NEED FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) EDUCATION AMONG PHARMACISTS

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Abstract

Patients are more likely to ask pharmacists than other healthcare professionals for advice about Complementary and Alternative Medicine (CAM) therapy. Yet, little is known about pharmacists’ CAM education needs. The study aimed to describe pharmacists’ view about the need to incorporate CAM education into the undergraduate pharmacy programme and to identify perceived barriers and mode of delivery for integration of CAM education. In this cross-sectional survey, pharmacists who graduated from the University of Malaya were identified from the alumni database. Only practicing pharmacists were contacted via an email and asked to respond to a structured self-administered questionnaire. The primary outcome measures were whether the respondents supported the incorporation of CAM into pharmacy curriculum and their perceived barriers to the CAM incorporation. Almost all of the respondents (98%) supported the incorporation of CAM education into the pharmacy undergraduate curriculum. Among factors associated with their report of support were fields of their practice, their belief that CAM was effective and their willingness to receive CAM training. Meanwhile perceived barriers to CAM incorporation were lack of reliable sources of CAM information and trained CAM educators. As a healthcare professional, the CAM education received may provide pharmacist with accurate and impartial information on CAM for better patients’ care. Further research into the content and focus of CAM education is necessary to meet the educational needs of pharmacist.

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Keywords: CAM education, pharmacists, curriculum, pharmacy, barriers.

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1. Introduction

The use of complementary and alternative medicine (CAM) has been growing rapidly worldwide especially in countries such as the United States (Clarke et al., 2015), Canada (Esmail, 2017), Norway (Naberezhneva, 2014) and Australia (Xue et al., 2007). As compared to other ASEAN countries, Malaysia ranked the highest in terms of CAM usage (Peltzer & Pengpid, 2015). A baseline survey in Malaysia showed that 70% of the respondents have used CAM in their lifetime and more than half of them have used it in the last 12 months (Siti et al., 2008). The use of CAM among Malaysians is undeniably high particularly for asthma (Alshagga et al., 2011), hypertension (Mahfudz & Chan, 2005), chronic disease (Hasan et al., 2009) and cancer (Farooqui et al., 2016).

The escalating trend of CAM use significantly contributes to the growth of CAM industry. According to Health Expenditure Report 1997-2014 by the Health Ministry (Malaysia National Health Accounts Unit of Ministry of Health, 2016), Malaysian’s out-of-pocket expenditure on CAM rose from 380 million USD in year 2010 to 513 million USD in year 2014. The same report showed that Malaysian have the tendency to spend more on CAM rather than on conventional medicines. The increasing demand of CAM can be related to two important global issues: an ageing population and a rise in the number of chronic disease; and the emerging awareness regarding the importance of preventative health and wellbeing (Complementary Medicines Industry Survey, 2014).

Malaysians are more likely to obtain their CAM such as supplements and natural products from community pharmacies due to the absence of such medicines in a hospital and to avoid long waiting time in public hospitals or clinics which offer CAM services (World Health Organization, 2003). The major concerns of natural products are the possibilities of interaction between natural products and conventional medicines and the possibilities of toxicity from natural products or contaminants (Curtis, 2004). These factors trigger patients or customers to frequently question community pharmacists about CAM (Simmon-Yona et al., 2012). Thus, pharmacists play a vital role as a first line reliable healthcare professional in advising and counseling the public.

However, only a handful of pharmacists are very confident in providing advice about therapeutic function, the direction of use and safety of CAM. One of the main reasons is the deficiency of formal CAM training, thus being equipped with the relevant knowledge especially at the undergraduate level is essential (Semple et al., 2006; Tam et al., 2014). As part of healthcare professionals, pharmacists should only advise the patients based on their CAM knowledge and competency. They must only recommend CAM from a reputable or known source of supply as well as good quality and safe CAM. Information regarding CAM can only be provided if the pharmacists receive such education or training previously (Mason, 2005).

The widespread and increasing use of CAM leads to the upsurge interest to incorporate CAM education into the pharmacy curriculum (Ventola, 2010). Among the main perceived barriers to integration of CAM education identified were the lack of scientific evidence for practice and the lack of trained and knowledgeable professionals (James & Bah, 2014; Kreitzer et al., 2002). The process and development of pharmacy curricula to include CAM education are limited due to the numerous controversies which surround CAM and the inadequate core curriculum on CAM that is established or authorised.

Despite the perceived barriers, most of the studies support the integration of CAM education into undergraduate curriculum of pharmacy (Hasan et al., 2011; Hussain et al., 2012; James & Bah, 2014). In