

THE SITUATION OF THE TEACHING OF HOLISTIC AND COMPLEMENTARY PRACTICES IN UNDERGRADUATE COURSES IN NURSING, PHYSIOTHERAPY AND MEDICINE

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ABSTRACT: This study aimed to analyze the situation of the teaching of Integrative and Complementary Practices in faculties of Nursing, Medicine and Physiotherapy in Brazil. The sample was constituted of public faculties and the data search occurred on the websites of the institutions investigated, between May 2012 and March 2013. Of the 209 public higher education institutions, only 43 (32.3%) offered courses related to this topic. Among these three courses, the schools of Nursing offer the most courses, followed by Medicine and Physiotherapy; 26.4%, 17.5% and 14.6%, respectively. The mean course load is 46 hours, and the majority are offered as options, with a large proportion of health professionals not studying these knowledges. The teaching institutions, which train professionals for the job market and for the Unified Health System, need to review the curriculum frameworks.

DESCRIPTORS: Complementary therapies; Teaching; Nursing; Medicine; Physiotherapy.

SITUAÇÃO DO ENSINO DAS PRÁTICAS INTEGRATIVAS E COMPLEMENTARES NOS CURSOS DE GRADUAÇÃO EM ENFERMAGEM, FISIOTERAPIA E MEDICINA

RESUMO: O objetivo foi analisar a situação do ensino das Práticas Integrativas e Complementares em faculdades de Enfermagem, Medicina e Fisioterapia no Brasil. A amostra foi constituída de faculdades públicas e a busca de dados ocorreu nos sites das instituições investigadas entre maio de 2012 a março de 2013. Das 209 instituições públicas de ensino superior, somente 43 (32,3%) oferecem disciplinas relacionadas com o tema. Dentre os três cursos, as escolas de Enfermagem oferecem mais disciplinas, seguidas pela Medicina e Fisioterapia; 26,4%, 17,5% e 14,6%, respectivamente. A média da carga horária é de 46 horas e a maioria delas são oferecidas de forma optativa, ficando boa parte dos profissionais de saúde sem nenhuma aproximação acadêmica com esses saberes. As instituições de ensino, que formam profissionais para o mercado de trabalho e para o Sistema Único de Saúde, precisam rever as grades curriculares.

DESCRIPTORIOS: Terapias complementares; Ensino; Enfermagem; Medicina; Fisioterapia.

SITUACIÓN DE LA ENSEÑANZA DE LAS PRÁCTICAS INTEGRATIVAS Y COMPLEMENTARIAS EN LOS CURSOS DE GRADUACIÓN EN ENFERMERÍA, FISIOTERAPIA Y MEDICINA

RESUMEN: Fue objetivo del estudio analizar la situación de la enseñanza de las Práticas Integrativas y Complementarias en facultades de Enfermería, Medicina y Fisioterapia en el Brasil. La muestra fue constituida de facultades públicas y la búsqueda de datos ocurrió en los sites de las instituciones investigadas entre mayo de 2012 y marzo de 2013. De las 209 instituciones públicas de enseñanza superior, solamente 43 (32,3%) ofrecen asignaturas acerca del tema. Entre los tres cursos, las escuelas de Enfermería ofrecen más asignaturas, seguidas por la Medicina y Fisioterapia; 26,4%, 17,5% y 14,6%, respectivamente. La media de horas es de 46 y la mayoría de ellas son ofrecidas de forma optativa, quedándose una grande parte de los profesionales de salud sin aproximación académica con esos saberes. Las instituciones de enseñanza, que forman profesionales para el mercado de trabajo y para el Sistema Único de Salud, necesitan analizar los currículos.

DESCRIPTORIOS: Terapias complementarias; Enseñanza; Enfermería; Medicina; Fisioterapia.

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INTRODUCTION

Integrative and Complementary Practices in Health (ICPH) were recognized in Brazil in 2006, and should be broadly offered in the Unified Health System⁽¹⁾.

Various techniques aiming to promote health and prevent and treat diseases are classified within ICPH, but although recognized through popular use since ancient times, still do not form part of the majority of official health programs, mainly in Western countries⁽²⁾. Among other forms of care for health, one can mention acupuncture, anthroposophy, aromatherapy, auriculotherapy, phytotherapy, hydrotherapy, iridology, therapeutic massage, meditation, music therapy, chiropractic, reiki, reflexology, relaxation, flower therapy and therapeutic touch⁽²⁾.

A complex set of global processes brought back the use of these practices. Among them, one can mention broad cultural changes, such as the increase in life expectancy, in chronic and degenerative diseases, and in the costs of health care, as well as greater access to information through the Internet and new social movements linked to health⁽³⁾.

One of the worldwide challenges of health is to find new ways of preventing the appearance of chronic-degenerative diseases⁽³⁾. ICPH may be a useful tool for coping with this challenge to the extent that they assist in the maintenance of homeostasis throughout life and, at the more advanced ages, can improve health and increase well-being and functional capacity⁽²⁾.

The increase in the demand for attendance with ICPH is a global fact. Health professionals have begun to study these practices, both to include them in their diagnosis and treatment repertoires, and to research them, investigating their efficacy and safety. They also seek to obtain knowledge so as to be able to discuss and/or advise patients regarding the best choices, advantages and disadvantages in their use⁽⁴⁾.

In Germany, since 2003, the curriculums in medicine have had an hourly course load set aside for these practices⁽⁵⁾. In Spain, in some states, such as Barcelona and Zaragoza, Masters programs in natural therapies are offered for doctors and nurses⁽⁶⁻⁷⁾.

With the increase of discussion and debate

regarding ICPH, the professionals who use them have the challenge of finding evidence for their safety and effectiveness through "gold standard" research models which are best adapted to the specific contexts of these practices⁽²⁾. In the last 10 years, there has been a major increase in the financing of investigating ICPH in the United States, Canada and the United Kingdom, strengthening studies in the area. In the United Kingdom, for example, private foundations, famous hospitals and the Ministry of Health united to promote these studies. The foundations provided financial support, hospitals provided space for the studies, and the Ministry established formal regulation for the investigatory process, as well as meeting the costs of a program of grants for doctorates and post-doctorates in this area. This allowed a significant process of academic development of ICPH in British universities⁽⁸⁾.

In Brazil, Ministerial Ordinance N. 971 of 3rd May 2006, as already mentioned, approves the National Policy for Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS)⁽¹⁾.

It is possible to identify that the development of this policy incorporated into the SUS is a deepening of the care in health, in search for the comprehensiveness of the care, access to services, and exercising of citizenship, and to understand the various complementary practices which have been developed in the state and municipal public networks of various Brazilian states, in unequal and discontinuous ways, due to the absence of specific guidelines⁽⁹⁾.

The comprehensiveness of the health care, established as a guideline by the VIII National Health Conference and formalized as a doctrinal principal of the Unified Health System, points to the offering of these practices in Brazil. In this way, the objective of Ministerial Ordinance N. 971 is to foster the increasing of approaches in health and make various promotional, preventive and therapeutic options available to SUS service users, and the insertion of these practices means respect for the principles of the system⁽¹⁰⁾.

Among the Brazilian professions, Nursing was the pioneer in recognizing complementary therapies as a practice which could be exercised by its professionals. The Federal Council of Nursing recognizes and encourages nurses

interested in the area to study the practice chosen in the depth necessary for knowledge and development of skills, so as to provide the patient with comprehensive care (COFEN Resolution 197/1997 (19/01/1997)⁽¹¹⁾.

One study undertaken in Spain reveals that only 21.3% of public institutions of teaching of Nursing existent in the country offer courses related to ICPH. The study's authors conclude that due to this gap in the teaching, the Nursing care suffers a loss, to the extent in which these professionals lack information for advising the patients on the treatments available and that this, it might even be said, goes against the profession's code of ethics⁽¹²⁾.

Homeopathy and acupuncture, in particular, were recognized by the Federal Council of Medicine in 1980 and 1995, respectively, and form part of the medical specialities offered in various institutions, being reimbursed by the health insurance companies⁽¹³⁾.

In relation to Physiotherapy, its Council has recognized holistic and complementary practices in health since 2010⁽¹⁴⁾.

This study aimed to analyze the situation of the teaching of these practices in faculties of Nursing, Medicine and Physiotherapy in Brazil, considering trained professionals' need to be able to implement the above-mentioned Ordinance.

As a rationale and importance of the study, emphasis is placed on recognition of the real situation of the teaching of ICPH, reiterating that they are part of the list of services which the population has the right to receive. Our hypothesis is that these practices are not offered by the majority of undergraduate courses in Nursing, Physiotherapy and Medicine.

MATERIALS AND METHODS

This is a descriptive and exploratory study with a quantitative approach.

The sample was made up of 209 public faculties of Nursing, Medicine and Physiotherapy of Brazil, catalogued through a study with the official bodies of Education, such as the Ministry of Education, and the Councils of each profession.

Firstly, the investigation was undertaken on each institution's website, with the reading of the curriculum plan and, when sufficient information was not found on the site, an email was sent to the institution's management, with the doubts. Finally, in the absence of response, telephone contact was attempted. It is worth noting that this information is in the public domain (any lecturer, student or visitor can have access to these data).

It stands out that only specific disciplines of the ICPH or similar were considered. The techniques inherent to the profession, as is the case with massage for Physiotherapy, and comfort massage for nursing, were not included.

The data, collected between May 2012 and March 2013, were compiled in a database using the Microsoft Excel 2007 software, and were analyzed by frequency and percentage.

RESULTS

A total of 87 public higher education teaching institutions of Nursing, 74 in Medicine, and 48 in Physiotherapy were catalogued.

The regional distribution of these undergraduate courses offered by the public teaching network can be seen in Table 1.

Of the 209 public higher education institutions (Nursing, Medicine and Physiotherapy), only 43 (32.3%) offer courses related to ICPH.

Table 1 - Geographical distribution of courses of the public network which offer courses related to ICPH. São Paulo, 2013

Regions	Nursing		Physiotherapy		Medicine	
Center-West	09	10,4%	04	8,3%	06	8,1%
Southeast	25	28,7%	15	31,3%	22	29,7%
South	17	19,6%	11	22,9%	11	14,9%
Northeast	26	29,8%	14	29,2%	25	33,8%
North	10	11,5%	04	8,3%	10	13,5%
Total	87	100%	48	100%	74	100%

Table 2 - Offering of courses related to ICPH in the undergraduate courses in Nursing, Physiotherapy and Medicine. São Paulo, 2013

Courses	Yes		No		Loss of data	
Nursing	23	26,4%	55	63,3%	09	10,3%
Physiotherapy	07	14,6%	37	77,1%	04	8,3%
Medicine	13	17,5%	53	71,7%	08	10,8%

Among the 87 public higher education institutions in Nursing, 23 (26.4%) courses related to these practices, 55 (63.3%) do not offer them, and for nine (10.3%) the data is not known. Of the 23 institutions which offer this course, eight (35%) are located in the northeast of Brazil, in six (26.1%) they are mandatory, and in the other 17 (73.9%) they are optional; the hourly course load varies from 28 to 60 hours (mean of 44 hours). In 20 schools, the course encompasses the majority of the ICPH, and in three, only phytotherapy.

Of the 48 public higher education institutions in Physiotherapy, seven (14.6%) offer courses related to ICPH, 37 (77.1%) do not offer them, and in four (8.3%) the data is not known. Among the courses offered, five (71.4%) are optional and two (28.6%) are mandatory; three of these are in the Northeast region. The hourly course load varies from 30 to 68 hours (mean of 49 hours). Of these seven courses, 42.8% are about acupuncture, 14.4% about art therapy, and 42.8% about the different practices.

Among the 74 faculties of Medicine, 13 (17.5%) offer courses related to the issue (6 with more than one course), 53 (71.7%) do not offer them, and in eight (10.8%) cases, the data is not known. In all (100%) the institutions, the courses are optional with the hourly course load varying between 15 and 75 hours (mean of 45 hours). Eight faculties are located in the southeast region, and the majority of the courses are about acupuncture, homeopathy or phytotherapy and only in three institutions does the course appear approaching various practices.

Among the three undergraduate courses, the schools of Nursing offer more courses on the issue, followed by those of Medicine and Physiotherapy; 26.4%, 17.5% and 14.6%, respectively.

DISCUSSION

The results presented reveal that there are still few institutions offering courses related to ICPH, although they form part of the Brazilian National Health Policy and are recognized

comprehensively by the Federal Councils of Nursing and Physiotherapy and, partially, by the Federal Council of Medicine. These numbers reveal the gap in the health professional's knowledge, which reduces her area of functioning with the practices per se, and also in the guidance which she should provide to those of her patients who are interested in discussing and/or utilizing such practices.

The "dispute" for time in the minimum mandatory curricular framework is not recent and, as knowledge grows, the teaching institutions re-discuss "how many hours" one should use for this or that content. Inserting the teaching of complementary health practices in the health professionals' curricular framework is a complex action and does not have a simple solution. There are corporativist, economic, and religious reasons to consider when desiring to deepen the understanding of these other knowledges, and when one proposes to analyze the perspective of paradigm changes in the field of health. It can be stated that a paradigm shift has occurred, when equal value is given to the emotional, psychological, or energy dimensions in the caring for/treating of an individual, as to the physical/biochemical dimension⁽¹⁵⁾.

It is understandable to remember that each professional group needs rules which must be obeyed collectively for the organization to function appropriately. How to teach, therefore, without "threatening" the current structure of knowledge, aggregating values, perceptions, possibilities for diagnostic understanding, is an aspect which cannot be forgotten in order to understand this low insertion of the complementary practices in health into the academic environment.

In proposing in a course, for example, that "energy" is a strategic operator in the configuration of the body with a central symbolical meaning in the organization of life, we are suggesting that the energy paradigm is not to be reduced to a specific issue of physics, but that it is part

of the understanding of the world. To offer a course in complementary practices in the curriculum can also mean discussing Western therapeutic modalities which understand energy as biomagnetic movement (reiki and bioenergy) or an integrated electrical circuit (acupuncturists) or as an energy of cosmic curing (reiki)^(2,15). This reflection makes it possible to question the extent to which the institutions are interested in opening this range of reflection with the student who will spend the rest of her training in a single model.

Among the three courses, it is Nursing that offers the most courses linked to the topic and in the broadest way, with the different practices. This fact is probably related to the pioneering nature of the Federal Council of Nursing in recognizing ICPH⁽¹¹⁾. However, with the hourly course load offered, and in only one quarter of the undergraduate courses, the extent is clear to which it is necessary to review the teaching and basic training of these future professionals, if the intention is to “awaken” them to this possibility for humane care.

The undergraduate course in Medicine privileges the topics of acupuncture and homeopathy, these practices already being recognized by its Federal Council. The course of Integrative Medicine, however, is beginning to be inserted more systematically in some curriculums, in accordance with the worldwide tendency for a holistic approach to integrating what is best among the allopathic treatments, nutrition, physical activities and complementary practices for each patient.

In the undergraduate course in Physiotherapy, topics such as hydrotherapy and massage were not considered as ICPH courses, as these topics are inherent to the profession. Of the practices taught, acupuncture stands out, although since 2010 its professional council has recognized the different complementary practices. As this recognition is relatively recent, one can explain its non-insertion in the curriculum.

The majority of institutions which offer courses with ICPH are located in the northeast, one of the poorest regions of Brazil. This finding is in line with the descriptions of the World Health Organization, regarding the use of these practices by poor, Third World countries⁽¹⁶⁾.

The current teaching situation of the three undergraduate courses indicates that the success of the anchoring of the National Policy for Integrative and Complementary Practices in

the SUS is directly linked to the possibilities for articulating with academia, which is responsible for providing professionals in the job market who are capable of bringing together other knowledges besides the allopathic, which are genuinely more popular (for example, phytotherapy), complementary and, even, alternative (e.g.: single remedy homeopathy)⁽¹⁵⁾.

The professional care which is closest to and matches best the folk wisdom – which uses such practices – can only become effective based on the understanding and respect for human cultural diversity^(1,17). This knowledge, although basic, will allow the professional to discuss the advantages and disadvantages with those patients who want to use them, or for those who already do, often inappropriately, as is the case with the use of phytotherapeutic agents⁽¹⁸⁾.

CONCLUSION

Although ICPH is recognized in the Brazilian public health system and by the Federal Councils of Nursing and Physiotherapy and, in part, by the Federal Council of Medicine, institutions offering courses related to these remain few in number. The few which offer these do so as options; that is to say, a significant proportion of the health professionals are trained without academic closeness with their state-of-the-art.

Among the three courses, it is the schools of Nursing that offer the most courses on the issue, followed by those of Medicine and Physiotherapy. The mean hourly course load is 46 hours in the three courses.

This gap in the knowledge, at the very least, impedes the professional from considering all the possibilities for treatment and care for the comprehensive care of the patient, which can configure a severe problem, including ethics in health. It is urged that this issue should be rethought in the teaching institutions.

There is, indeed, an undeniable urgent need, in spite of its diversity, for a new rethinking regarding the complex field of teaching in the area of health, as the result of the use of these practices has an undeniable worldwide impact and some universities argue – essentially – the value of scientific plurality. Even if this plurality points to new techniques, knowledges, and diagnoses which confront the reigning biomedical paradigm.

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