Complementary and Integrative Medicine and Patient Self-Management of Health

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In an era of increasing austerity regarding health care funding, exponential growth in chronic illness and the burden of an ageing population, it perhaps comes as no surprise that a call for individuals to take more active responsibility for maintaining their health and addressing illness has become much louder of late. Indeed, to some extent it beggars belief that this concept has not taken root much deeper and much earlier in mainstream health system and health practice thinking. The potential to improve the health of individuals and communities and to ensure cost-effectiveness of health-related spending is great. Extending this thinking beyond the dominant health care system is critical to more fully understanding and addressing the challenges of contemporary global and community health. This will involve the development of a mature research and conceptual agenda that draws upon a critical multidisciplinary public health and a broadening of the mainstream research gaze to consider all health maintenance and care-seeking practices patients and communities currently undertake.

Self-management is obviously more than just the role of a patient within their formal practitioner-based health care journey. It also involves a wealth of practices, behaviours, products and technologies that until now have, at best, received a small emerging amount of preliminary attention or, at worst, have been ignored and overlooked completely. The potential of self-management activity to help combat the wicked problems of global health cannot be fully realised unless we examine the substantial level and range of covert activities individuals and communities engage in in their attempts to maintain health and address ill-health.

Within this context, it is essential and of great practical benefit to consider the role, position and potential of complementary and integrative medicine (CIM) and health care practice. Despite the diversity and variation in the approaches of different CIM modalities, most CIM has long been, partly at least, based upon perspectives that encourage individual responsibility and active co-production of one's own health and well-being. Indeed, an often reported motivation (amongst others) for patients' use of CIM is the engagement and participation such practice provides. However, the development of a critical agenda around CIM and self-management requires us to rethink CIM research culture – this is not so much an extension but a radical reimagining on a number of fronts.

First, it is important that we explore CIM beyond the prism of practitioner-led treatments and practices – while these are undoubtedly important, they do not facilitate the majority of patient CIM self-management activity, a point well-illustrated by the growing and substantial CIM product consumption (often bypassing professional instruction and

advice via retail purchases). Second, while maintaining a central focus upon the power of quality clinical-trial designs to help establish measureable outcomes from CIM in terms which are valid and rigorous, it is also critical that we invest equal time and concentration to supplementary but different research methods and questions. This requires the CIM research field to fully embrace a public-health and health services research perspective which moves interest beyond the purely clinical to consideration of a community and global health-based agenda. Third, we need to remain mindful of the fact that critical health science does not simply validate pre-defined positions. The clinical efficacy of CIM within the context of a self-management agenda is paramount, and over time a maturing research program will enable us to appraise an evidence base with significant confidence. Yet, our starting point cannot be to currently exclude or ignore CIM due to a lack of clinical evidence. In contrast, it is the responsibility of the multidisciplinary health research community to investigate CIM-based primarily upon their established role in the health-seeking activities of individuals and populations. A range of additional research questions (such as why and how people utilise CIM as part of their self-management and what sources they use in their decision-making about such use) require address if we are to ensure all health practice, advice and promotion are co-ordinated, safe, effective and appropri-

ately reflective of grass-roots behaviours. Similarly, it is important that we remain open to the fact that CIM in relation to self-management is not itself perfect or without problems. To defer responsibility for health and well-being to the individual (exclusively or predominantly) also introduces an idealistic notion that all individuals have an equal opportunity to direct change. As a consequence, this approach can be seen to, partly at least, ignore the social determinants of both health and health care.

Nevertheless, despite some of the associated challenges, it is important that we do not miss the opportunity of appropriately considering CIM within self-management. As this special issue of COMPLEMENTARY MEDICINE RESEARCH illustrates, much work is already underway on this agenda, but there is a good deal more to be done if we are to realise the potential of CIM within wider health care and health seeking and to adequately inform all stakeholders to help address the health and health care challenges of our age.

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