ABSTRACT

Much research on alternative medicine seeks to discover why people use practices which orthodox medicine rejects as ineffective: rejected alternative medicine. However, to obtain a sample large enough for statistical analysis, many studies include as alternative health care, practices such as chiropractic or acupuncture which most doctors accept as effective for limited purposes: accepted alternative medicine. The 1994-95 National Population Health Survey shows Canadians who consult rejected alternative health care providers compared with those who consult accepted health care providers have similar incomes, more education, slightly fewer chronic diseases and slightly more good health habits. For both groups, alternative health care supplements orthodox health care rather than being an alternative to it. Two major differences emerge: women outnumber men more than two to one as opposed to being only a slight majority, and usage peaks in Quebec, not Western Canada.

ABRÉGÉ

De nombreux travaux de recherche sur la médecine parallèle cherchent à expliquer pourquoi les gens ont recours à des pratiques que la médecine officielle rejettent pour cause d'inefficacité : c'est ce que l'on désigne par médecine douce rejetée. Toutefois, pour étudier un échantillon suffisamment représentatif au plan statistique, de nombreuses études incluent certains soins de santé parallèles, comme ceux de la chiropraxie ou de l'acupuncture que la plupart des médecins considèrent comme efficaces dans des cas limités : c'est ce que l'on désigne par médecine douce acceptée. L'Enquête nationale sur la santé de la population de 1994-1995 montre que les Canadiens qui font appel à des praticiens de la médecine douce rejetée par la médecine officielle en comparaison avec les Canadiens qui ont recours à la médecine douce acceptée disposent des mêmes revenus financiers, sont plus instruits, souffrent d'un peu moins de maladies chroniques et en général prennent légèrement mieux soin de leur santé. Pour les deux groupes, les soins de la médecine parallèle ne remplacent pas les soins de la médecine officielle mais les complètent. Deux grandes différences apparaissent : ce n'est pas une légère majorité mais deux fois plus de femmes que d'hommes qui recourent à ces soins, et l'usage est le plus répandu au Québec par opposition à l'ouest du Canada.

Gullible Fools or Desperate Pragmatists? A Profile of People Who Use Rejected Alternative Health Care Providers

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Alternative medicine usually is defined residually¹ as all practices not regularly taught in orthodox medical schools.²⁻⁵ This operationalization includes alternative techniques that most physicians judge effective for limited purposes. The label "alternative medicine" for chiropractic, massage therapy and acupuncture results from claims about the practices made by a few practitioners, not medical judgements about the therapies themselves as typically used.⁶ Thus this definition precludes addressing a central question about alternative health care: "Why would anybody choose cures without accepted effectiveness?" Consequently, this paper distinguishes rejected (by orthodox medicine) alternative health care from accepted (by orthodox medicine) alternative health care.

Acceptance by orthodox medicine constructs the key features of "accepted alternative medicine." First, patients can be referred by general practitioners to alternative practitioners who use the therapies for limited purposes. Even without a referral, their use receives tacit approval by most physicians and people in society. Second, provincial health insurance, workers' compensation boards and insurance companies usually finance (though often with restrictions) visits to accepted alternative health care providers. Third, some doctors may themselves practice alternative techniques.⁷

Finally, accepted alternative practitioners often can only practice after being licenced by government-regulated colleges. For instance, while chiropractors and Alexander teachers both treat lower back pain, only chiropractors are certified officially and have a portion of their services covered by third-party payers in most provinces. As a rejected alternative, Alexander teachers learn through informal apprenticeships or private schools and receive payment only from their clients directly.^{8,9} Because accepted alternative health care providers have tacit or explicit orthodox medical support, they are the most frequently visited alternative health care providers. For instance, over half the users of alternative medicine in Canada visit chiropractors.^{2,10}

The distinction between accepted and rejected alternative medicine is social: it does not depend on the actual effectiveness of treatments offered. For instance, in Canada, homoeopathy is rejected alternative medicine because orthodox medical practitioners view it as ineffective. However, in Britain and Holland, homoeopathy is an accepted alternative since many general practitioners practice it and it receives state funding.^{6,7,11-13}

As most alternative health care is accepted alternative health care, the characteristics of people who consult accepted alternative health care providers should be similar to the pattern found in previous studies of alternative health care: women marginally outnumber men; usage peaks in Western Canada;^{2,10,14} users are slightly more affluent, better educated, have more chronic diseases, and better health habits than the population as a whole;^{3,15} alternative medicine is used as a supplement to orthodox health care, not a substitute for

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it.¹⁶ This paper compares and contrasts the people who use rejected alternative health care providers with people who use accepted alternative health care providers and the Canadian population along three dimensions:

1. Socio-demographic and health characteristics;
2. Number of good health habits; and
3. Utilization of medical services.

DATA AND METHODS

The Statistics Canada 1994-95 National Population Health Survey (NPHS) provides our data. The NPHS is a survey of 17,626 randomly selected households in each of Canada's provinces and territories, excluding those on Indian Reservations, Canadian Forces Bases, and in some remote areas. This article's analysis is based on data collected from one selected member of each NPHS household, for a sample of 17,626 respondents. Statistics Canada weighting procedures were used to provide estimates for the Canadian population. Additional details of the survey design, sample and interview procedures are available.^{17,18} Millar has provided a profile of the use of alternative health care providers based on these data.¹⁰

In the 12 months prior to the 1994-95 National Population Health Survey, an estimated 13% of Canadians aged 15 and over, or about 3 million people, used accepted alternative health care providers, meaning they visited chiropractors (11% of Canadians), massage therapists (2%) or acupuncturists (1%). About 2.5% of Canadians or a little over half a million people visited rejected alternative health care providers, meaning they saw homoeopaths or naturopaths (1.5% of Canadians) or "others" such as herbologists or reflexologists (1%).

To assess lifestyle healthiness, we added together the number of good health habits the respondent reported having. The good health habits considered were: not smoking, average daily alcohol consumption of less than two drinks, regular participation in physical activities lasting over 15 minutes, and maintaining a healthy weight (based on a body mass index derived from self-reported height and weight). Thus the

TABLE I
Percent Use of Accepted and Rejected Alternative Health Practitioners by Sex and Region, Canada, 1994-95

	Canadian Population		Accepted Practitioner Users		Rejected Practitioner Users	
	%	N (000's)	%	N (000's)	%	N (000's)
Sex						
Male	49.0	11,075	44.6	1,321	29.9	170
Female	51.0	11,548	55.4	1,641	70.1	398
Region						
Atlantic	8.2	1,859	2.7	81	1.8	10
Quebec	25.2	5,700	21.1	624	46.0	261
Ontario	37.9	8,583	33.6	995	22.4	127
Prairies	16.0	3,611	25.0	710	13.7	78
BC	12.7	2,870	18.7	553	16.2	92

Source: National Population Health Survey, 1994-95

TABLE II
Percent Use of Accepted and Rejected Alternative Health Practitioners by Selected Characteristics, Canada, 1994-95

	Canadian Population		Accepted Practitioner Users		Rejected Practitioner Users	
	%	N (000's)	%	N (000's)	%	N (000's)
Age (years)						
15-24	16.7	3,786	11.6	344	6.9	39
25-44	42.5	9,620	49.4	1,464	55.8	317
45-64	26.4	5,967	28.8	854	29.7	169
65+	14.4	3,250	10.1	301	7.6	43
Education						
Less than High School	29.5	6,660	22.8	675	12.9	73
High School	15.5	3,504	15.5	460	10.7	60
Some Post Secondary	41.2	9,308	47.0	1,393	51.8	293
College / University	13.8	3,109	14.6	433	24.5	139
Number of Chronic Diseases						
0	44.9	10,136	29.2	865	33.1	188
1	28.3	6,401	30.4	899	34.1	194
2	13.4	3,021	18.4	544	13.0	74
3 or more	13.4	3,038	22.0	650	19.8	113

Source: National Population Health Survey, 1994-95

number of good health habits could range from zero to four. All data were analyzed using the SPSS software application.¹⁹

Socio-demographic characteristics and health habits

As can be seen in Table I, women are more than twice as likely as men to use rejected practitioners and rejected practice usage peaks in Quebec. Table II shows people who use rejected alternative health care providers are more educated than those using accepted alternatives. However their total household income (data not shown) is similar. Both groups are somewhat better off financially than the population as a whole. Users of rejected alternative health care providers have slightly fewer chronic diseases than the people who

visit accepted alternative health care providers. The average number of good health habits improves from 2.5 for the Canadian population through 2.6 for users of accepted alternative health care to 2.7 for users of rejected alternatives.

Use of medical services

While 87% of Canadians have a general practitioner, 92% of users of accepted alternative health providers do. However, only 82% of users of rejected alternative health care providers have a general practitioner. Table III shows that despite having fewer chronic conditions, the rates of consultation with orthodox medical personnel are approximately equal for rejected and accepted alternative health care users. Forty-one percent of visitors to rejected

TABLE III
Utilization of Accepted and Rejected Alternative Health Practitioners
by Number of Orthodox Medical Consultations, Canada, 1994-95

	Canadian Population		Accepted Practitioner Users		Rejected Practitioner Users	
	%	N (000's)	%	N (000's)	%	N (000's)
Number of Medical Consultations						
0	19.4	4,379	12.9	382	10.2	58
1-2	34.1	7,691	30.6	907	30.8	175
3-4	22.5	5,074	24.8	734	25.0	142
5-8	9.3	2,100	11.3	336	10.9	62
9-11	4.1	915	4.7	140	5.2	30
12+	10.7	2,405	15.5	460	17.9	102

Source: National Population Health Survey, 1994-95

alternative health care providers also visit accepted alternative health care providers.

RESULTS AND DISCUSSION

As most alternative health care is accepted alternative health care, it is not surprising that the characteristics of this group in the National Population Health Survey fit the pattern found in previous studies. People who consult rejected alternative health care providers as compared with those who consult accepted health care providers have similar incomes, more education, slightly fewer chronic diseases and slightly more good health habits. For both groups, alternative health care is a supplement to orthodox health care, not an alternative to it. The two major differences are: women outnumber men by more than two to one as opposed to being only a slight majority, and usage peaks in Quebec, not Western Canada. Why this is so is the important research question emerging from this study.

Use of accepted alternative health care is unproblematic; it is widely seen as effective. The National Population Health Survey is large enough to enable us to provide a description of another group: those who use alternative health care viewed as ineffective by orthodox medicine. This group poses a paradox for orthodox medicine: the Canadians who doctors would like to believe would be most accepting of their critique of alternative medicine – better-educated people with healthy lifestyles²⁰ – are

the people most likely to visit rejected alternative health care providers. Previous studies of alternative medicine show these people to be frustrated by orthodox medicine's inability to resolve their chronic health problems.^{16,21-23} Recommendations from friends, acquaintances and relatives who have themselves had positive experiences with alternative health care lead to visits to particular practitioners.⁸ These studies, viewed in the light of our data, suggest that clients of rejected alternative health care providers are best understood as desperate pragmatists rather than gullible fools who are uninformed about orthodox medicine's assessment of what is appropriate treatment for their health problems.

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