

The Ethical Implications of Integrating Complementary and Alternative Medicine (CAM) in Chinese Psychological Practice

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Abstract. This paper meticulously delves into the intricate ethical implications that arise from the integration of Complementary and Alternative Medicine (CAM) into the realm of Chinese psychological practice. The surge in interest in holistic well-being has spurred the incorporation of CAM modalities within psychology. This convergence lays bare a tapestry of intricate ethical quandaries. With a meticulous and rigorous examination, this study navigates the core ethical principles, including the imperative commitments to public welfare, shielding against potential harm, and upholding individual autonomy. The exploration unearths multifaceted challenges spanning transparency, the intricacies of accountability, the nuances of informed consent, and the shadows of potential exploitation. In response to these complexities, the paper advocates for strategic measures such as fostering interprofessional collaboration, catalyzing governmental initiatives, and embracing qualitative methodologies. Inescapably, the study underscores the pressing need for a responsible and reasonable integration that ensures the delivery of comprehensive and patient-centered care while aligning with China's constantly evolving mental health landscape. By engaging rigorously with these ethical dimensions, the integration of CAM emerges as a pivotal contributor to an inclusive and all-encompassing mental health framework.

Keywords: Complementary and Alternative Medicine (CAM), Ethical Implications, Chinese psychological practice, Holistic well-being.

1. Introduction

In recent years, the healthcare landscape has expanded to encompass an array of approaches beyond conventional medical practices. This evolution has increased interest and usage in complementary and alternative medicine (CAM), particularly within psychology. Integrating CAM within psychological practice has gained significant momentum as individuals seek holistic well-being and a more comprehensive understanding of mental health. Notably, both the Association of American Medical Colleges and the American Medical Association have actively engaged in discussions about strategies to incorporate CAM into conventional curricula [1].

China's mental health system, less mature than its Western counterparts, displays unsatisfactory intersectoral collaboration. Despite outlined responsibilities in official documents, full and firm inter-organizational cooperation remains lacking. As a result, sectors and systems are often isolated, possibly leading to potential yet overlooked unofficial therapies [2]. This distinctiveness makes China a compelling focus for our paper.

In China, the terms "natural," "home remedy," or "Eastern Medicine" are commonly associated with CAM [3]. Surprisingly, research indicates that Chinese undergraduates express exceptional interest in learning more about CAM due to limited exposure to relevant knowledge. About two-thirds of participants support integrating CAM into clinical curricula for doctors and psychologists across various majors [1].

Observations suggest that many psychiatrists in China incorporate traditional Chinese proprietary herbal drugs into their daily practice. Acupuncture, traditional Chinese medicine, and yoga therapy show promise in treating depression [4].

Findings from the World Mental Health Survey in Beijing and Shanghai indicate that 14% of individuals seeking help from medical professionals had used traditional Chinese medicine services, ranking third after allopathic doctors and mental health professionals. In rural Hunan province, a survey revealed that 67% of patients with schizophrenia preferred folk therapy. Thus, individuals

with mental disorders in China frequently consult CAM practitioners rather than professional psychologists. At the same time, those with behavioral issues seek help from practitioners utilizing external cause treatments, faith healing, or folk therapies [4].

However, this integration also raises complex ethical questions that demand careful examination. Suffering often intertwines with ethical guilt [5]. In CAM practices, individuals contribute to their medical condition, making accountability plausible. This structure implies that therapeutic failure may be viewed as a moral shortcoming. CAM's perception of the mind's impact on disease prompts questions about human choice in health determination.

This essay explores the intricate landscape of integrating Complementary and Alternative Medicine (CAM) into psychological practice, delving into the ethical dimensions that emerge and uncovering the delicate balance between innovative methodologies and established care standards.

In the following sections, we will navigate the ethical concerns that surface while contemplating assimilating CAM therapies in China, from patient autonomy and informed consent to evidence-based practices and professional responsibility. Examining these issues, we aim to gain insights into the potential advantages and challenges of adopting a more comprehensive approach to psychological practice.

2. Literature Review

2.1. Psychological Practice

Psychological practice encompasses observing, describing, assessing, interpreting, and modifying human behavior by applying psychological principles, methods, and procedures. Its aims include preventing or eradicating symptomatic, maladaptive, or undesired behaviors, enhancing interpersonal relationships, work and life adjustments, personal efficacy, behavioral health, and mental well-being. This encompasses various therapeutic modalities, including counseling, psychotherapy, behavior analysis, biofeedback, and clinical applications of hypnosis. Furthermore, it addresses diagnosing and treating mental, emotional, and compulsive disorders and the psychological facets of physical illness, injury, or disability [6].

2.2. Complementary and Alternative Medicine (CAM)

Complementary and Alternative Medicine (CAM) comprises medical practices and products outside standard medical care. Below, essential CAM therapies with potential applications in psychology are outlined [3].

The National Institutes of Health's National Center for Complementary and Integrative Health (NCCIH) classifies CAM into two main groups: natural products (e.g., herbs, dietary supplements, vitamins, probiotics) and mind/body practices (e.g., acupuncture, yoga, relaxation techniques, meditation, chiropractic manipulation) [7].

Delving into the particular categories in China, the initial category involves natural substances like Ayurveda, homeopathy, and traditional Chinese medicine. The second includes physical therapies such as acupuncture, Chinese massage, and mind-body practices like yoga and tai chi. The final group encompasses faith-based healing practices like temple rituals and folk therapy [4].

Presumed causes of illness also categorize Chinese CAM systems. Internal-cause-based practices address humoral imbalances or obstructions, often utilizing therapies like Ayurveda. External-cause-based practices attribute afflictions to factors outside the body, such as celestial bodies, evil spirits, or ancestral debts, with therapies like sorcery or rituals addressing these issues [4].

2.3. Is CAM practice morally acceptable?

Ethical frameworks for human subjects research in CAM are integral to this progress. Exploring "moral questions arising from increasing CAM use" involves probing medical ethics within two domains: individual health services and profession-wide public health advocacy [8].

Psychiatrists' ethical duties require understanding patients' CAM modalities, identifying potential harm, and addressing risks within the patient-physician relationship. Evaluating CAM use involves assessing condition severity, conventional treatment availability, treatment invasiveness, scientific evidence, and patient understanding [7]. In healthcare, including CAM, fundamental ethical principles are expected: competence, evidence-based approaches, education, autonomy, honesty, and prevention of exploitation [9].

To delve deeper, three ethical commitments are crucial, which will be used for assessment in our paper [8]. Commitment to public welfare: Provide accurate CAM efficacy information. Protection from harmful practices: Inform about hazardous modalities. Respect for autonomy: Enable informed choices based on benefits and risks.

2.3.1 Evaluation

By law, traditional Chinese medicine practitioners cannot prescribe allopathic drugs, but they are authorized to use their own diagnostic and therapeutic techniques to treat patients with mental disorders [4]. While this recognizes the importance of integrating traditional healing practices, it raises concerns about the lack of standardized regulations and oversight.

First, practitioners typically emphasize that the stress response is directly related to how severe a person thinks a situation is and what they think about their ability to handle this stressor effectively. Encouraging health responsibility can evoke self-criticism if taken too far in this case, potentially harming patients' mental states, which are identified as detrimental to healing [5].

There is likewise an intricate nature of public accountability for CAM therapies. Consumers often access CAM treatments separately from primary care, paying out-of-pocket and without physician consultation [10]. Many CAM providers view their regimens outside conventional medical systems, reimbursement, or licensure, prioritizing healing over curing [11]. Thus, this condition does not explicitly address the ethical commitment to providing accurate CAM efficacy information. The practice of consumers accessing CAM therapies without consulting physicians raises concerns about informed decision-making and potential risks, suggesting a potential mismatch with the commitment to protect individuals from harmful practices.

Whether integrating CAM therapies into hospital-based, integrative models aligns with social desirability or dilute traditions gains importance due to spiritual practices like prayer and meditation within CAM [12]. Some therapies emphasize personal benefits over physiological outcomes validated by medical evidence, aligning more with psychological and spiritual care than biomedical interventions. Such practices share a kinship with professions like pastoral counseling and hospice, focusing on the mind and spirit. Specific therapies seek an "inner revolution," as reflected by Robert Thurman's connections between spiritual evolution and social change [13]. The lifelong question remains whether inner revolution is an optimal solution for mental health, irrespective of external consequences. While this indirectly touches on the respect for autonomy by discussing providers' preferences, it doesn't explicitly address the ethical commitment to enabling informed choices based on benefits and risks. The concern is whether this preference for autonomy may lead to a lack of transparency and accountability in CAM practices, potentially depriving patients of complete and accurate information to make informed decisions.

Yet, given this perspective, certain CAM providers prefer retaining their healing practices outside established care and reimbursement systems, resisting integration efforts [14]. The intricacies and persistence of these concerns extend beyond licensure and credentialing to herbal products. Issues emerge regarding ownership of indigenous herbal knowledge, who should possess it, and conditions for transfer, development, commercialization, or privacy maintenance (or sacred preservation sometimes). Such questions also delve into the scientific evidence's nature and suitable methodologies for accountability-related matters.

In China, non-institutionally trained traditional Chinese medicine practitioners can take the medical licensing exam if specific conditions are met (e.g., a minimum of 3 years of apprentice education from a qualified master). However, reliable estimates regarding their numbers and clients

are absent [4]. Here, it raises concerns about the consistency and quality of training for CAM practitioners, potentially impacting the ethical commitment.

More importantly, CAM systems are not entirely devoid of adverse effects - natural does not equate to safety. Herbal supplements can be harmful alone, combined with other substances, or in large doses. For instance, kava kava, used for stress and anxiety, has shown potential liver damage, and St. John's Wort, employed for depression, might compromise cancer drug effectiveness. This situation exacerbates ethical concerns.

Direct harm has additionally resulted from heavy metals, impurities, and potential adulteration in Ayurvedic and Chinese herbal preparations. While debatable, some mental health experts have identified a Qigong-induced disorder, included in the third version of the Chinese Classification of Mental Disorders [4]. Conclusive evidence highlights the negative outcome of delaying effective treatment for severe mental illnesses like schizophrenia. This underscores the need to prioritize official medical care initially. Given limited evidence supporting the effectiveness of traditional, complementary, and alternative medicine practices, especially for severe mental illness, potential indirect harm due to delayed or denied evidence-based treatment cannot be dismissed. Furthermore, maltreatment and human rights abuses toward individuals with psychiatric issues at specific faith-healing centers also lead to harm. Contrary to the belief that traditional, complementary, and alternative medicine services are inexpensive, anecdotal evidence indicates some patients and families incur significant expenses, sometimes leading to asset sales or indebtedness, in pursuit of relief through these methods, violating the basic ethical guidelines.

Regrettably, negative behavior is forever widespread within the realm of quackery. Undoubtedly, it constitutes a significant ethical concern. This holds from various ethical perspectives: Numerous CAM purveyors and advocates who exploit their customers or patients significantly deviate from ethical virtues. Moreover, from a practical viewpoint, exploitative conduct in healthcare is deeply problematic, as it can harm patients and others. The harm inflicted by CAM encompasses mental distress, physical harm, and financial loss [9].

While it is commonly understood that free markets empower autonomy and might argue against regulating the sale of quackery, real-world factors challenge this perspective. Firstly, a disparity of information exists between sellers and buyers: consumers typically lack knowledge about the scientific credibility of offered CAM treatments, making them susceptible to exploitation by sellers who capitalize on their lack of awareness. In reality, CAM purveyors often exploit consumers' ignorance, as their sales would likely suffer if they were transparent about their products, which again breaches the standard of ethicality and morality [9].

In short, the healing potential of CAM might indeed wield a strong influence, potentially outweighing clinical considerations [15]. However, it remains imperative to address ethical concerns comprehensively, ensuring that these commitments are woven into the fabric of CAM practices to ascertain their moral acceptability.

3. Future Implication

3.1. Qualitative Approaches and Patient-Centered Outcomes:

It is recommended to incorporate qualitative-oriented methods to understand the impact and expectations of interventions on patients comprehensively. Such an approach can facilitate the development of diverse outcome measures and gain insight into the subjective experiences of individuals undergoing CAM therapies.

3.2. Collaborative Research and Government Initiatives

Notably, the National Center for Complementary and Integrative Health (NCCIH) and NCI actively support clinical trials to evaluate CAM treatments in conjunction with conventional approaches. Such investigations hold the potential to illuminate the synergistic effects of complementary therapies and encourage the integration of CAM into mental health care practices.

Similarly, the Chinese government can play a pivotal role in promoting mental well-being by championing actions aligning with the country's holistic health goals.

3.3. Interprofessional Collaboration

The coexistence of biomedical mental health services and alternative therapeutic systems is expected to persist in the modern context. Interprofessional collaboration between psychotropic drugs and CAM therapies can provide more comprehensive and effective patient care. To address the existing gap in mental health services, fostering partnerships between different practitioners and acknowledging the respective strengths of each system is essential.

3.4. Cultural Insights and Community of Practice

China's perspective on healers and healing spaces is not dichotomous but complementary. Establishing a loosely structured mental health community of practice can facilitate collaborations between practitioners from diverse backgrounds. Recognizing the value of both biomedicine and traditional approaches can enhance patient care. Mental health experts can benefit from insights into local healing rituals, psychosocial influences, and the potential of herbal medicines or yoga in healing.

3.5. Holistic Approach and Future Public Health Research

Given the biomedical system's limitations in addressing China's comprehensive mental health needs, future research should focus on innovative public health approaches. Collaboration between biomedicine and CAM can bridge gaps in mental health care and offer holistic solutions.

3.6. Research on Long-term Outcomes

As the integration of CAM therapies gains momentum, it becomes essential to conduct long-term outcome studies. Examining the sustainability of benefits from CAM interventions over extended periods can provide insights into their effectiveness and lasting impact on patients' well-being. By investigating the durability of therapeutic effects, the mental health field can better understand the role of CAM in promoting long-lasting psychological resilience.

4. Conclusion

Integrating Complementary and Alternative Medicine (CAM) into psychological practice offers a pathway towards holistic and patient-centered care. As China's mental health system navigates the challenges of intersectoral collaboration and diverse therapeutic approaches, the ethical implications of such integration demand a comprehensive analysis.

The landscape of CAM practice in China reflects a blend of ancient traditions and modern aspirations. While CAM therapies like traditional Chinese medicine, acupuncture, and yoga demonstrate the potential to enhance mental well-being, their assimilation raises multifaceted ethical questions. The commitment to public welfare, protection from harmful practices, and respect for autonomy provide a framework for evaluating the moral acceptability of these integrations.

The literature review has underscored critical ethical concerns. The need for standardized regulations and oversight of CAM practices, the intricate balance between stress management and potential self-criticism, and the challenges of public accountability and informed decision-making have all been illuminated. Integrating CAM therapies within established hospital models has posed questions about aligning traditions and the potential risk of diminished transparency. Additionally, issues such as training quality, safety, adverse effects, and the specter of quackery have called for vigilance.

Our exploration of the ethical landscape surrounding CAM integration reveals a complex interplay between innovative methodologies and established care standards. As China's mental health system evolves, carefully considering these ethical dimensions is crucial. The challenges raised in this paper underscore the necessity of weaving ethical commitments into the fabric of CAM practices.

The future implications of CAM integration offer a roadmap for cultivating responsible and effective patient care. Incorporating qualitative approaches, fostering interprofessional collaboration, and acknowledging the cultural insights surrounding healing are essential. Government initiatives, research on long-term outcomes, and a holistic approach that bridges biomedicine with CAM therapies hold the promise of a more comprehensive mental health system.

In essence, integrating CAM therapies into Chinese psychological practice holds immense potential. However, this potential must be harnessed responsibly and ethically. By embracing a patient-centered approach, prioritizing transparency, and establishing solid collaborations, China can pave the way for a holistic and inclusive mental health system that aligns with its cultural heritage while ensuring the highest standards of care. As the journey towards holistic well-being continues, addressing the ethical dimensions of CAM integration will remain central to its success.

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