Integration of acupuncture for outpatients and inpatients in a general hospital in Brazil

Marcelo Saad,1 Liliana Lourenço Jorge,1 Mario Sergio Rossi Vieira,1 Roberta de Medeiros2

Acupuncture and related techniques have increasingly been offered in conventional medical settings in Western societies. In Hospital Israelita Albert Einstein, Brazil, acupuncture has been integrated into the care pathways since October 2005. Since then, medical acupuncture has been offered for both inpatients and outpatients. Acupuncture has become an integrated therapeutic modality both for outpatients in the clinic setting and for inpatients in the wards. It has been observed that acupuncture performed in a hospital differs in specific characteristics when compared with acupuncture performed in an outpatient setting. The main differences found between inpatients and outpatients treatment are summarised and attitudes and cautionary measures to be taken into account during application of acupuncture in inpatients are suggested. Future plans for the service include offering acupuncture in the emergency ward and surgical centre. The description of this experience could encourage other hospitals to develop an acupuncture service.

Medical Western acupuncture is a therapeutic modality developed in the West by adapting the ancient Chinese practice. It employs modern knowledge of anatomy, physiology and principles of evidence-based medicine. Its practitioners consider acupuncture as part of Western medicine itself, instead of an alternative medical system.1 Acupuncture and related techniques have increasingly been offered in conventional medical settings in Western societies. The number of patients seeking acupuncture therapy has increased.2 Acupuncture has become a thriving and notable part of ordinary healthcare systems. In Hospital Israelita Albert Einstein, acupuncture has been integrated into its practices since 2005.

Our institution is a tertiary general hospital in the Brazilian healthcare system, with 489 inpatient beds located in São Paulo (Brazil). It is one of the most respected healthcare organisations in Latin America and has been accredited by Joint Commission International since 1999. As a patient-oriented institution, pain management is a very important concern, and several campaigns have been promoted within the Hospital to raise the awareness of attending physicians and to establish broad analgesic practices, encompassing both orthodox and unconventional methods.

Since then, medical acupuncture has been offered for pain management of both inpatients and outpatients. First recommended for pain management only, it has also been recently extended to patients with nausea and vomiting, and more rarely for other health conditions. Acupuncture is practised as a technique along with conventional treatment, not as an autonomous clinical procedure. Diagnosis and therapy according to Traditional Chinese Medicine are not performed, but instead acupuncture practice focuses on the diagnosis according to Western medicine.

Currently, the acupuncture staff comprises three physicians, all board-certified in Physiatry and Acupuncture by the Brazilian Medical Association. This is because the acupuncture service is in the Rehabilitation Sector, and because, in Brazil, acupuncture is a medical specialty. Two of these professionals are committed to the outpatient clinic, and one attends the inpatients on the ward (figure 1). In order to consider adopting acupuncture in our service, the hospital management directory considered these administrative factors: consumers’ needs, scope of service, reimbursement, presence of an experienced team and mission of the institution.

Acupuncture is performed only by physicians, and is available for any patient who accepts this treatment. For outpatients, it is offered at the clinic, two or three times per week. For inpatients, it is performed at the bedside—in some cases, five sessions before their discharge. We have observed a good level of adherence to therapy from patients and a relevant analgesic effect in association with other medication and physical therapies. Since our hospital advocates a short length of stay and discharge of the patient immediately after clinical stabilisation, inpatients referred to acupuncture actually receive an average of five sessions until their discharge.

Figure 1  Acupuncture staff at the hospital.

Acupuncture has become an established therapeutic modality both for outpatients in the clinical setting and for inpatients in our hospital. In both cases, respect for scientific evidence is observed, associated with correct nosological diagnosis and exclusion criteria. Diagnosis of underlying medical conditions is always established as part of conventional medical care. Once routine treatment measures are in progress, medical acupuncture, if appropriate, can be used as a complementary modality. Our team regularly updates the clinical staff with current relevant information, such as the idea that acupuncture could help in the patient’s recovery, reduce the time of patient discharge and avoid unnecessary surgery.3

We have observed that acupuncture given to in-patients at the hospital differs in several ways from that given to patients, partly because of the fundamental difference between the two populations. In general, the condition of inpatients is more severe and acute and their general condition is worse; they are under stress (caused by the environment), and they are apprehensive about unconventional therapies. Analgesic therapies must produce short-term results, and there is little opportunity for developing a strong relationship between the patient and the doctor.

Table 1 summarises the main differences found between inpatients and outpatients regarding acupuncture treatment. The
Table 1 Summary of the differences between inpatients and outpatients, and practical implications of these differences

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<tr>
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<th>Outpatient</th>
<th>Inpatient</th>
<th>Implication for inpatient acupuncture</th>
</tr>
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<tbody>
<tr>
<td>Severity of symptoms</td>
<td>Mild to moderate</td>
<td>Moderate to severe</td>
<td>Need for more vigorous techniques</td>
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<tr>
<td>Clinical condition</td>
<td>Good overall clinical state; fully conscious, normal cognition; no interference from comorbidities</td>
<td>Clinical condition less good: consciousness may be clouded, and comorbidities may interfere with acupuncture</td>
<td>Demands closer attention to possible adverse effects of acupuncture; closer attention from acupuncturist</td>
</tr>
<tr>
<td>Facilities available</td>
<td>Suitable bed; material for procedure is available to hand; helped by a trained assistant</td>
<td>Hospital bed; equipment for the procedure must be taken to room</td>
<td>Demand greater attention to ergonomic aspects of both acupuncturist and the patient</td>
</tr>
<tr>
<td>Attendance arrangements</td>
<td>Two or three times a week; scheduling adapted to doctor and patient’s convenience</td>
<td>Daily; scheduling has to compete with many other duties</td>
<td>May need to give treatment at weekends; leading to possible conflicts between duties</td>
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<tr>
<td>Environment</td>
<td>Quiet, no interruptions; patient alone in the room</td>
<td>Treatment may be interrupted by administration of medication, observations of vital signs, etc; presence of family and companions</td>
<td>Lack of privacy and tranquility, and less time from treatments</td>
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<tr>
<td>Ease of access</td>
<td>Preserved mobility, acupuncture sites accessible; skin can be exposed adequately</td>
<td>Mobility reduced; presence of electrodes, bandages, catheters, etc</td>
<td>Acupuncturist needs more flexibility of approach including point selection</td>
</tr>
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<td>Asepsis</td>
<td>Usual out-patient standards for hygiene</td>
<td>The acupuncture is brought to the patients who may know little about it and submits to the treatment</td>
<td>Some techniques, such as retaining inserted needles for hours, may be unavoidable</td>
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<tr>
<td>Familiarity with acupuncture</td>
<td>Patient goes to clinical setting; patient willing and interested</td>
<td>Clinical setting goes to the patient; they may not know the principles of acupuncture but submit to therapy</td>
<td>Need to give explanations of acupuncture within a scientific context</td>
</tr>
<tr>
<td>Schedule</td>
<td>Two or more patients can be treated at the same time</td>
<td>Therapist must dedicate attention to one bedridden patient at a time</td>
<td>Results may reflect this greater concentration of effort</td>
</tr>
<tr>
<td>Doctor–patient relationship</td>
<td>Opportunity for full history and examination</td>
<td>Focused on symptom relief, therapy ends after relief is achieved</td>
<td>The therapeutic approach has to be more utilitarian</td>
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<tr>
<td>Interprofessional relationship</td>
<td>Acupuncturist acts independently as healthcare professional; patient is referred from several different sources</td>
<td>Treatment requested by the attending physician in charge of patient; other health professionals may not know precepts of acupuncture</td>
<td>The acupuncturist works with conventional colleagues and needs to use commonly accepted technical language</td>
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</table>

third column suggests attitudes and cautionary measures to be taken into account during the acupuncture treatment for inpatients. This is not an exhaustive list, as some inpatients may present characteristics of outpatients and vice versa.

In spite of the value of acupuncture for pain management, this treatment is still underutilised in our setting. The same thing occurs in many hospitals, including those affiliated to academic institutes and renowned universities. Thus, we are coordinating actions to increase the number of referrals to our service and also to expand the field of action to other spheres.

Acupuncture in a surgical centre is an activity we plan to start in a near future. A previous study showed that most surgical patients would accept complementary practices as part of their peroperative management. Among these practices, acupuncture was the only modality patients accepted to pay out of pocket if it were not covered by their insurance company. In the preoperative stage, acupuncture can be used to reduce postsurgery pain, as a complement to anaesthesia and to increase patients’ comfort before and after surgery.

Future plans include offering acupuncture in the emergency ward. We presume that these out patients may present some characteristics of inpatients, in spite of their classification as outpatients. A paper published by a Cuban hospital reported the results of using acupuncture associated with the emergency service during one year. In this retrospective study, a total of 2705 patients attended. A reduction in the administration of 6192 injected and 850 oral medications was reported. With such data, we advocate that acupuncture in the emergency ward can be advantageous both for patients and for healthcare services.

A study in New Zealand showed that more than half of emergency medicine patients had used a complementary therapy in the past, and more than half had not told their doctor. However, the majority of the surveyed patients would follow the advice of their doctor if a complementary therapy was prescribed, suggesting that such an offer is practical in a hospital setting.

The use of acupuncture for inpatients in general hospitals has seen a growing demand in many centres. In our experience, we believe that acupuncture linked to a general hospital, for both inpatients and outpatients, is consonant with the growing demands to change the current biomedical model. In the future, pragmatic and cost-effectiveness studies may establish economic criteria and guidelines for managers of insurance companies and hospitals. Until these are available, we hope that the description of our experience could encourage other hospitals to develop an acupuncture service.

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