

Views on pics among family and community medicine residents in São Paulo

Keywords: complementary practices, integrative medicine

Introduction and Justification

In Brazil, the debate on Integrative and Complementary Practices (ICPs) has been going on since the 1970s, when the World Health Organization (WHO), at the 22nd World Health Assembly, began to encourage the integration of the so-called Traditional Complementary and Integrative Medicines (TCIM) with conventional medicine. From the 2000s onwards, the WHO sought to expand the integration of these practices with conventional medicine, bringing guidelines for their introduction into PHC - Primary Health Care.

It is a fact that these practices gained “institutional” space in the Unified Health System (SUS) in 2006, with Ministry of Health Ordinance No. 971,¹ which defines the program and access to these practices throughout Brazil, the National Program of Integrative and Complementary Practices (PNPIC). These are practices based on traditional knowledge, which aim to offer a new idea of care and self-care, complementing conventional medicine, with the thought of comprehensive health care: physical, emotional and social well-being.

Among the objectives of Ordinance 971,¹ the Ministry of Health not only sought to follow the WHO guidelines, but also to broaden the notion of public health beyond a set of technical and conventional knowledge,¹ but to be a an organized set of measures aimed at “guaranteeing people and the community conditions of physical, mental and social well-being”, as factors that determine and condition health. To this end, he highlights acupuncture, homeopathy, herbal medicine and social thermalism/crenotherapy, explaining their advantages.²

In this way, PICS have found fertile ground for development in Brazil, especially in Primary Health Care (PHC), which is considered the best way to integrate PICS into the SUS, both through the individual practice of each professional and through matrix professionals. At the moment, the SUS covers 29 PICS³, and by December 2021, 3,024 municipalities had offered individual care, which means that 54% of municipalities offered integration of some PIC, before the SUS.⁴

Some practices are already well known, such as meditation, acupuncture and yoga, with scientifically proven positive results that are often associated with reduced costs and improved quality of life. However, even after several years, PICS seem to have little

¹World Health Organization (WHO). WHO strategy on traditional medicine 2002-2005 Geneva; 2001.

²Conselho Regional de Medicina do Estado de São Paulo (CREMESP). Idem.

³The practices are: apitherapy, aromatherapy, art therapy, ayurveda, biodance, bioenergetics, family constellation, chromotherapy, circle dance, geotherapy, hypnotherapy, homeopathy, laying on of hands, anthroposophic medicine, traditional Chinese medicine - acupuncture, meditation, music therapy, naturopathy, osteopathy, ozone therapy, herbal medicine, chiropractic, reflexotherapy, reiki, shantala, integrative community therapy, flower therapy, social thermalism and yoga.

⁴Ministry of Health. Integrative and Complementary Practices. Available at:<https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/praticas-integrativas-e-complementares-pics>.

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presence in medical training and residency programs, which has led to a decrease in the potential for integrating these practices into the care of the population in general.

With the aim of verifying the current state of dissemination of knowledge about PICS, this study sought to develop a qualitative-quantitative survey on the level of clarity of Family and Community Medicine (FCM) residents at the Santa Marcelina Hospital (HSM), in the East Zone of São Paulo, regarding these practices. It also sought to think of possible and effective strategies for raising awareness of the importance of these practices within the scope of PHC, the priority *locus of practice* for Family and Community Doctors, contributing to a more efficient search for comprehensive health provision, stimulating alternatives innovative and socially relevant to the sustainable development of communities, with the aim of proposing tools to broaden the knowledge of HSM residents, with the introduction of PICS in FCM teaching, with a view to optimizing the use of a tool available in the SUS by future PHC doctors.

It should be emphasized that this research is based on previous investigations into the challenges and difficulties encountered in the adoption of PICS in Brazil.

In this sense, it is important to highlight the studies by Glass L, et al.² on the problems with bringing together the knowledge of conventional-scientific medicine with PICS. By carrying out a comparative analysis of the WHO text on the integration of traditional medicine practices, they understand that the World Health Organization's interest in incorporating PICS into conventional medicine is intended, in some way, to make up for shortcomings, especially in undeveloped countries:

“In general, most of these resolutions recognize the use of ICPs in undeveloped countries and their potential, both therapeutic

and economic. In this sense, they call for investments, studies and implementation of PICS by member states. On the other hand, they call for regulation, progress reports and even full exploitation of the products generated by them.”⁵

On the other hand, according to the texts published by the Brazilian Ministry of Health, the consolidation of PICS would have another purpose, which would be to promote a comprehensive health paradigm, complementing the biomedical paradigm.

The problem, according to the authors, is that the CFM does not expressly endorse the adoption of these practices, which creates tension over the concrete need for this integration, without effective measures being taken to overcome political and epistemological barriers. Thus, after explaining the resistance that exists in Brazil on the part of major institutions (such as the Federal Council of Medicine - CFM - and the Brazilian Physics Society - SBF), they conclude that:

“Both the CFM and the SBF are taking an authoritarian stance on the issue, with an incipient maturity. Firstly, the CFM does not discuss the need for a comprehensive care paradigm, neglecting long-standing SUS guidelines. Secondly, it adopts an inconsistent stance, defending the adoption of ICPs such as homeopathy and condemning others. The SBF, for its part, adopts an outdated epistemological stance and defends an authoritarian vision, understanding that it is the scientific communities that should be consulted when making decisions”⁶.

For this reason, despite the position of the Ministry of Health and the World Health Organization, there are many obstacles. Tesser and Sousa,³ in a study on the relationship between Primary Care, Psychosocial Care and PICS, provide an interesting perspective:

“PHC is inexorably linked to biomedical care. However, its construction and legitimization in national health systems are closely linked to a critique of the biologicist and fragmented approach of biomedicine, centered on diseases (Luz, 2000), medical specialties and the abusive use of hard technology; and its tendency towards a verticalized and impersonal relationship with users (associated with the standardized nature of its interventions), as well as criticism of its progressive and unsustainable costs”⁷.

In another study by Teixeira, he highlights the difficulties in incorporating homeopathy into medical education, which seems to be a structural result of the tension between the interests of medical authorities, the state and the WHO. His research reveals some interesting data:

“Despite the fact that this was an intentional sample, not representative of the medical student collective, the results found in the survey of a group of medical students present at the 33rd Scientific Meeting of Medical Students were similar to those of other surveys carried out with medical students in various countries. The students were interested in learning the basics of homeopathy and were in favor of including the subject in the undergraduate curriculum. Although they had insufficient prior knowledge, they observed and reported the efficacy of the treatment, valuing the use of these therapies in chronic diseases. As we can see, the students' lack of information about basic homeopathic precepts is clear, even more so if we consider that their interest in participating in the workshop shows a bias in favor of homeopathy”.

⁵Glass L, Lima NW, Nascimento MM. Integrative and complementary practices in Brazil's Unified Health System: political and epistemological disputes. *Revista Saúde Soc.* 2021;30(2).

⁶Glass, L. Lima, N. W., Nascimento, Idem. p. 9.

⁷Tesser CD, Sousa. I. M. C. Primary care, psychosocial care and complementary and alternative medicine: elective affinities Eletivas. *Revista Saúde Soc.* 2012;21(2):339.

In this way, the scope of analysis of the research carried out in this paper sought to analyze possible incongruities, capable of identifying whether the PICS are in fact being implemented in the field of medical health and whether the political and epistemological impasses reverberate in the teaching and training of FCM residents.

Methodology

In order to meet the objectives of the research, data was collected on the knowledge of PICS among HSM FCM residents by means of an opinion poll, which was answered voluntarily, without the use of participants' personal data, and did not require an ethics committee. The research sought to investigate objective knowledge about these practices, as well as to analyze subjective aspects about adherence to PICS by these residents. As a result, a careful analysis was consolidated, reflecting both the teaching of the integration of these practices with conventional medicine and the value and possible resistance to PICS in the work of the FCM.

The questionnaire was applied from December to January 2020 to two residency classes, in the first and second year of training; and in March 2021 to new entrants to the program, via a link sent to the residents' group on WhatsApp, thus optimizing access to the questionnaire and facilitating its application, without the need to use printed material.

Results

From a sample of 56 residents, 36 took part in the survey, 34 of whom knew what PICS were. Of these 34, 20 said they were aware of the number of practices that are part of the PNPICS. Regarding beliefs about the benefits and of the participants believe in the benefits and only 1 would not facilitate access for the patient they are accompanying. On the other hand, 50% don't know the precise indications and more than 64% don't know how to do it through the SUS.

Questions of the questionnaire	Residents second year	Residents first year	New tickets
Participation	12/19	14/17	20-Aug
Do you know what PICS are?	12	12	7
Do you know how many PICS there are?	7	7	6
Do you know what PICS are?	1	2	0
Do you know what the medical specialties are?	6	8	6
Do you know professionals who apply it?	11	12	6
Have used personally?	11	5	6
Have you benefited from using it?	9	5	6
They know the indications?	11	5	1
Do you know how to refer by SUS?	9	3	1
Believe in benefits of PICS?	12	14	8
Would you use as a care tool?	12	13	8

These data coincide with previous research on the subject, which shows that professionals are unaware of PICS and have had insufficient training, both during their undergraduate studies and in continuing education. Our research shows where there is the greatest gap and allows us to intervene.

Discussion

This data coincides with previous research on the subject, which shows that professionals are unfamiliar with PICS and that their training is insufficient, both during their undergraduate studies and in continuing education, although the qualitative part of the questionnaire

shows little resistance to these practices in everyday medical life. The fact is that the survey shows where there is the greatest gap and allows us to intervene.

The survey data reveals important findings in this regard: there are no substantial changes in the knowledge of PICS among residents, whether they are newcomers or second-year residents. This indicates that during residency there is no complementary training to broaden these residents' knowledge of these practices. Proof of this are the errors already mentioned: 50% don't know the precise indications and more than 64% don't know how to do it through the SUS.

The most critical part is the knowledge of what PICS are almost none of the survey participants fully recognized what these specialties were. In this respect, it should be noted that the 29 integrative and complementary practices are officially recognized by the Ministry of Health.⁴

It's interesting that, as far as acceptance is concerned, there doesn't seem to be any considerable resistance at first on the part of those who took the survey, since 100% of those who answered said they believed in the benefits of PICS (in the question "Do you believe in the benefits of PICS?"). This data, however, seems to conflict with the concrete recognition of the benefits of the practices (present in the question "have you benefited from their use?"). This inconsistency shows us that, abstractly, residents affirm the value of PICS, but, in practice, they make little use of them or see them as less effective. This data is corroborated by the lack of knowledge of techniques for integrating traditional medicine with conventional medicine.

Conclusion

The survey thus led to interesting conclusions regarding PICS, which go in different and, at first, conflicting directions: on the one hand, FCM residents seem to be fully aware of the existence of these practices the vast majority, in fact, claim to know professionals who apply them - and almost all the second-year residents (11 out of 12) have used them personally, showing that they are part of their reality; on the other hand, they don't seem to know very well how many they are, and even less actually know their specialties. From this, it is not difficult to conclude that the abstract conception of PICS among these residents is one thing, and their concrete integration into their reality is another.

Several factors seem to play a role in recognizing this reality, among them variables that could hardly be ascertained by the survey, such as the opinion on - and effectively - the quality of teaching with regard to the need for this integration.

One conclusion, however, seems to be correct: residents treat the subject of PICS in FCM superficially. There seems to be no real concern about mastering the tools that lead to the integration of traditional and conventional medicine. As we have seen, previous research seems to indicate a lack of acceptance of bringing these practices together with the regular technique, a legacy of a certain restriction to the sources they consider to be the correct ones in medical practice.

In addition, it can be concluded that there is a great deal of ignorance about the indications and how to access PICS within the Health Network. Thus, the use of these practices as part of the patient's therapy is restricted in terms of medical action, and interventions are needed in the training of the group of residents evaluated to expand care for the population and broaden the Family and Community Doctor's therapeutic arsenal.

What's more, in addition to the lack of training, there still seems to be a lack of recognition of the importance of these practices, typical of a restricted scientific training, as evidenced in other studies, which still sees medical technique as a set of knowledge limited to the execution of the activity, even excluding the importance of psychosocial aspects in the construction of medicine.

The important criticisms made by other authors in the first part of the paper were also corroborated by the research carried out. More than ignorance, there are structural problems that, although recognized by scholars, have not been overcome. In order to effectively tackle the problems of integrating PICS into conventional medicine, an open and frank dialog is needed, not merely authoritarian dialog on the part of those who control medical activity (such as the CFM), nor even simply bureaucratic and regulatory dialog, as occurs within the Ministry of Health. As long as the consolidation of PICS is not worked on seriously, traditional medicine is unlikely to become a medical reality in Brazil.

Conflicts of interest

The authors declare that there have no conflicts of interest associated with this publication.

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Annexes

Annex 1 Questionnaire:

- Year of residence
 - R1
 - R2
- Do you know what pics are?
 - Yes
 - No
- How many are part of PN pics (national policy of complementary integrative practices)?
 - 12
 - 29
 - 51
- Which of these are part of the policy?
 - Ventosoterapy
 - Folk dancing
 - Meditation
 - Homeopathy
 - Acupuncture
 - Yoga

- Which ones are carried out by the doctor?

Ventosoterapy

Folk dancing

Meditation

Homeopathics

Acupuncture

Yoga

- Do you know any professionals who work in any field?

Yes

No

- Do you know the indication for the patient?

Yes

No

- Do you know how to get a referral from sus?

Yes

No

- Do you believe it helps in the patient's treatment?

Yes

No

- Would you refer a patient of yours?

Yes

No

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