Dr Falk: Do you see every individual who you see as a candidate for these therapies?

Dr Coeytaux: I think that’s probably a fair statement. I think we’re all candidates. I think of it as we are all candidates for choosing the right approaches to our health and health care and anything is fair game as long as it seems safe and reasonable.

Dr Falk: It’s also a question of self-efficacy. There are all sorts of studies of self-efficacious behavior. What you’re really asking for is for individuals to seek out any number of kinds of behaviors or therapies that make them feel better, become better at taking care of their own bodies and their own minds. I think what Dianne was suggesting was that there’s a fear of patients who do this kind of alternative or complementary medicine, not to want to integrate it with their usual medical provider, out of concern that that bit of information will be met with a sense of distrust of whatever is being done, or the admonition not to do it.

So there is the worry that there’s a lack of integration of these approaches.

Dr Coeytaux: I would agree, but times are changing very rapidly. Many physicians are changing their philosophy and they’re much more willing, at the very minimum, to acknowledge respectfully that a patient is doing things that is outside of exactly what they’ve told them to do. That’s become common knowledge, and I think there’s an acceptance of that.

Dr Falk: That’s absolutely right. The other reality is having taken care of vasculitic patients for over a quarter of a century, I know that I still don’t know the cause of the disease. All of the things that we’re doing are of some benefit but there is a wide space of
other kinds of things that need to be done that I’m sure are beneficial for patients. The question still remains, the best way of the communication process between patient-physician of complementary kinds of therapies.

Patient

I think we have a disease that we don’t know what causes it, the treatments are not great—yes, they work but the quality of life is not terrific. So I think some patients think, why not try some of this? But I think what I’m looking for is guidance as to what would be good to try, what would enhance quality of life.

Dr Coeytaux

That’s exactly where I think integrative medicine has a role to play. The premise to integrative medicine is that the person, the patient has a role to play in their own health care. And that that person has his or her own set of priorities and goals and fears and concerns and desires that may not match the standard of care as defined by Western medicine. Where I see integrative medicine working is to try to give guidance to somebody who is in situations and try to make the best decisions for ourselves, with professional guidance.

It’s very difficult for us to do that as physicians in our own world. I have a luxury, as an integrative medicine person, to be able to focus on that. I didn’t really have that luxury as a practicing family physician when I had a lot of other responsibilities that I had to attend to.

So until we have—and we may never really have—a system where one health care provider can meet all the needs of a patient, we may never get there, that may not be ideal. What we have now is we have very good conventional medicine that does what it does quite well, does some other things that it doesn’t do very well, and some other things that are completely out of their scope.

And yet, patients are wanting more than what’s just there. That’s where I think the patient should be as informed and as much of an advocate for herself or himself as possible and they may need some guidance for people like me, who are trying to avoid the person from having to blindly try all of these modalities, because I think ultimately, most of us don’t need that much. If you’re perfectly healthy, great, then keep with your good health.