to complementary and alternative medicine for consideration for publication in JAMA or in 1 of the AMA *Archives Journals*. The manuscript may be a report of original research, a review article, an opinion piece, or in the format of any of the other regular fea-

tures of 1 of the AMA scientific journals. High-quality research studies (especially randomized clinical trials) that evaluate the efficacy, safety, outcomes, and cost-effectiveness of complementary and alternative medicine interventions are of particular interest. Manuscripts that assess the integration of complementary medical therapies into conventional clinical practice and papers that examine alternative medicine from the perspective of patients, health care organizations, or academic medical centers also are welcome.

The editors of the AMA scientific journals look forward to receiving manuscripts for consideration for publication in the coordinated theme issue on complementary, alternative, and integrative medicine. Submitted manuscripts are subject to our usual rigorous editorial evaluation and peer review, and advance acceptance for any paper cannot be guaranteed. Articles accepted for publication by *JAMA* or by 1 of the *AMA Archives Journals* but not included in the theme issues will be published in other issues of these journals. Authors should consult the Instructions for Authors for *JAMA*¹³ or the appropriate *Archives Journal* for guidelines on manuscript preparation and submission. Manuscripts received by April 1, 1998, will have the best chance of acceptance for the coordinated theme issues.

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Clinical Pearl

Managed Care vs Indemnity Insurance

"A semivoluntary switch from indemnity health insurance to managed care reduced satisfaction with health care but increased satisfaction with insurance coverage. There were no changes in self-perceived health status." (Am J Public Health. 1996;86:388-393.)