
COMMENTARY ARTICLE

Key findings from the pediatric integrative medicine experiment

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ABSTRACT

The purpose of this study is to explore the facilitators to integrating complementary therapies in conventional pediatric hospital practice based on the experiences of parents, healthcare providers, and complementary therapy providers.

This study is part of a larger research study that examined the introduction of a pediatric integrative medicine service in an acute care children's hospital in Canada. A qualitative descriptive study was conducted using semi-structured one-on-one telephone and in-person interviews with a sample of parents of children, as well as healthcare providers and complementary therapy providers.

Key Words: *Integrative medicine; Pediatric*

INTRODUCTION

Complementary therapies (CTs) are defined as "a varied range of medical and health care systems, practises, and products that are not currently regarded to be part of orthodox western medicine,"¹ which includes Traditional Chinese Medicine, Reiki, massage treatment, meditation, and yoga. Integrative medicine (IM) is the mix of traditional medicine and complementary therapies that have been shown to be safe and beneficial in studies.

IM "brings together the best of both conventional and complementary medicine while honouring patients' beliefs, attitudes, and aspirations, and regards each style of medicine as equally significant in achieving total health." As a result, IM has been dubbed "healing oriented medicine," because it views the patient as a whole person and considers bio psychosocial aspects such as lifestyle and family health. While this type of treatment appears to be perfect, the integration process has its own set of challenges. Some of the observed system and organisational problems include uneven financing and employment practices, a lack of globally recognised licensure and accreditation, enough space, and fee-for-service model integration. Furthermore, a lack of knowledge and misconceptions about non-traditional medical treatments, as well as poor communication between complementary therapy providers (CTPs) and health care professionals (HCPs), have been identified as hurdles to integration.

This qualitative study investigates the factors that facilitate the incorporation of CTs into standard pediatric hospital practise. The study is guided by the research question: What elements of the Pediatric Integrative Medicine trial emerged as facilitators of incorporating CTs into traditional pediatric hospital practise? To answer this issue, we look at what stakeholders (parents, HCPs, and CTPs) experienced during the experiment.

METHODS

This study is part of a broader research project that looked into the implementation of pediatric integrative medicine in a Canadian acute care children's hospital. The Pediatric Integrative Medicine (PIM) trial was a cluster controlled comparative effectiveness trial designed to investigate the cost, effectiveness, safety, and satisfaction of providing complementary therapies to pediatric patients suffering from three major symptoms: pain, nausea/vomiting, and anxiety. The treatments in the PIM study.

RESULTS

Between May 2019 and January 2022, 50 people from major stakeholder groups were interviewed. The following factors were found as facilitators of the incorporation of complementary treatments into conventional care in this study: 1) stakeholders' open-mindedness and familiarity with care practises outside of their experiences; 2) stakeholders' open communication, respect for each other's roles in the care process, and appreciation for the role of complementary therapies within conventional medicine; and 3) stakeholders' openness to redefining the meaning of a "positive outcome" in the context of hospital care.

CONCLUSION

The outcomes of this study show that some of the existing hurdles to the integration of complementary treatments in traditional hospital care might be mitigated by creating an atmosphere in which all stakeholders share the underlying value of dedication to patient wellbeing.

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