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:7 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
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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 num-
ber 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 comple-
mentary practices as part of their peri-
operative management. Among these
practices, acupuncture was the only mod-
ality 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 acupunc-
ture 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 ther-
apy 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 experi-
ence, 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, prag-
matic 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 experi-
ence could encourage other hospitals to
develop an acupuncture service.
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