

# Attitudes to and use of complementary medicine among physicians in the United Kingdom

G. T. Lewith,<sup>1</sup> M. Hyland,<sup>2</sup> S. F. Gray<sup>3</sup>

<sup>1</sup>University of Southampton, <sup>2,3</sup>University of Plymouth, NHS Executive South West

**SUMMARY.** **Objectives:** To evaluate the use of attitudes to complementary and alternative medicine (CAM) among UK physicians. **Design:** Postal questionnaire. **Subjects:** All Members and Fellows of the Royal College of Physicians. **Results:** Twelve thousand, one hundred and sixty eight Members and Fellows were surveyed and a response rate of 23% ( $n = 2,875$ ) was obtained. Responses from the small numbers of general practitioners ( $n = 127$ ) were not included in the analyses, resulting in a sample size of 2,748: 79% of respondents were in NHS practice, 32% of respondents practised CAM themselves, and 41% referred patients to CAM; of those who referred patients, 78% referred between 0–3 patients per month. CAM is used by physicians more frequently in private as compared to NHS practice. Acupuncture, aromatherapy and manipulative medicine (osteopathy and chiropractic) are the most commonly referred to and the most commonly practised therapies. Eighty seven percent of those using CAM themselves, or as part of their clinical team's commitment, had not had any CAM training. Attitudes to CAM were generally positive, particularly among those in palliative care, rehabilitation, nuclear medicine, and genito-urinary medicine. **Conclusions:** Our conclusions must be tempered by the limited response rate, but assuming all non-responders were disinterested in CAM, then at least one in ten UK specialist physicians are actively involved in CAM treatments, although only 13% of our sample had received any CAM training. © 2001 Harcourt Publishers Ltd

## INTRODUCTION

Complementary and alternative medicine (CAM) is experiencing a substantial growth in all Westernized industrial nations. Studies examining the provision of CAM in the UK by Fulder and Munro suggested that, in 1980, there were between 12 and 15 million CAM consultations in the UK.<sup>1</sup> CAM use in the USA has doubled over the last decade,<sup>2</sup> a similar situation exists in Australia<sup>3,4</sup> and approximately 40% of UK general practitioners are now involved in the provision of CAM in the context of their own general practices.<sup>5</sup> There are a number of reasons why use of CAM may be increasing. Vincent and Furnham have suggested that this may be occurring because of the egalitarian nature of CAM consultations<sup>6</sup> while Astin

suggests that it is the underlying and frequently intuitive philosophies that underpin CAM and patients' search for 'balance' which attracts increasing numbers of individuals.<sup>7</sup>

We have been involved in the development of questionnaires which look at belief in and attitudes to CAM<sup>8,9</sup> as well as whether a positive belief influences treatment outcome.<sup>10</sup> If CAM is becoming more popular, how are physicians responding to that demand, both in terms of our own attitude and the therapeutic interventions we make available to our patients? This study was instigated by the Royal College of Physicians committee on complementary medicine. Its aim was to understand physicians' attitudes to CAM and to define their personal use of CAM and referral patterns to CAM practitioners both within the NHS and privately.

**G. T. Lewith**  
Hon Senior Research  
Fellow/Hon Consultant  
Physician, Medical  
Specialities, Level D, Centre  
Block, Southampton  
General Hospital,  
Southampton SO16 6 YD,  
UK;  
E-mail: g13@soton.ac.uk  
**M. Hyland**  
Professor of Health  
Psychology, University of  
Plymouth  
**S. F. Gray**  
Clinical Adviser, R&D  
Directorate, NHS Executive  
South West

## METHOD

An anonymous postal questionnaire was sent to all UK residents who were either Members or Fellows of the Royal College of Physicians in November 1999. The questionnaire was broadly divided into two main areas. Basic demographic details such as age, sex and specialty were collected, along with their specific use of, and referral to, a variety of different CAM therapies. The second area of the questionnaire was designed to evaluate physicians' attitudes to CAM and was based on attitudinal statements from an earlier validated questionnaire.<sup>8,9,10</sup> The attitudinal questionnaire (see Table 1) was scored from 15–105 for each individual respondent. A score was given to each statement: strongly disagree scored 1, disagree-2, mildly disagree-3, neutral-4, mildly agree-5, agree-6 and strongly agree-7. The questionnaires were initially piloted in a small sample of physicians within Sheffield, subsequently amended and then posted to all UK Members and Fellows with a pre-paid return envelope.

## RESULTS

Questionnaires were sent out to 12,168 UK resident members and fellows of the Royal College. There were 2,875 responses representing a return rate of only 23%. General practitioners ( $n = 127$ ) were excluded from the analyses in order to focus clearly on the activities of hospital physicians, resulting in a sample size of 2,748. The sample comprised 1,832 males and 556 females, with the majority of respondents (1,829 or 66.6%) aged between 33 and 54 years and 408 (14.8%) over 65 years. Responses were received from individuals working in a wide variety of specialties including public health medicine. Of the respondents 2,176 (79.2%) reported that they were currently active in NHS practice while 524 (19.1%) indicated that they were not; 48 (1.7%) gave no answer.

### Referral and practice

Physicians were asked to indicate the frequency with which they referred patients to CAM; 1,130 (41%) of the respondents referred patients to CAM, 1,618 (59%) never refer. Of those who did refer, the majority referred 0–1 patients per month (57%), and 21% referred 1–3 patients per month.

Almost half of the respondents refer patients for CAM, but absolute numbers are small with only 1% referring 10 or more patients per month. Female doctors referred more patients than males and younger physicians referred more than older ones, although there was a peak in CAM referrals between the age of 44 and 55.

A number of CAM therapies are provided either within the immediate NHS clinical team (e.g.

a pain or rheumatology clinic) or local NHS funded healthcare setting (eg a district hospital or palliative care unit). Acupuncture is most commonly provided within the NHS, with 6% of respondents using it within their own team and 11% within the local health care organization. A small amount of aromatherapy, massage and other body work therapies, and hypnotherapy is also provided; the other therapies have negligible use within the NHS. Outside the NHS referral for osteopathy (7.8%), chiropractic (4.7%) and acupuncture (5.5%) are most common (Table 2).

Some expected patterns of CAM use emerged. Acupuncture is most frequently used for arthritis/pain followed by osteopathy, whereas aromatherapy followed by massage is most frequently used for palliative care in cancer patients. There was very little CAM intervention in most other specific illnesses, although hypnotherapy is used for irritable bowel syndrome. In the last 12 months, CAM was used therapeutically by 842 (30.6%) of respondents or a member of their family. Those who use CAM personally are more likely to refer patients, but there are also many respondents (24.9% of the total sample) who refer patients but do not use it themselves. Fourteen percent of the total sample replied that either they or a member of their family use CAM, but they do not refer patients.

The following therapies were used by 0.5% or less of respondents both in their own healthcare organization or outside the NHS: healing, naturopathy, shiatsu, and other therapies.

Respondents were asked about their use of CAM both personally and its provision within their clinical team; one or more types of CAM are used either personally or within the team by 880 (32%) of respondents. Table 3 shows data in relation to NHS and private practice for each specific therapy.

Acupuncture is the therapy most frequently practised by individuals (4.3%), followed by osteopathy (2.9%) and hypnotherapy (2.1%). The distribution of use in private practice was compared with that of NHS practice and this does indicate strongly significant greater personal use in private practice as compared to NHS practice ( $P < 0.01$ , chi square) in all therapies other than shiatsu, naturopathy and 'other.' Acupuncture was the most frequently used therapy personally in the NHS and privately and within NHS clinical teams. Aromatherapy, massage and reflexology were commonly used in an NHS clinical team setting.

### Time commitment and training

The amount of time spent in CAM practice is low: only 2.2% of respondents practice CAM between 1 and 3 hours per week within the NHS, and 1.5% in private practice and only 0.2% of respondents

Table 1 Frequency (%) Responses to attitude items (n = 2748)

	Strongly agree	Agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Disagree	Strongly disagree	Missing
1. CAM therapies should be subject to more scientific testing before they can be accepted by conventional doctors.	<b>1,392</b> (50.7)	<b>952</b> (34.6)	251 (9.1)	62 (2.3)	35 (1.3)	35 (1.3)	2 (0.1)	19 (0.7)
2. CAM can produce longer lasting and more complete clinical results than conventional medicine.	31 (1.1)	178 (6.5)	209 (7.6)	<b>800</b> (29.1)	283 (10.3)	<b>775</b> (28.2)	440 (16.0)	32 (1.2)
3. CAM therapies are merely a financial con trick.	66 (2.4)	218 (7.9)	<b>579</b> (21.1)	479 (17.4)	466 (17.0)	<b>714</b> (26.0)	193 (7.0)	33 (1.2)
4. CAM is used because it is safe and has few side effects.	45 (1.6)	499 (18.2)	<b>642</b> (23.4)	438 (15.9)	408 (14.8)	<b>571</b> (20.8)	114 (4.1)	31 (1.1)
5. CAM's main use is as a preventative medicine and it is of little value once an illness has appeared.	40 (1.5)	104 (3.8)	148 (5.4)	<b>715</b> (26.0)	540 (19.7)	<b>954</b> (34.7)	199 (7.2)	48 (1.7)
6. CAM can be dangerous in that it may prevent people getting proper treatment.	522 (19.0)	<b>1,193</b> (43.4)	<b>703</b> (25.6)	114 (4.1)	107 (3.9)	72 (2.6)	25 (0.9)	12 (0.4)
7. CAM should only be used as a last resort when conventional medicine has nothing to offer.	60 (2.2)	230 (8.4)	289 (10.5)	479 (17.4)	<b>583</b> (21.2)	<b>865</b> (31.5)	203 (7.4)	39 (1.4)
8. CAM is merely a fashionable fad which will soon disappear.	24 (0.9)	66 (2.4)	166 (6.0)	334 (12.2)	<b>478</b> (17.4)	<b>1,272</b> (46.3)	381 (13.9)	27 (1.0)
9. CAM works largely through the placebo effect.	225 (8.0)	<b>624</b> (22.7)	<b>742</b> (27.0)	552 (20.1)	273 (9.9)	254 (9.2)	52 (1.9)	26 (0.9)
10. CAM therapies could be effectively prescribed instead of giving patients repeat prescriptions.	31 (1.1)	398 (14.5)	<b>576</b> (21.0)	<b>743</b> (27.0)	234 (8.5)	490 (17.8)	195 (7.1)	81 (2.9)
11. CAM should only be used in minor ailments and not in the treatment of more serious illness.	142 (5.2)	521 (19.0)	414 (15.1)	<b>531</b> (19.3)	<b>537</b> (19.5)	481 (17.5)	57 (2.1)	65 (2.4)
12. CAM represents a confused and ill-defined approach.	382 (13.9)	<b>744</b> (27.1)	<b>587</b> (21.4)	377 (13.7)	299 (10.9)	253 (9.2)	55 (2.0)	51 (1.9)
13. I am annoyed when I find out one of my patients is using CAM without telling me.	40 (1.5)	155 (5.6)	348 (12.7)	<b>529</b> (19.3)	334 (12.2)	<b>953</b> (34.7)	290 (10.6)	99 (3.6)
14. CAM should be made available within the current (constrained) NHS budget.	42 (1.5)	171 (6.2)	398 (14.5)	332 (12.1)	328 (11.9)	<b>754</b> (27.4)	<b>691</b> (25.1)	32 (1.2)
15. CAM works to restore the body's own balance by creating a sense of well-being.	30 (1.1)	205 (7.5)	<b>457</b> (16.6)	<b>1,149</b> (41.8)	155 (5.6)	391 (14.2)	303 (11.0)	58 (2.1)

Items in bold represent the two most frequent answers to any specific question.

**Table 2** Frequency (%) of respondents who refer patients to CAM within their own clinical team, within their own healthcare organisation or outside the NHS

	NHS (n = 2176)		Private practice (n = 524)	
	Within own NHS clinical team	Within own NHS healthcare organization	Outside the NHS	
Acupuncture	170 (7.8)	305 (14.0)	152 (29.0)	
Alexander Technique	21 (1.0)	18 (0.8)	84 (16.0)	
Aromatherapy	134 (6.2)	108 (5.0)	75 (14.3)	
Chiropractic	18 (0.8)	12 (0.6)	129 (24.6)	
Herbal Medicine	17 (0.8)	9 (0.4)	52 (9.9)	
Homeopathy	20 (0.9)	30 (1.4)	72 (13.7)	
Hypnotherapy	64 (3.0)	80 (3.7)	108 (20.6)	
Massage and other body work therapies	84 (3.9)	62 (2.8)	56 (10.7)	
Osteopathy	21 (1.0)	38 (1.7)	215 (41.0)	
Reflexology	57 (2.6)	27 (1.2)	41 (7.8)	
Yoga	13 (0.6)	11 (0.5)	74 (14.1)	

**Table 3** Frequency (%) of all respondents who use CAM in clinical practice in the NHS and private practice

	NHS (n = 2176)			Private practice (n = 524)		
	Personally	Clinical team	Both personally and clinical team	Personally	Clinical team	Both personally and clinical team
Acupuncture	117 (5.4)	327 (15.7)	36 (1.7)	76 (14.5)	82 (15.6)	9 (1.7)
Alexander Technique	44 (2.0)	60 (2.8)	7 (0.3)	27 (5.2)	36 (6.9)	3 (0.6)
Aromatherapy	28 (1.3)	311 (14.3)	13 (0.6)	21 (4.0)	41 (7.8)	3 (0.6)
Chiropractic	42 (1.9)	51 (2.3)	8 (0.4)	33 (6.3)	34 (6.5)	3 (0.6)
Healing	19 (0.9)	19 (0.9)	3 (0.1)	13 (2.5)	4 (0.8)	2 (0.4)
Herbal medicine	38 (1.7)	31 (1.4)	8 (0.4)	22 (4.2)	14 (2.7)	6 (1.1)
Homeopathy	37 (1.7)	45 (2.1)	10 (0.5)	24 (4.6)	14 (2.7)	3 (0.6)
Hypnotherapy	58 (2.7)	89 (4.1)	11 (0.5)	42 (8.0)	28 (5.3)	3 (0.6)
Massage and other body work therapies	48 (2.2)	230 (10.6)	16 (0.7)	34 (6.5)	37 (7.1)	4 (0.8)
Naturopathy	7 (0.3)	2 (0.1)	4 (0.2)	4 (0.8)	1 (0.2)	2 (0.4)
Osteopathy	79 (3.6)	68 (3.1)	14 (0.6)	57 (10.9)	39 (7.4)	4 (0.8)
Reflexology	15 (0.7)	109 (5.0)	7 (0.3)	10 (1.9)	15 (2.9)	2 (0.4)
Shiatsu	10 (0.5)	22 (1.0)	2 (0.1)	5 (1.0)	5 (1.0)	2 (0.4)
Yoga	28 (1.3)	45 (2.1)	7 (0.3)	22 (4.2)	20 (3.8)	0 (0.0)
Other therapy	13 (0.6)	17 (0.8)	5 (0.2)	8 (1.5)	7 (1.3)	4 (0.8)

Forty-one other therapies were specified. Those which were used by less than 25 respondents in any one of the categories specified in Table 2 were healing, naturopathy, shiatsu and other therapies.

practice for more than 10 hours per week. Only one hundred and forty three (5.2%) respondents replied that they have received some formal or informal CAM training. Only 13% of those using CAM had undertaken any specific training.

### Attitudes towards CAM

Respondents were asked to indicate their agreement or otherwise with 15 different attitudinal statements regarding CAM. Some of these responses indicate a sceptical and cautious attitude; a number are more positive. A summary of these results is shown in Table 1. Many indicated that CAM represented a confused approach that works predominantly through placebo. It is of great relevance that 85.3% of the respondents agree or strongly agree with the statement that CAM ther-

apies should be subject to more rigorous testing before conventional doctors can accept them. This point should be noted by the relevant research funders. There was little enthusiasm for widespread funded uptake of CAM by an underfunded NHS. One quarter of respondents disagree with the statement that CAM is used because it has few side effects, and 62.4% of respondents agree or strongly agree that CAM may prevent people getting proper treatment. Aggregate responses can be derived from the 15 attitudinal statements to produce a single score of 15–105 (the higher the score, the more positive the attitude to CAM). There is a tendency for younger physicians to have a more positive attitude to CAM, with summary scores decreasing with age. This is in contrast to actual use (referral and personal provision of CAM), which peaks in the 45–55 age group. Female respondents are more

**Table 4** Surveys of the use of CAM by doctors in the United Kingdom

	Type	Number surveyed	Response rate	Use on own patients	Refer
Wharton & Lewith 1986 <sup>16</sup>	General Practitioner	200	72.5%	38%	76%
Anderson & Anderson 1987 <sup>17</sup>	General Practitioner	274	80%	16%	59%
Franklin 1992 <sup>15</sup>	General Practitioner	117	57%	15%	85%
	Hospital Consultant	35	62%	5%	
Perkin et al. 1994 <sup>11</sup>	General Practitioner	100	87%	20%	93%
	Hospital Consultant	100	81%	12%	70%
	General Practitioner	760	62%	17% in past week	34% in past week
Wearn & Greenfield 1998 <sup>18</sup>	General Practitioner	254	69%	17%	80%
White et al. 1997 <sup>20</sup>	General Practitioner	972	47%	16%	80%
Reilly & Bawden 1999 <sup>14</sup>	Hospital Consultant	64	98%	Only knowledge assessed	
Perry & Dowrick 2000 <sup>12</sup>	General Practitioner	252	52%	13%	69%

positive about CAM than males. Examination of attitude scores by specialty indicates that palliative medicine (mean attitude score 67), nuclear medicine (65), rehabilitation (63), genito-urinary medicine (63), and clinical oncology (61) have more positive attitude scores than those in general medicine (mean attitude score 54), cardiology (53), clinical immunology (52), and dermatology (51) which were more negative in their attitude scores to CAM ( $P < 0.001$ , ANCOVA).

## DISCUSSION

The questionnaire was designed to evaluate attitudes to and use of CAM among Members and Fellows of the Royal College of Physicians practicing within a hospital environment. Almost 3000 physicians responded to the survey; the response rate was only 23% and the conclusions we can draw from this research are therefore very limited. There were relatively more responses among older, retired physicians than younger, clinically active ones, a full report showing this data is available from the author on request. This may reflect the limited time available to clinicians or our lack of resources to send reminders. Other shorter surveys with postal reminders were able to improve their response rate to between 50–80%.<sup>11,12,13</sup> Summaries of response rates from other UK questionnaires and their recorded use and referral rates for CAM are shown in Table 4. The use and referral rates for CAM are similar to those in our survey, as well as being similar to those obtained in the Netherlands<sup>21</sup> and New Zealand.<sup>19</sup> Our study

shows that 41% refer patients and 32% of respondents, either personally or within their clinical team, are involved in CAM treatments. We recognise that the response rate for this survey is low and that those who responded may be more interested and therefore more likely to use CAM. However, even if we take an extremely conservative assumption that none of those who failed to respond ever refer or use CAM, this would mean that approximately 10% of UK physicians do so and this represents a substantial minority of UK physicians.

Of the group who responded, almost a third are using CAM either personally or within their clinical team, despite the fact that only 5.2% have had some form of formal or informal training in one or other of the CAM therapies. This is a cause for concern and justifies the criticisms made by many CAM professionals that conventional physicians may be undervaluing their training and expertise. The greatest area of overall use was palliative medicine, followed by rehabilitation and genito-urinary medicine. The most popular therapies, both in terms of practice and referral, were acupuncture, manipulative medicine (osteopathy and chiropractic) and aromatherapy. This is the first survey to specifically analyse physicians' attitudes to CAM. Table 1 shows the majority of respondents were not recording opinions at the 'extreme ends' of the scales in answer to the 15 attitudinal questions, and this therefore suggests that the respondents were not self-selecting as actively pro or anti CAM. The attitudinal questionnaire demonstrated that physicians do not believe that CAM will 'go away' and it therefore must

become a greater research priority. Respondents also believe that CAM should be subject to more scientific testing, but that it is less powerful therapeutically than conventional medicine. A small minority feel that CAM is a financial 'con-trick.' Physicians do not in general see CAM as preventative, neither do they see it as simply a fashionable trend or as a treatment of last resort. They are concerned about its safety and the diagnostic ability of complementary therapists. They feel that many CAM treatments may be working through non-specific or placebo effects, and do not in general feel that in the present constrained NHS budget CAM should be made freely available. Attitudes to CAM are generally more positive in younger doctors and those who are female and a positive attitude was associated with both increased referral and personal practice of CAM.

The main weakness of our survey is that we were only able to elicit a 23% response rate from one postal questionnaire among members and fellows of the College. We must therefore be particularly cautious about drawing any firm conclusions. Those physicians who responded appear to have a positive and balanced attitude towards both using and investigating CAM. However, even assuming that all non-responders were disinterested in CAM, at least one in ten UK physicians has some interest in CAM. It is certainly of concern that many physicians in our sample are both referring (and thereby taking responsibility for the therapy) and apparently personally practising CAM with inadequate training. This must be a priority for further research and professional regulation in relation to issues of public safety and professional competence.

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