

# PUBLIC POLICY SOURCES

Number 21

## Alternative Medicine in Canada: Use and Public Attitudes

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## Executive Summary

### Background

In recent years, there have been numerous reports on the use of alternative therapies in Canada, but there has been little research conducted on the reasons people are using these therapies, no estimates of how much people are spending out-of-pocket on these therapies, and no recommendations drafted on how alternative therapies should be addressed by public policy. The Fraser Institute, employing a methodology similar to that used by the Center for Alternative Medicine Research in a ground breaking study on alternative medicine use in the United States in 1991,<sup>1</sup> conducted a Canadian national survey to determine the prevalence, costs, and patterns of alternative medicine use, such as chiropractic, naturopathic, and herbal therapies. We questioned respondents on their attitudes towards both conventional and alternative health care to gauge public demand for policy action in these areas. As well, we surveyed respondents' attitudes about various ways of funding health care, and where they felt the responsibility for making health care funding and resource allocation decisions should lie.

### Methodology

A total of 1,500 interviews with a randomly-selected sample of Canadian adults 18 years of age or older were conducted in May and June of 1997. The response rate was 25.7 percent. Respondents were asked to report any health conditions, details of their use of conventional medical services in treating their conditions, and whether they had tried any alternative therapies as treatment for these conditions. With respect to alternative med-

icine use, respondents were asked to indicate whether they had used any of 22 commonly used therapies that are neither widely taught in North American medical schools nor generally available in North American hospitals. Lastly, we also asked respondents several questions about their attitudes towards health, health care, medical care, and public policy.

As well, because of the low response rate, 150 interviews were completed with randomly selected non-respondents to the initial survey to test for selection bias. The comparison of the results from the initial survey and the non-respondent survey revealed no significant selection bias in the initial survey.

### Results

Most respondents considered themselves to be in good, very good, or excellent health (89 percent in total). Less than one fifth (19%) of respondents reported that their daily activities were limited by health problems. The most common health conditions reported in the 12 months prior to the survey were back or neck problems (30%), allergies (29%), and arthritis or rheumatism (19.5%).

With respect to the use of conventional health care services, most respondents (88%) "usually" seek medical care from a *particular* doctor's office, clinic, or health centre, but as their confidence in their doctor decreases, so does their likelihood of being loyal to a particular doctor or clinic. On average, respondents visited a doctor 2.4 times in the 12 months prior to the survey, and almost three-quarters of respondents have either "total confidence" or "a lot of confidence" in their medi-

1 David M. Eisenberg, Ronald C. Kessler, Cindy Foster, Frances E. Norlock, David R. Calkins, and Thomas L. Delbanco, "Unconventional Medicine in the United States," *New England Journal of Medicine* (January 28, 1993): 246-252.

cal doctor. On average, 73 percent of respondents sought medical attention during the prior year for their health, and almost eight in ten of these people found the medical care they received to be very or somewhat helpful.

Almost three-quarters of respondents (73%) had used at least one alternative therapy sometime in their lives. Chiropractic was the most common form of alternative medicine used (36%), followed by relaxation techniques and massage (both 23%), and prayer (21%). Fifty percent of respondents reported using at least one alternative therapy in the previous 12 months, with prayer (18%), relaxation (17%), and chiropractic (13%) being the most popular. Canadians used alternative therapies an average of 4.4 times in the 12 months prior to the survey, most often to prevent future illness from occurring, or to maintain health and vitality (81% in total). Approximately 88% of alternative therapy users found the medical care they received to be either “very” or “somewhat” helpful. Of those who used alternative medicine in the 12 months prior, 44.3% discussed doing so with their doctor.

The average amount paid out-of-pocket per user to an alternative health care provider in the year prior to the survey was \$60. The average amounts, by alternative specialty, ranged from \$23 for osteopathy to \$1,381 for imagery techniques. Extrapolation for the Canadian population suggests that in 1997 Canadians spent more than \$1.8 billion out-of-pocket on visits to providers of alternative medicine. If the additional money spent on books, medical equipment,

herbs, vitamins, and special diet programs is included, the estimated total out-of-pocket spending on alternative medicine in Canada increases to more than \$3.8 billion in 1997.

Despite the large out-of-pocket expenses that Canadians are incurring for alternative medicine, a majority believe that it should be covered privately (60.3%) and not be included in provincial health plans. With respect to what is covered by provincial insurance, 37 percent of respondents felt that these decisions should be made by all health care providers—alternative and conventional. Rarely was the appropriate decision maker seen to be the provincial government (13%), the federal government (9%), the regional health authorities (9%), or the general public (2%).

## Conclusions

The majority of Canadians have used some form of alternative medicine. They are spending a large amount of their own money on these therapies, most of which are only partially covered by provincial health insurance plans. However, most Canadians still rely heavily on conventional medical treatment and do not support paying for alternative therapies through provincial health care plans. Canadians seem to realize that the current health system is under pressure and will not be able to fund every type of health care treatment that is available. Policy makers should take heart from this. At the same time, most Canadians feel that health professionals, more than governments, should decide what is provincially insured.

## Alternative Medicine in Canada: Use and Public Attitudes

### Introduction

Over the last 5 years, the share of health care spending incurred by private individuals in Canada has increased by about 4 percentage points. Consequently, private sector spending now accounts for over 30 percent of the approximately \$80 billion that is spent on health care in Canada.<sup>2</sup> This has led to calls—by provincial governments, health professionals, health policy experts, and the general public—for the federal government to increase its spending on health care, and to restore to health care the billions of dollars that it has cut from its budget over the last few years.

Generally, these have been calls for greater funding of conventional medical care—for hospitals, for services provided by medical doctors, etc. Two rationales seem to underlie these calls for increased government funding. The first is that there is a correlation between a population's health status and the amount that is spent by governments on the medical system. The second is that the increase in private conventional health care spending is directly linked to decreases in public sector spending on hospitals and physician services. Neither of these assumptions has its basis in fact.

The sentiment that health status and government spending on medical care are related has been contradicted by evidence from such diverse groups as The Fraser Institute and the National Forum on Health, yet for some reason it is still very prevalent. And, while no doubt the private sector has had to step in to cover health services

no longer insured by governments, there are other factors at play. Anecdotal evidence, as well as several opinion poll surveys conducted over the last few years,<sup>3</sup> indicate that Canadians are increasingly choosing to use alternative treatments both to treat illness and to maintain health. In addition, the rise in the number of alternative health care providers and in the number of alternative health care courses being offered at academic institutions point to the growing importance of alternative medicine in the country.

However, despite the amount of accumulated evidence that more Canadians are using a combination of alternative and conventional health care, there has been little policy discussion about the place of alternative medicine in the medical system. There have been requests by many providers of alternative health care for more government funding, and there have been freedom-of-choice groups formed across Canada to protect individual rights to use alternative therapies. Discussion has, however, been limited by a paucity of answers to basic questions about alternative medicine. Which alternative therapies are Canadians using? How much are Canadians spending each year on treatments that are not, or are only partially covered, by their provincial health insurance plans? Do Canadians want the government involved in this aspect of their health? Are Canadians substituting alternative medicine for more conventional treatments, or are they trying to find a balance of the two approaches? Do socioeconomic and demographic factors affect a person's decision to use alternative versus conventional treatment? Will a policy developed for Atlantic

2 OECD *Health Data 98* (Paris: OECD, 1998).

3 These data have been produced by such organizations as The Canada Health Monitor (Price Waterhouse), the Angus Reid Group, the then-Richmond Regional Health Board (in British Columbia), the College of Family Physicians of Canada, *Maclean's*, the *Medical Post*, and others across Canada.

Canada regarding alternative therapies be appropriate for British Columbia? These and many other questions need to be considered and answered before more taxpayer money is put into the behemoth that is the Canadian health care system.

## Methodology

The Fraser Institute hired the Angus Reid Group polling company to conduct a telephone survey of Canadians about their health status and their attitudes towards, and patterns of use of, conventional and alternative health care. A total of 1,500 interviews were conducted in English and French with a randomly selected sample of adults 18 years of age and older between May 29 and June 16, 1997. There is a 95 percent chance that the average values for the entire Canadian population are within 2.5 percent of the survey percentages.

The survey questionnaire was based on that used by the Center for Alternative Medicine Research (based at Harvard Medical School and Beth Israel Hospital) in its pioneering work on alternative medicine use and costs in the United States. This work was published in the *New England Journal of Medicine* in January 1993. Several modifications of the questionnaire were made by The Fraser Institute and the Angus Reid Group in order to make it an appropriate survey instrument for Canada, given that the health insurance systems of the two countries differ substantially. The final draft of the questionnaire was the result of at least three major iterations and two minor adjustments before it was used in the pre-test phase.

The questionnaire pre-test took place from May 16 to 18, 1997. A total of 50 pre-test interviews were conducted, half in Vancouver, half in Toronto. The questionnaire was then again revised, the changes focusing mostly on its length. The final questionnaire took an average of 28 minutes to complete.

## The sample

The Angus Reid Group has developed an annually updated database of all so-called "100-banks" used by telephone companies across the country. A 100-bank contains the first five digits of a telephone number, sorted by area code. Once a 100-bank is selected for an area, a computer automatically generates the last 2 digits to create a potential phone number. This random dialling procedure ensures that all listed and non-listed telephone numbers have an equal probability of being contacted. Once any specifications—such as making the sample representative of the population—are included, the final sample is generated, formatted, and sent electronically to Angus Reid Group field centres in Vancouver, Winnipeg, Toronto, and Montreal.

For each telephone number called, the surveyor verified that a residence and not a business was reached. Once this initial screening was done, the "birthday" method was used to ensure the interviewees were randomly selected: the person interviewed was the one 18 years of age or older who most recently had his or her birthday. If this individual was not home at the time of the call, an appointment was made for a callback. Up to five attempts were made to reach potential respondents before they were disqualified. When the eligible respondent was reached on the fifth callback but was not available to be interviewed at the time, arrangements were made for a sixth or seventh call to complete the interview.

For each busy signal or no answer, the number was redialled twice later. In addition, any respondent who ended an interview before it was completed was called back once. If the respondent still declined the interview, another household within the same sampling unit was selected.

A total of 23,512 numbers were available for calling. There were 6,964 for which there was no answer, even after five callbacks. There were 7,413

numbers rejected because they were businesses, disconnected, or out-of-service. Thus, the valid sample of numbers remaining was 9,135. Among the eligible respondents, 1,500 completed the interview, 4,242 refused to participate in the survey, 85 respondents ended the interview before the survey was complete, 528 interviews were discontinued because of language difficulties, and 499 were discontinued because the respondent failed to meet the screening criteria at the beginning of the survey. A total of 2,281 callbacks ended with respondents being unavailable. In the end, there were 5,827 valid numbers: those who responded, those who refused, and those who ended the interview before it was completed. Therefore, the response rate was 25.7 percent (1,500 out of 5,827).

## The interview

The questionnaire was divided into 10 sections, and took, as noted, an average of 28 minutes to complete. Respondents were informed that the Angus Reid Group, a professional opinion research company, was conducting a survey of Canadians “to learn more about their health care practices and the types of therapies and treatments they use.” In the selection of respondents, there was no mention of alternative or unconventional therapies.

The first sections of the questionnaire dealt with respondents’ general health and their use of health care services. Some of the questions from this portion of the survey asked whether there was a particular doctor or clinic usually visited for care, how often a medical doctor had been seen in the previous 12 months, and whether any extended medical insurance coverage was held, above and beyond the provincial health care plan.

The questionnaire then delved into more detail about respondents’ medical conditions. Over 30 medical conditions were surveyed, including heart problems or chest pain, cancer, lung prob-

lems such as asthma, digestive problems, sprains or strains, depression, back or neck problems, and headaches.

Respondents were then asked about the types of medical care they had obtained for the three most bothersome or serious medical conditions they had experienced in the previous 12 months. They were asked whether they had seen a medical doctor and how helpful they felt the treatment had been, where a medical doctor was defined as an “M.D. or an osteopath, not a chiropractor or other non-medical doctor.”

Once these data were collected, respondents were asked about their “use of some other kinds of therapies and treatments for [their] health conditions.” A randomized list of 22 alternative therapies was offered. It included more common treatments such as chiropractic, acupuncture and massage, as well as less common treatments such as biofeedback, megavitamin therapies, and imagery techniques. Respondents were asked to identify the three therapies they most frequently used in the prior 12 months, whether they used these therapies for wellness or for illness care, whether the care was provided by a professional (someone who was paid to provide these services), how many visits they made to receive these treatments, and whether the treatments were helpful or not. If the provider was not a medical doctor, respondents were asked if they had discussed their use of alternative treatments with their doctor and, if so, whether their doctor approved or disapproved of these treatment methods.

The questionnaire then focused on the costs of alternative health care. As many alternative therapies are not, or are only partially, covered by provincial medical insurance plans, respondents were asked whether any part of the visit they made to an alternative medicine provider was covered by insurance, and whether they were responsible for any of the cost of these visits. Re-

spondents were asked to estimate how much they paid out-of-pocket to their alternative therapy providers. As well, they were asked separately about any additional expenditures they may have made on herbs and/or vitamins, special diet programs for losing weight, and on books, classes, equipment, or any other items related to their use of an alternative therapy.

The survey's next questions diverged from respondents' personal use and feelings toward alternative therapies to whether their children—if they had any children under the age of 18 currently living in their household—had ever used alternative therapies. It was also determined which therapies their children had used and whether the use of these therapies had been discussed with the children's pediatrician.

The questionnaire then concentrated on respondents' beliefs and perceptions regarding alternative therapies. They were asked to comment on why they chose to use alternative therapies. For example, was it because they were more effective or because their provider was more attentive than their medical doctor? They were also asked the extent of their doctors' involvement in health care decisions. Specifically, they were queried regarding the degree to which they agreed with several statements. For example, they were asked whether they agreed with the statement "I will often tell doctors what kind of tests and treatment I think are best for me," with answers corresponding to a seven-point scale where "1" meant "completely disagree" and "7" meant "completely agree."

The next section concerned health care policy: whether alternative therapies should be funded publicly or privately, how the set of alternative therapies to be government-funded should be determined, and by whom. Respondents were also

asked to allocate \$100 between specific conventional and non-conventional treatments for heart problems, cancer, and back problems. The final survey questions gathered the demographic data required for analysis of the survey results.

### **Testing for selection bias: methodology**

The Angus Reid Group used a three-step approach in an effort to increase overall response rates and to ensure that non-respondent bias, or selection bias, was kept to a minimum.<sup>4</sup> First, interviewers were given a limited set of possible telephone numbers to call each night. They recorded any "not at home" or "callback" responses. Once the set was completed, no further calls were made that night. Second, each subsequent night, interviewers called their "not-at-home" and "callback" responses from the previous night before calling any new numbers. Any interviews completed at this point were counted in the previous night's totals. Finally, every effort was made to reach respondents, calling up to five times to make initial contact, and even up to seven times if necessary in order to complete the interview.

Despite these efforts, the response rate was only 25.7 percent. Therefore, follow-up interviews of non-respondents were conducted to check the initial survey for selection bias. The purpose of the non-respondent study was to measure the extent to which the demographic, behavioral, and attitudinal characteristics of individuals who *did not* participate in the initial survey differed in any significant way from those of the individuals who *did* participate. The non-respondent study was not intended to increase the overall response rate of the initial survey.

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4 Selection bias exists, in this setting, when the substantive characteristics of the non-respondents are significantly different from those of the respondents.

A total of 150 interviews with non-respondents to the initial study were completed. The interviews were conducted between February 6 and 12, 1998. The sample for the callbacks was randomly drawn from the database of those who had refused to participate in the initial survey, or who had ended the original interview before it was complete. The sampling was stratified according to the province of residence and based on population distribution in each province.

The same methodology was used for the non-respondent survey as was used in the original survey. This included up to seven callbacks for each number, with every effort made to convert non-responses into responses. However, follow-up respondents were not offered financial or other incentives to respond to the questionnaire as this would have varied from the methodology used to gather the initial sample. As well, interviewers did not badger or otherwise bully respondents to complete the questionnaire. Therefore, the response rate of the follow-up survey was lower than that of the original survey, at 15.6 percent. This is not surprising as this sample of respondents had refused to participate in the original survey, even after 5 callbacks, and in the seven-month period between the two surveys, some respondents may have been lost to the survey because they had moved or changed phone numbers.

### **Testing for selection bias: results**

A comparison of the results from the initial survey with those of the non-respondent survey was undertaken to evaluate whether there were any statistically significant differences in the answers given to a set of identical questions. In total, the results of 83 variables were compared for the 150 non-respondent interviews and the original sample. The non-respondent data set was weighted in the same fashion as the initial study (described in the next section) and significance testing was con-

ducted on both the weighted and unweighted data.

Of the 83 variables, 28 were chosen from among three areas—health status, incidence of specific conditions, and use of alternative therapies—for testing using logistic regression. Of the 28 variables tested using this method, in only 2 cases did the non-respondent results significantly differ from the original sample results. These two were whether respondents had ever used a lifestyle diet like vegetarianism or macrobiotics, and if they had ever used aromatherapy. The conclusion from this analysis, therefore, was that there is no serious selection bias present in the original survey.

Two-sample proportion tests were also conducted on the data. Of the 83 variables, 17 showed instances of statistically significant differences between results from the initial and follow-up surveys. There is no consistent pattern in the differences, and many of differences occur in responses to individual rating scores on the seven-point scales. For example, on a question such as whether the respondents agreed or disagreed, on a seven-point scale, with the statement that learning to self-treat some illnesses without contacting a physician is a good idea, the difference between the two surveys in the proportion of people giving a score of “1” for this statement was statistically significant.

Other of the 17 variables that differed significantly included proportion reporting poor health status (2% in the original study, 7% among non-respondents), the proportion of respondents 55 years of age or over (24% in original, 35% among non-respondents), the incidence of cancer (1% in original, 4% among non-respondents), those who believed that governments should pay for alternative medicines even if it means higher deficits (26% in original, 36% among non-respondents), and those who feel that the main factor in determining which medical practices are covered

by the public health system should be “scientific evidence or effectiveness” (36% in original, 48% among non-respondents). These instances of selection bias were, however, small in magnitude, and thus not of serious concern. Overall, the modest differences found here and in the other reported test indicate no serious selection bias problem.

### Sample preparation for analysis

The final sample was weighted by age and gender, to ensure that the proportions of Canadians surveyed in each age and gender category accurately reflect the actual proportions in the Canadian population. Actual proportions were drawn from Statistics Canada census data for 1991 which were updated to 1995 by the Angus Reid Group (more recent census estimates were not yet avail-

able). Because the questions inquired about the use of alternative medicine during the 12 months preceding the interview, the results correspond to the latter half of 1996 and the first half of 1997.

Extrapolations to alternative health care expenditures for the country as a whole were calculated using average expenditure data from the survey results. The calculations were based upon a Canadian population of 30,037,637 people (1997 data). For example, 156 of the 1,500 respondents (10.4%) used the services of a chiropractor. The average chiropractic user spent \$202.14 out-of-pocket on that therapy during the year. Thus, the estimated out-of-pocket total expenditure on chiropractic services in Canada in 1997 was the ratio of chiropractic users in the sample multiplied by the Canadian population then multiplied by the sample per-user expenditure on chiropractic services, producing an estimated total of \$631,473,936.

## Results

### Characteristics of the sample

Table 1 summarizes the demographic characteristics of the survey respondents. In general, the sample characteristics reflect those of the Canadian population. With respect to the frequency of medical conditions, 76.5 percent reported having at least one, and more than a third reported having three or more. However, the majority of respondents rated their health as excellent or very good (62% in total). This is shown in figure 1.

The survey also reveals that only 7 percent of those in excellent, very good, or good health felt that their daily activities were limited by their health while everyone in poor health felt that his or her activities were limited by health problems. Overall, the data show that limitations on daily life due to health problems increase with age and decrease with level of education.

Figure 1: General Health Evaluation of Survey Respondents

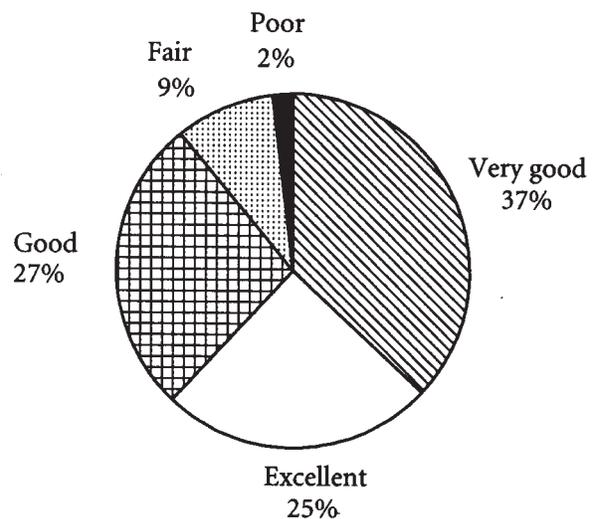


Table 1: Demographic Characteristics of the Survey Respondents

Characteristic	Frequency	Percentage*	Characteristic	Frequency	Percentage*
<b>Sex</b>			<b>Annual Income</b>		
Female	766	51.1	<\$20,000	242	16.1
Male	734	48.9	\$20,000 - \$39,999	412	27.4
<b>Age (Years)</b>			\$40,000 - \$59,999	351	23.4
18-24	170	11.3	\$60,000 - \$79,999	189	12.6
25-34	334	22.2	>\$79,999	203	13.6
35-49	472	31.5	Not known / not stated	103	6.9
50-64	296	19.8	<b>Province</b>		
>64	219	14.6	British Columbia	197	13.1
Not known / not stated	9	0.6	Alberta	135	9.0
<b>Cultural Background</b>			Saskatchewan	48	3.2
British**	610	40.7	Manitoba	57	3.8
French	240	16.0	Ontario	565	37.7
Other European	295	19.7	Quebec	376	25.1
Asian	51	3.4	New Brunswick	34	2.3
Native Canadian	32	2.2	Nova Scotia	53	3.5
Other North American	157	10.5	Prince Edward Island	8	0.5
Not known / not stated	114	7.7	Newfoundland	27	1.8
<b>Education</b>			<b>Number of Medical Conditions Reported</b>		
<High School	235	15.7	None	353	23.5
High School Graduate	339	22.6	One	340	22.7
Some Postsecondary	234	15.6	Two	295	19.7
College / Trade School Graduate	254	16.9	Three or more	512	34.1
University Graduate	430	28.7	At least one	1147	76.5
Not known / not stated	8	0.6	*Due to rounding, percentages do not always sum to 100.		
			**British includes: English, Scottish, Welsh, and Irish.		

Almost half (49%) of respondents had not spent a single day in bed—at home or in hospital—in the 12 months prior to the survey due to illness or injury. Twenty-two percent of respondents spent one or two days in bed, 18 percent were bedridden for three to nine days, and 10 percent had spent ten or more days in bed during the previous year.

### General use of health care services

Eighty-eight percent of respondents “usually” sought medical care from a particular doctor’s office, clinic, or health centre, while 82 percent “usually” saw a particular doctor. When people changed doctors, it was most likely because they had little confidence in their previous doctor. Figures 2a and 2b show that peoples’ demonstrated

loyalty to a doctor or particular clinic is directly related to their confidence in the doctor.

All respondents—both those who were loyal to one clinic or doctor and those who were not—generally had confidence in doctors. Seventy-three percent had “total/a lot” of confidence that their doctor “could help them manage their overall health.” Only 6 percent had no or little confidence in their doctor.

However, while respondents valued the opinions of their doctors, they also wanted to be fully informed about treatment options. Most people asked doctors a lot of questions but generally did not tell doctors what they were looking for in terms of tests and treatments. On a seven-point scale, with “1” meaning “completely disagree” and “7” meaning “completely agree,” the average score was 4.9 in response to the statement “I feel it is important to do everything a doctor tells me to do,” and 4.7 to the statement that “Most people should go to the doctor when they feel sick because they don’t know enough to make informed choices about their own health.” As much as respondents

Figure 2a: Usually go to a Particular Doctor’s Office, Clinic or Health Centre

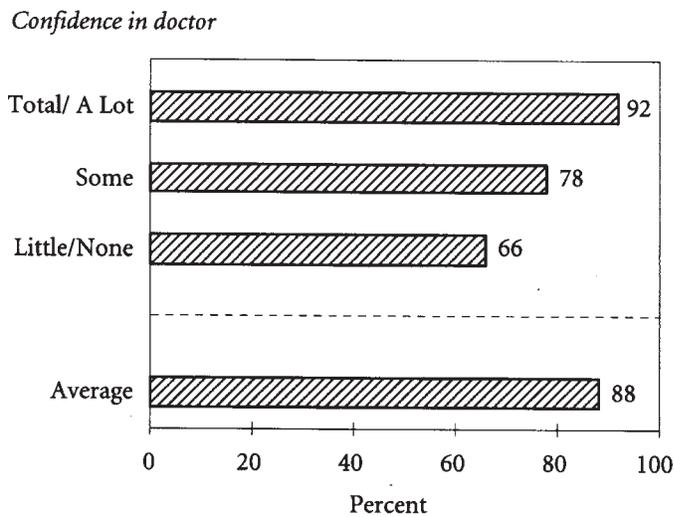
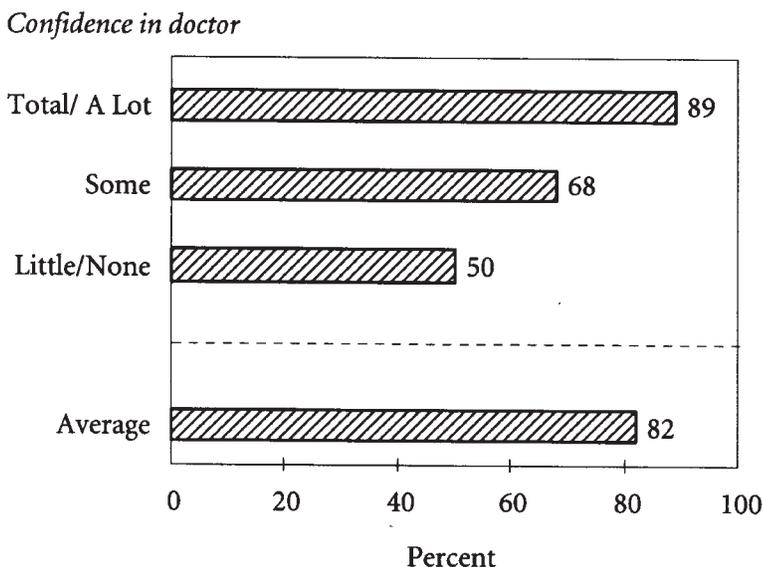


Figure 2b: Usually go to a Particular Doctor



relied on doctors, however, they did not generally agree with the statement that their “health was like the weather”—that there was not much they could do about it. This statement scored a 2.6 out of 7.

Half of the respondents had some form of health insurance coverage above and beyond that provided by their provincial medical plans. Extended coverage was most common in the 35-44 and 45-64 age groups, among those with “poor” health, in Saskatchewan and Manitoba, and among those with higher income. Figure 3 shows the variations in extended health insurance coverage by age, health status, region, and income.

### **Use of conventional medical treatments for health conditions**

The most common conditions from which people suffered during the year prior to the survey were back and neck problems (30%), allergies (29%), and arthritis or rheumatism (20%). Difficulty walking (17%) and headaches (16%) were next on the list of people’s ailments. Table 2 reports these findings, and shows individuals’ use and the perceived effectiveness of conventional medical treatments received in the 12 months prior to the survey.

On average, 73 percent of respondents sought medical attention for their health problems during the previous year. People suffering from neurological problems (100%), diabetes (98%), or high blood pressure (96%) were the most likely to have seen a doctor for their condition. Fatigue (94%) and prostate problems (91%) were also conditions for which people frequently sought medical attention from a doctor. People were less likely to visit a doctor for allergies (40%), problems related to a head injury (35%), or problems with drugs or alcohol (34%).

Those people who received care from a doctor in the year prior to the survey often felt that the care

was very or somewhat helpful (78% on average). Everyone receiving treatment from a doctor for cancer, high blood pressure, kidney problems, head injuries, alcohol and drug problems, or chronic dental problems was pleased with the care they were given. Least likely to be happy with the care provided by a doctor were those people suffering from neurological problems (35%), impotence (42%), or bladder problems (47%).

Most sufferers of anxiety attacks and severe depression did seek treatment for their condition, most often from a psychiatrist (47%), least often from a member of the clergy (6%). The majority of people who sought care from a psychiatrist, other medical doctor, social worker, or clergy found the treatment helpful.

### **Use of alternative therapies**

Almost three-quarters of Canadians have used at least one alternative therapy sometime in their lives. British Columbians (84%) were the most likely to have used an alternative therapy during their lifetime while Quebeckers (66%) and Atlantic Canadians (69%) were least likely to have done so. The percent of people having used an alternative therapy in their lifetime was 79 percent for people living in Saskatchewan/Manitoba, 75 percent for Albertans, and 72 percent for Ontarians.

Chiropractic care was the most common type of therapy used by Canadians over their lifetimes, with 36 percent having tried it. Twenty-three percent of Canadians have used relaxation and massage, 21 percent prayer, and 17 percent herbal remedies. Again, there were regional variations. For example, more than half of Saskatchewan/Manitoba respondents had used chiropractic care, versus only 18 percent of Atlantic Canadians. The Western provinces were more likely to have used relaxation techniques and massage therapy, while prayer use was most prevalent in Atlantic Canada. Table 3 summa-

Figure 3: Extended Health Insurance Coverage Beyond that Provided by the Provincial Health Insurance Plan

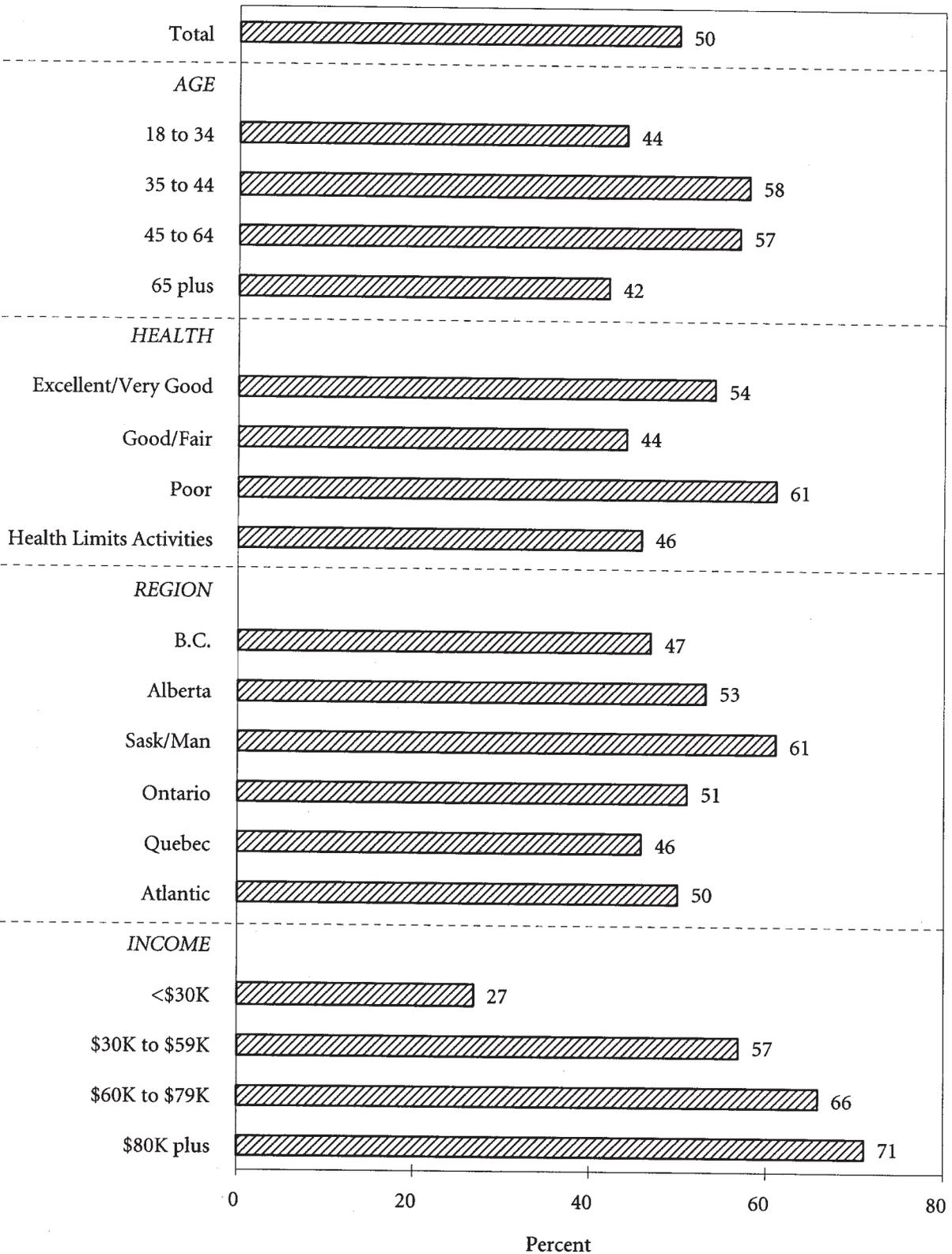


Table 2: Use and Perceived Effectiveness of Conventional Medical Treatment in the 12 Months June 1996 to May 1997, by Condition

Health Condition	Number Reporting Condition	Saw a Medical Doctor in Past 12 Months (%)	Found Care Very/Somewhat Helpful (%)
Heart problems or chest pain	99	87	91
Diabetes	43	98	94
Cancer	20	89	100
Lung problems (asthma, bronchitis or emphysema)	143	61	93
High blood pressure	40	96	100
Poor circulation in legs	18	73	57
Digestive system problems (ulcers, inflammatory bowel disease, hepatitis or constipation)	132	67	78
Bladder problems	16	82	47
Kidney problems	17	75	100
Prostate problems	14	91	86
Impotence	12	60	42
Gynaecologic or menstrual problems	116	71	79
Neurological problems (stroke, Parkinson's, multiple sclerosis, neuropathy or seizures)	5	100	35
Problems related to a head injury	3	35	100
Sprains or strains	56	79	85
Edema, swelling, or water retention	10	72	52
Skin or dermatological problems	38	85	73
Allergies	319	40	86
Episodes of dizziness	36	71	84
Insomnia	46	87	66
Fatigue	67	94	61
Problems with alcohol or drugs	18	34	100
Significant weight problem	41	75	73
Chronic dental problems	10	49	100
Arthritis or rheumatism	216	55	77
Back or neck problems	391	62	76
Frequent headaches	186	63	72
Difficulty with routine walking	169	89	74
<i>Average</i>		73	78

Table 3: Ten Most Common Alternative Therapies Used in Canada in an Individual's Lifetime, by Region (%)

Therapy	Canada	BC	Alberta	Sask/ Man	Ontario	Quebec	Atlantic
Used at least one therapy in lifetime	73	84	75	79	72	66	69
Chiropractic (n = 539)	36	48	37	52	36	31	18
Relaxation techniques (n = 349)	23	31	27	23	22	20	22
Massage (n = 346)	23	37	29	27	20	20	14
Prayer (n = 316)	21	24	22	26	21	16	27
Herbal therapies (n = 258)	17	32	23	14	19	7	13
Special diet programs (n = 178)	12	15	12	21	11	9	10
Folk remedies (n = 176)	12	20	11	19	11	7	15
Acupuncture (n = 173)	12	16	8	8	11	13	8
Yoga (n = 152)	10	21	7	9	10	7	8
Self-help group (n = 124)	8	14	5	11	9	4	9
Lifestyle diet (n = 127)	8	17	9	4	9	5	7
Homeopathy (n = 127)	8	9	3	4	6	16	4

rizes the regional variations for the 10 most common alternative therapies ever used by respondents in their lifetimes. Examples of treatments that were least used by Canadians, and which therefore do not appear in table 3, are spiritual or religious healing by others, hypnosis, and high-dose megavitamin therapy—each with only 5 percent of Canadians ever having tried them—and chelation therapy (at 1%).

Table 4 shows the types of therapies used across Canada in the prior 12 months. One-half of Canadians used at least one alternative therapy in the year prior to the survey, although their use was more prevalent in the West, with 60 percent of British Columbians having used an alternative therapy during the year, compared to 44 percent of Quebecers and 45 percent of Atlantic Canadians. In the 12 months prior to the survey, prayer

was used by 85 percent of Canadians who have used it in their lifetimes. Aromatherapy was used during the year by 81 percent of Canadians who have used it before, ranging from a high of 100 percent in Atlantic Canada to a low of 73 percent in Ontario.

General satisfaction with alternative care was expressed: of the respondents who had used alternative therapy in the prior 12 months, 88 percent found the care somewhat (40%) or very helpful (48%).

The most likely alternative therapy users were from the 18-to-24-year-old age group, with 55 percent of respondents in this age category having used alternative medicine in the previous 12 months. The use of alternative treatments then diminishes with age, with 45 percent of seniors (65

Table 4: Ten Most Common Alternative Therapies Used in Canada in the 12 Months from June 1996 to May 1997, by Region (%)

Therapy	Canada*	Canada**	BC**	Alberta**	Sask/Man**	Ontario**	Quebec**	Atlantic**
Used at least one therapy in past 12 months	50	N/A	60	54	58	50	44	45
Prayer (n = 268)	18	85	93	80	84	83	85	87
Relaxation techniques (n = 250)	17	72	81	73	81	72	69	47
Chiropractic (n = 195)	13	36	39	41	42	39	27	24
Massage (n = 176)	12	51	52	42	62	51	52	46
Herbal therapies (n = 183)	12	71	78	65	88	71	46	80
Folk remedies (n = 88)	6	50	46	67	51	57	23	61
Lifestyle diet (n = 82)	5	64	68	66	47	65	62	59
Aromatherapy (n = 77)	5	81	82	95	85	73	77	100
Yoga (n = 57)	4	37	47	30	34	38	22	42
Homeopathy (n = 68)	4	54	31	57	23	64	53	85

years and older) having used them during the year prior to the survey. Income did not seem to be a factor in alternative medicine use, with 54 percent and 55 percent, respectively, of the less-than-\$20,000-a-year income group and the \$60,000-to-\$79,999-a-year income groups having used alternative medicine. Those respondents with some post-secondary education were the most likely in the year prior to the survey to have used alternative medicines (58%), including 53 percent of university graduates; in contrast, only 40 percent of those with less than high school education did so.

Canadians used alternative therapies an average of 4.4 times during the year. Ontarians visited a provider of alternative therapy most often, with an average of 6.6 visits, compared to 5.7 in Saskatchewan/Manitoba, 5.5 in British Columbia, 2.4 in Alberta, 1.9 in Quebec and 1.1 in Atlantic Canada. While the 18-to-24 age group was the

most likely to have used alternative medicine (55%), the 35-to-49 year olds were the most likely to have seen an alternative therapy provider for their treatment (23 percent, versus 15 percent of the 18-to-24-year-olds). The use of a provider for treatment increased with income, with 10 percent of those with incomes below \$20,000 seeing a provider in the prior year compared to 23 percent of respondents with annual incomes greater than \$80,000. As with the use of alternative therapies, those with some post-secondary education were the most likely to have seen a provider (23%).

Table 5 shows that 88 percent of those who received chiropractic care and 76 percent of those receiving massage therapy in the 12 months prior to the survey saw a professional. (In this context, a professional is defined as someone who is paid for his or her services.) Only 7 percent of those using a folk remedy and 9 percent of those using prayer for treatment received them from a profes-

**Table 5: Use of an Alternative Therapy Professional and Average Number of Visits in 12 Months from June 1996 to May 1997**

Therapy	Saw a Professional (%) <sup>*</sup>	Average Number of Visits per User in Past 12 Months <sup>**</sup>
Chiropractic (n = 539)	88	16
Relaxation techniques (n = 349)	13	10
Massage (n = 346)	76	12
Prayer (n = 316)	9	45
Herbal therapies (n = 258)	16	6
Special diet programs (n = 178)	40	11
Folk remedies (n = 176)	7	2
Acupuncture (n = 173)	75	6
Yoga (n = 152)	14	52
Self-help group (n = 124)	26	21
Lifestyle diet (n = 127)	11	2
Homeopathy (n = 127)	27	3
Imagery techniques (n = 109)	13	7
Energy healing (n = 103)	28	22
Naturopathy (n = 43)	39	5
Aromatherapy (n = 95)	20	5
Spiritual or religious healing by others (n = 70)	38	72
Hypnosis (n = 7)	N/A	1
High-dose megavitamins (n = 70)	17	6
Biofeedback (n = 9)	N/A	N/A
Osteopathy (n = 22)	60	3
Chelation (n = 3)	64	7
*Base: those who have used the particular therapy in the last 12 months.		
**Base: those who have ever used the particular therapy in their lifetimes.		

sional during the 12 months prior to a survey. The therapies with the heaviest rate of use per patient were spiritual or religious healing by others (72 visits in the previous 12 months), yoga (52 visits), and prayer (45 visits).

Respondents tend to have first used alternative therapies during their late 20s or early 30s. For example, people typically first try chiropractic care between the age of 30 and 33, and, depending on the province, first try lifestyle diets anywhere between ages of 24 (Quebec) and 32 (Ontario). Folk remedies and prayer are two therapies typically started at an earlier age. People begin practising prayer for their own personal healing at age 14 in both Quebec and Atlantic Canada. The high end of the range is 22 years of age in Saskatchewan/Manitoba. Respondents start using folk remedies anywhere from age 15 in Atlantic Canada to age 24 in Quebec.

Most people choosing to use alternative therapies in the 12 months preceding the survey did so for “wellness”—to prevent future illness from occurring, or to maintain health and vitality (81% in total). Everyone using biofeedback, osteopathy, and chelation therapy used the treatments for wellness. Eighty-six percent of people using imagery techniques and yoga, 84 percent of those using relaxation techniques, and 83 percent of those using prayer or high-dose megavitamin therapy did so for wellness reasons.

Overall, 39 percent of respondents had “total” confidence in their alternative health provider, and 71 percent had “total” or “a lot” of confidence. Seventy-one percent of respondents using

**Table 6: Proportion of Providers who were Medical Doctors and the Proportion of Alternative Therapy Users who have Total Confidence in their Provider**

	Percent of Providers who were Medical Doctors	Percent of Users with Total Confidence in their Provider
Chiropractic	31	69
Relaxation techniques	35	34
Massage	5	45
Prayer	5	67
Herbal therapies	23	25
Special diet programs	33	26
Folk remedies	0	31
Acupuncture	24	50
Yoga	0	37
Self-help group	37	35
Lifestyle diet	89	9
Homeopathy	17	31
Imagery techniques	16	71
Energy healing	0	19
Naturopathy	8	14
Aromatherapy	0	18
Spiritual or religious healing by others	0	62
Hypnosis	0	N/A
High-dose megavitamins	100	12
Biofeedback	N/A	N/A
Osteopathy	0	34
Chelation	N/A	N/A

imagery techniques had total confidence in their provider (table 6). The next highest level of provider confidence was among those using chiropractic care (69%), followed by users of prayer for their own healing (67%), and spiritual or religious healing by others (62%). The lowest level of provider confidence was among users of lifestyle diets (9%). Table 6 not only shows the level of confidence that alternative therapy users had in their providers, but whether their alternative therapy provider was a medical doctor. All providers of high-dose megavitamin therapy were doctors, and 89 percent of lifestyle diet providers were doctors. None of the providers of folk remedies, yoga, energy healing, aromatherapy, spiritual or religious healing by others, hypnosis, or osteopathy was a medical doctor.

Three-quarters of respondents who used chiropractic care did so because of back or neck problems, while 6 percent used it for headaches, and 4 percent for general overall health. Forty-two percent of respondents chose massage therapy for back and neck problems, while 12 percent chose it to relax, and 8 percent to relieve stress. Prayer, yoga, lifestyle diets, imagery techniques, naturopathy, spiritual healing by others, high-dose megavitamin therapy, and chelation therapy were used mainly for general health reasons. Respondents with colds or flu tended toward herbal and folk remedies, as well as homeopathy. Relaxation was the primary reason for respondents who used aromatherapy, hypnosis, and biofeedback.

Table 7 shows which alternative therapies were used for the 10 most common medical conditions reported. As was discussed previously, back and neck problems (30%), allergies (29%), and arthritis or rheumatism (20%) were the most common ailments suf-

Table 7: Use of Alternative Therapy for the  
10 Most Frequently Reported Principal Medical Conditions

Rank	Condition	Percent Reporting Condition	Percent using Alternative Therapy in Past 12 Months*	Percent Who Saw a Provider in Past 12 Months*	Percent Who Saw a Doctor in Past 12 Months*	Therapies most Commonly Used
1	Back or neck problems	30%	71%	32%	11%	Chiropractic, Spiritual healing
2	Allergies	29%	60%	21%	9%	Relaxation Techniques, Spiritual Healing
3	Arthritis or rheumatism	20%	60%	18%	8%	Spiritual Healing, Relaxation Techniques
4	Difficulty walking	17%	67%	22%	10%	Spiritual Healing, Relaxation Techniques
5	Frequent headaches	16%	65%	29%	8%	Spiritual Healing, Relaxation Techniques
6	Lung problems	12%	62%	20%	11%	Spiritual Healing, Relaxation Techniques
7	Digestive problems	12%	63%	25%	10%	Spiritual Healing, Massage Therapy
8	Gynecological problems	10%	70%	29%	9%	Relaxation Techniques, Spiritual Healing
9	Anxiety attacks	9%	69%	19%	10%	Spiritual Healing, Relaxation Techniques
10	Heart problems or chest pain	9%	59%	19%	6%	Spiritual Healing, Relaxation Techniques

\*Percentages are of those who reported the condition. Provider denotes a provider of care who is not a medical doctor.

Note: Double counting may occur because some patients may have seen both a medical doctor and an alternative provider.

ferred by respondents. Spiritual healing and relaxation techniques were the therapies most commonly used to treat respondents' medical conditions. However, chiropractic care was most often used for back and neck problems, and spiritual healing most often in the treatment of digestive problems.

### Children's use of alternative therapies

Seventeen percent of households with children under the age of 18 used alternative medicine for their children in the 12 months prior to the survey. As shown in table 8, the most widely used

Table 8: Proportion of Children who used Alternative Medicine in the 12 Months from June 1996 to May 1997

Therapy	Percent of Children under the Age of 18 who have used Alternative Medicine	Percent of Children using the Therapy to Treat an Illness	Percent of Children using the Therapy to Maintain Wellness
Chiropractic	39	48	22
Herbal therapies	29	33	34
Homeopathy	21	37	16
Relaxation techniques	17	10	57
Folk remedies	17	78	6
Prayer	16	12	45
Massage	16	37	33
Lifestyle diet	15	67	29
Imagery techniques	6	N/A	N/A
Naturopathy	5	N/A	N/A
Aromatherapy	5	N/A	N/A
Yoga	4	N/A	N/A
Spiritual or religious healing by others	4	N/A	N/A
High-dose megavitamins	3	N/A	N/A
Osteopathy	3	N/A	N/A
Special diet programs	2	N/A	N/A
Acupuncture	2	N/A	N/A
Self-help group	2	N/A	N/A
Energy healing	1	N/A	N/A
Hypnosis	0	N/A	N/A
Biofeedback	0	N/A	N/A
Chelation	0	N/A	N/A

therapies by children include chiropractic (39%), herbal remedies (29%), and homeopathy (21%). No children in the households surveyed used hypnosis, chelation, or bio-feedback.

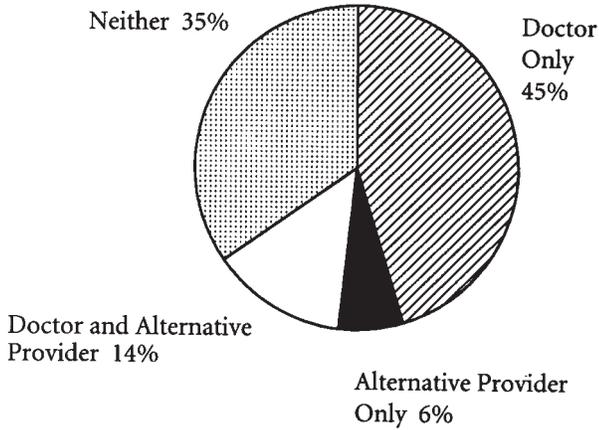
More children used chiropractic care, homeopathy, folk remedies, massage, and lifestyle diets to treat an illness than to maintain wellness. Relaxation techniques, herbal therapies, and prayer, however, were most often used for maintaining wellness.

### Conventional and alternative providers of care

As was previously stated, the majority of respondents (76.5%) reported one or more health conditions. Forty-five percent of respondents with at least one medical condition saw only a medical doctor and not an alternative therapy provider for treatment of their condition (see figure 4). Fourteen percent saw both an alternative provider and a doctor, while 6 percent saw a provider only; 35 percent saw neither a doctor nor a provider for their medical condition.

Figure 5 shows the percentages of respondents who saw a medical doctor or a provider (some saw both) for treatment of the 10 most common medical conditions. In every in-

Figure 4: Percent of Respondents with at least One Medical Condition who saw a Professional in the 12 Months from June 1996 to May 1997

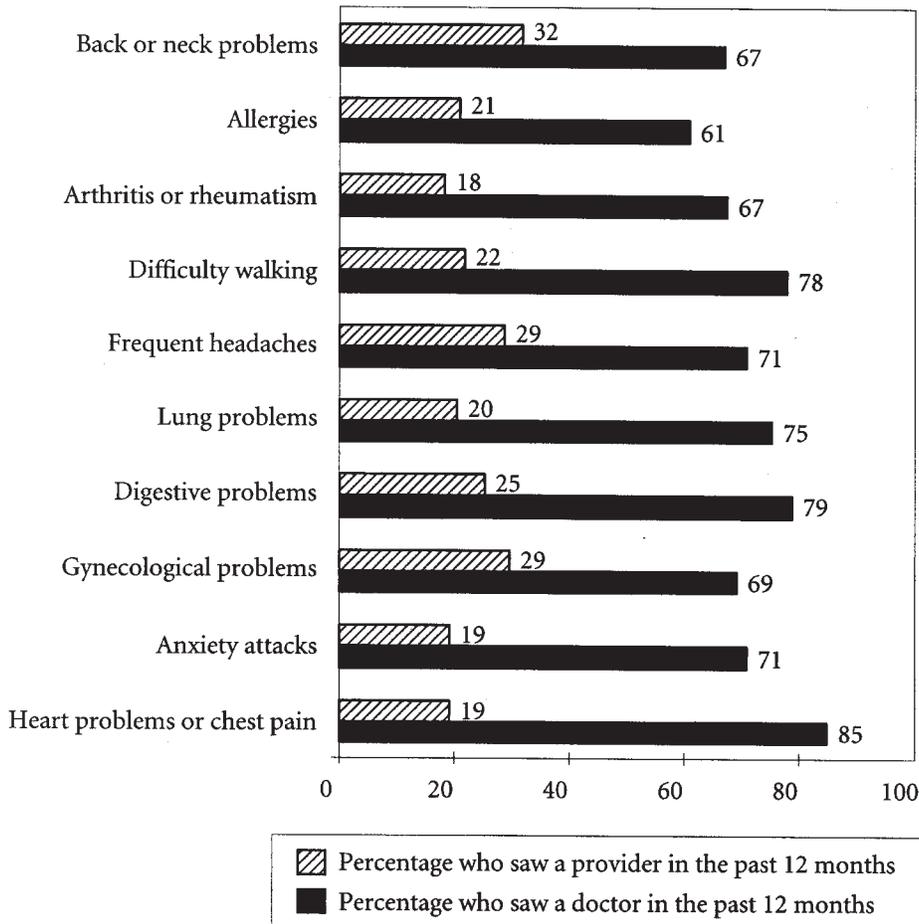


stance, a higher proportion of respondents saw a medical doctor for their condition.

Doctors, therefore, are still the main health care providers for Canadians. Almost half of respondents (49%) saw a doctor before turning to a provider of alternative therapy, compared to 17 percent who saw an alternative therapy provider first. Twenty-seven percent of respondents saw a provider and a doctor concurrently, while 8 percent said which medical provider they visited first depended on their medical condition.

The majority of respondents (56%) had not discussed their use of alternative medicine with their doctor; see table 9. Only users of chiropractic care, energy healing, and spiritual or religious healing

Figure 5: Percent of Respondents Seeing a Medical Doctor or Other Provider for Conventional or Alternative Medical Care



by others were more likely than not to have discussed their use of alternative therapy with their doctor. The reasons for patients not having a discussion about alternative therapies with their doctors varied. Respondents were given a list of possible explanations as to why people in general would not discuss alternative therapy use with their doctor, and were asked whether these explanations applied to them. Respondents were allowed to opt for more than one explanation. Fifty-four percent of respondents said that the reason "your doctor never asked you about these therapies" applied to them. Fifty-three per-

**Table 9: Percent of Alternative Therapy Users who have Discussed Specific Therapies with their Medical Doctors**

	Percent of Users*
Spiritual or religious healing by others	73
Energy healing	54
Chiropractic	52
Acupuncture	44
Massage	42
Naturopathy	42
Herbal therapies	38
Relaxation techniques	36
Special diet programs	33
Prayer	32
Homeopathy	20
Aromatherapy	0
Folk remedies	N/A
Yoga	N/A
Self-help group	N/A
Lifestyle diet	N/A
Imagery techniques	N/A
Hypnosis	N/A
High-dose megavitamins	N/A
Biofeedback	N/A
Osteopathy	N/A
Chelation	N/A
*Base: those whose alternative medicine providers were not medical doctors and who see a particular doctor most often.	

cent expressed the sentiment that it was not important for their doctor to know, and 39 percent thought that it was none of their doctor's busi-

ness. Only 22 percent were concerned that their doctor would not approve, 21 percent that their doctor would discourage them, 17 percent that their doctor would not understand, and 6 percent that their doctor might not continue as their provider. Among those respondents who had discussed their therapy with their doctors, 80 percent said that their doctor approved either strongly or moderately of this practice.

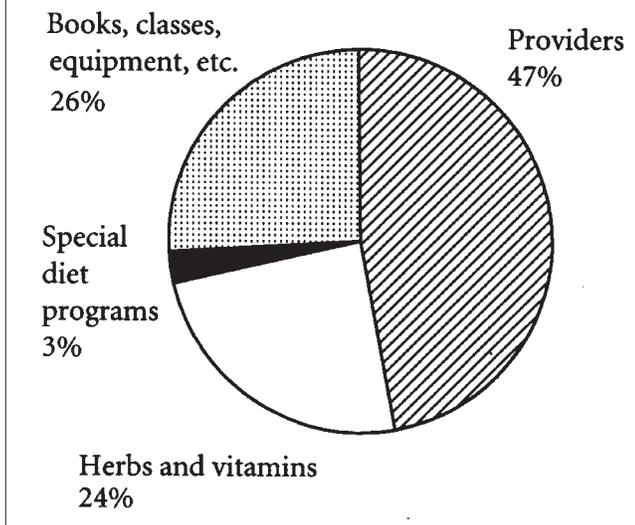
### **Attitudes toward alternative therapies**

Seventy-two percent of Canadians who used an alternative therapy did so because they believed that using alternative medicine together with conventional medicine was better than using either alone. The support for this belief in every region was 70 percent or above, except in Atlantic Canada, where only 59 percent of respondents agreed.

Almost half of Canadians (47%) used alternative therapies because they experienced real and prompt physical relief from alternative medicine in contrast to what they experienced from conventional care. Again, the lowest proportion of respondents who felt this way was in Atlantic Canada (39%), while Quebeckers were the most likely to have had this experience (59%).

Only 26 percent of respondents in Saskatchewan/Manitoba and 28 percent of Albertans thought that providers of alternative care spent more time with them than doctors did, versus a Canadian average of 37 percent. Only 15 percent of Albertans felt that alternative providers were better listeners than medical doctors, as compared to 40 percent in Quebec, 39 percent in BC, and a Canadian average of 31 percent. As well, Albertans (17%) were less likely than respondents in any other province (36% average) to think that alternative providers offered a more understandable and useful explanation of medical problems than conventional medical doctors.

Figure 6: Breakdown of Alternative Medicine Expenditures



Overall, only 20 percent of respondents thought that alternative therapies were superior to conventional therapies. Despite this, 77 percent of Canadians agreed that conventional medicine does not have “all of the answers” to health problems, while 74 percent agreed that since alternative medicine has been used for centuries in other countries, there “must be something good about it.” Sixty-nine percent also agreed that just because many alternative medicines have not been scientifically tested and approved by the Canadian and provincial medical bodies does not mean that they are not effective.

More British Columbians claimed that there was value in alternative therapies than did residents of other provinces, though Quebeckers were also quite receptive to alternative therapies. The Atlantic provinces were the most skeptical or cautious about alternative therapies, although this could be the result of their attitude towards health in general; 59 percent of Atlantic Canadians agreed with the statement that “when it comes to my health, I don’t like to try anything new that hasn’t been proven,” as compared to 55 percent of Quebeckers, 53 percent of respondents from Saskatchewan/Manitoba, 52 percent of

Ontarians, 46 percent of British Columbians, and 42 percent of Albertans. Atlantic Canadians were also the most likely to agree with the statement that “if my doctor doesn’t recommend I use alternative medicine, I’m not going to try it.” Forty-one percent of those in Atlantic Canada agreed with this statement, compared to 22 percent of British Columbians and a Canadian average of 35 percent.

### National projections of use and expenditures

The survey data indicate that more than 15 million Canadians used alternative medicine in the year prior to the survey. This means that there were more than 15 million people spending their own money, in addition to their taxes, on health care.

While respondents who used chiropractic care reported that about 75 percent of the costs were covered by their health insurance, insurance coverage was below 10 percent for those respondents using relaxation (9%), homeopathy (7%), energy healing (7%), aromatherapy (5%), folk remedies (4%), imagery techniques (4%), herbal therapies (2%), yoga (0%), and biofeedback (0%). Other popular alternative therapies were also only partially insured; 36 percent of the costs of massage were covered, as were 41 percent of acupuncture costs.

The average amount paid out-of-pocket, per person, to alternative providers in the 12 months prior to the survey was \$60.02. Including the additional costs of vitamins and diet programs, this average increases to \$94.69. If the average of \$33.23 spent on books, classes, equipment and other material is included, the annual total spent was \$127.92 per capita. Figure 6 illustrates the breakdown of expenditures on alternative health care; the cost of providers represents the major expenditure at 47 percent.

Table 10: Estimates of the National Expenditure on Alternative Therapies in Canada

Alternative Therapy (1)	Number of Users Who Spent Money on Alternative Therapies in Past Year (2)	Proportion of Total Re- spondent Sample (Users and Non-Users) (3)	Average Annual Ex- penditure (4)	Canadian Popula- tion (Jan. '97) (5)	Projected Canadian Expenditure (column 3 x col- umn 4 x column 5)
Acupuncture	21	1.4%	\$202.65	30,037,637	\$85,219,780
Chiropractic	156	10.4%	\$202.14	30,037,637	\$631,473,936
Homeopathy	11	0.7%	\$137.27	30,037,637	\$30,237,888
Herbal Therapies	22	1.5%	\$134.77	30,037,637	\$59,374,873
Megavitamins	5	0.3%	\$314.77	30,037,637	\$31,516,763
Spiritual Healing (self)	N/A	N/A	N/A	30,037,637	N/A
Spiritual Healing (by others)	N/A	N/A	N/A	30,037,637	N/A
Diet Programs	18	1.2%	\$272.93	30,037,637	\$98,378,440
Lifestyle Diet	9	0.6%	\$136.11	30,037,637	\$24,530,737
Relaxation Techniques	25	1.7%	\$88.58	30,037,637	\$44,344,626
Imagery Techniques	6	0.4%	\$1,381.22	30,037,637	\$165,954,607
Massage Therapy	112	7.5%	\$187.13	30,037,637	\$419,703,029
Energy Healing	8	0.5%	\$205.46	30,037,637	\$32,915,089
Folk Remedies	3	0.2%	\$63.13	30,037,637	\$3,792,252
Self-help Groups	8	0.5%	\$285.10	30,037,637	\$45,673,228
Biofeedback	N/A	N/A	N/A	30,037,637	N/A
Hypnosis	1	0.1%	\$50.00	30,037,637	\$1,001,255
Naturopathy	9	0.6%	\$194.73	30,037,637	\$35,094,883
Yoga	4	0.3%	\$72.93	30,037,637	\$5,841,605
Osteopathy	3	0.2%	\$22.50	30,037,637	\$1,351,694
Chelation	2	0.1%	\$1,000.00	30,037,637	\$40,050,183
Aromatherapy	11	0.7%	\$210.88	30,037,637	\$46,451,804
Herbs and Vitamins	477	31.8%	\$98.15	30,037,637	\$937,554,751
Special Diet Programs	431	28.7%	\$12.03	30,037,637	\$103,810,073
Books, Classes, etc.	199	13.3%	\$250.51	30,037,637	\$998,290,853
<b>Totals</b>					
Provider costs: acupuncture, chiropractic, homeopathy, etc.					\$1,802,906,670
Other costs: herbs, vitamins, diet programs, books, classes, etc.					\$2,039,655,678
Total spending on alternative health care					\$3,842,562,347

Table 10 shows how the average expenditure data from the survey results were extrapolated to the Canadian population. The first column shows the number of respondents who used a particular alternative therapy, and the second column indicates what proportion of the total respondents (users and non-users of alternative medicine in the year prior to the survey) each therapy group represents. For example, 21 users of acupuncture visited a professional provider during the latter half of 1996 and the first half of 1997; this represents 1.4 percent of the 1,500 total respondents. The average spent during the same time on acupuncture was \$202.65. The projected Canadian expenditure of \$85,219,780 is the product of columns 3, 4, and 5—the percent of respondents, the average expenditure, and the Canadian population (both users and non-users of alternative medicine).

Using this method, the projected total out-of-pocket expenditure on providers of alternative therapy in Canada during the latter half of 1996 and the first half of 1997 is over \$1.8 billion. In that time, Canadians are also estimated to have spent more than \$937 million on herbs and vitamins, almost \$104 million on special diet programs, and more than \$998 million on books, classes, and equipment. In total, Canadians spent approximately \$3.8 billion on alternative medicine in the latter half of 1996 and the first half of 1997. Given that a total of about \$23 billion was spent on private health care in Canada during the surveyed period, alternative medicine accounted for more than 16 percent of private health spending in the country.

### Policy variables

Despite the large out-of-pocket expenses that Canadians are incurring to use alternative medicine, the majority (60.3%) believe that it should be covered privately and not be included in provincial health plans. The most support for private payment of alternative therapies was found in the

18-to-24-year-old age group (68%)—the group which, as noted earlier, was most likely to use alternative therapies.

The disabled (36%), those earning less than \$20,000 a year (47%), those aged 50 to 64 (50%), those with less than a high school education (44%), and those divorced (41%) were the least likely in each of their separate demographic categories to support private payment for alternative therapies.

If alternative care were going to be paid for by governments, however, table 11 breaks down the levels of support for the financing of alternative health care from current health budgets, from other ministry budgets, from an increase in taxes, and from an increase in government deficits. The most popular option was the diversion of funds from other parts of the health care system into alternative therapies (with an average of 38 percent of respondents who strongly or moderately supported this option), and the least popular methods of funding were from other ministry budgets or through deficit financing (20 percent and 19 percent, respectively).

With respect to what should be covered by provincial insurance plans, 37 percent of respondents felt that these decisions should be made by all health care providers—alternative and conventional—while only 13 percent felt that the provincial government should be responsible for these decisions, 9 percent the federal government, 9 percent the regional health authorities, and only 2 percent felt that the public should make these decisions. Seventeen percent of respondents felt that medical doctors should make the decisions as to insurance plan coverage.

When asked to allocate \$100 between conventional and alternative therapies for three different conditions: clogged arteries, lung cancer, and lower back pain, survey respondents allocated more of the \$100 to conventional treatments of

Table 11: Support for Various Public Financing Arrangements for Alternative Therapies				
Percent of respondents supporting the financing of alternative health care from ...				
	The current health budget	Other ministry budgets	An increase in taxes	Increasing the government deficit
<i>Employment Status</i>				
Full-time employee	32%	22%	27%	21%
Part-time employee	40%	19%	24%	19%
Homemaker	43%	13%	20%	16%
Unemployed	31%	22%	22%	22%
Retired	31%	22%	27%	16%
Student	39%	17%	21%	23%
Disabled	35%	20%	29%	19%
Other	38%	20%	19%	12%
<i>Income</i>				
Less than \$20,000	34%	24%	25%	23%
\$20,000-\$39,999	43%	20%	26%	20%
\$40,000-\$59,999	44%	19%	25%	20%
\$60,000-\$79,999	41%	20%	20%	16%
Greater than \$80,000	31%	17%	25%	13%
<i>Age</i>				
18-24	36%	17%	24%	22%
25-34	41%	19%	20%	17%
35-49	43%	21%	24%	19%
50-64	40%	20%	26%	20%
Over 64	29%	20%	28%	16%
<i>Education</i>				
Less than High School	35%	23%	27%	23%
High School Graduate	37%	23%	23%	18%
Some Post-Secondary	41%	19%	24%	22%
College/Trade Sch. Grad.	40%	16%	24%	16%
University Graduate	42%	18%	25%	19%
<i>Marital Status</i>				
Married	39%	18%	22%	15%
Common-law	36%	20%	25%	23%
Widowed	28%	20%	24%	16%
Divorced	46%	32%	26%	22%
Separated	53%	30%	33%	25%
Never Married	41%	20%	28%	24%
Averages	38%	20%	24%	19%

How much of \$100 would you spend to address the problem of	Procedure/Therapy	Average Amount Allocated (\$)
Clogged arteries?	Bypass surgery	45
	Chelation therapy	15
	Programs to modify diet and lifestyle	40
Lung cancer?	Chemotherapy or radiation	52
	Laetrile or herbal therapies	17
	Programs to modify diet and lifestyle	31
Lower back pain?	Surgery	27
	Chiropractic treatment	36
	Massage and exercise therapies	37

heart disease and cancer—bypass surgery and chemotherapy or radiation, respectively—than to alternative treatments, which included diet modifications, chelation therapy for clogged arteries, and laetrile or herbal remedies for cancer. Respondents divided their \$100 more equally among the three treatments offered for back pain, with massage and chiropractic receiving about the same allocation, and surgery receiving the smallest, at \$27. Table 12 shows respondents' treatment spending preferences.

The majority of respondents felt that the most important factor in determining what should be covered by provincial health plans was either scientific evidence that the service or treatment is effective in terms of improving a person's health (36%) or whether or not the service is deemed medically necessary (35%). Public demand for the service was considered to be important by 20 percent of respondents, while only 5 percent thought that the cost of a particular health service should be a determinant of whether it is insured by the government.

## Discussion

The most common problems from which Canadians are suffering are chronic: back or neck problems, allergies, and arthritis and rheumatism. These conditions are more likely to require wellness care, not just symptomatic treatment of the specific condition. Therefore, it is not surprising to find that the majority of Canadians have tried alternative therapies at some point during their life despite the fact that coverage of alternative health care by government health insurance plans is usually restricted. Even in private group benefit insurance plans, coverage of such alternative therapies as chiropractic, naturopathy, and massage is usually only partial, although many companies are now increasingly moving away from one-size-fits-all group insurance plans, offering their employees flexible benefits plans and health care spending accounts, thus providing greater individual options.

However, despite the increasing desire by Canadians for more control over their health care decisions—which is partially manifested by their increasing interest in alternative medicine—doctors are still the main providers of health care. Almost half of the respondents saw a doctor before turning to a provider of alternative therapy and, regarding the treatment of the 10 most common medical conditions, a higher proportion of respondents saw a medical doctor for their condition in every instance. This is probably partially due to respondents having more confidence in their doctors and in Western medicine, and partially due to greater insurance coverage of conventional medical providers and treatments.

It is estimated that Canadians spent approximately \$3.8 billion out-of-pocket on alternative medicine in the latter half of 1996 and the first half of 1997. More than \$1.8 billion of that was spent on providers of alternative therapy, while the other \$2 billion was spent on herbs, vitamins, spe-

cial diet programs, books, classes, and equipment. These are not insubstantial amounts, which helps to explain why there has been so much discussion about whether alternative therapies should be covered by government insurance plans. However, before considering such policy changes, governments should note that despite the large out-of-pocket expenses Canadians are incurring in using alternative medicine, a majority believes that it should be covered privately and not by provincial health plans. Most importantly, the highest level of support for private payment came from the group that used alternative therapy the most: 55 percent of the 18- to 24-year-olds used alternative medicine, and 68 percent of them preferred that individuals pay for it privately.

With respect to what should be covered by provincial insurance plans, most respondents felt that these decisions should be made by all health care providers (37%) and less often by provincial governments (13%), the federal government (9%), or the regional health authorities (9%). This suggests that Canadians place little faith in their governments' abilities to decide what is right for their health. In the past, governments have often neglected to include stakeholders such as doctors, nurses, and other health professionals in the decision-making process. This presumably is not a successful tactic to elicit support for health-care reforms. Similarly misguided is spending a lot of time in public consultations and forums—only 2 percent of the respondents felt that the public should make insurance coverage decisions.

The regional variations in attitudes toward health care and alternative medicine revealed by this survey suggest that, at the federal level, any effort to create national alternative medicine programs will likely not succeed. For example, British Columbians were more likely to perceive value in

alternative therapies than residents of other provinces, with the Atlantic provinces being the most skeptical. As well, 59 percent of Atlantic Canadians “did not like to try anything new that hadn’t been proven” when it comes to their health, as compared to 46 percent of British Columbians, and 42 percent of Albertans. Finally, 41 percent of Atlantic Canadians versus 22 percent of British Columbians would only use alternative medicine if it were recommended by their doctor.

The Canada Health Act was an attempt to set national standards for medical care that has clearly not been successful in producing the same levels

of care across the country. One look at the different services—conventional or alternative—covered by the different provincial health insurance plans, one look at the surgical waiting lists that vary by province,<sup>5</sup> one look at almost any aspect of our “national” medical system will show that Canada has at least 10 medical systems. Given the different attitudes and needs that exist in the different provinces, this may not be such a bad situation, and recent efforts by the federal government to increase its role in health care in general—its home care and pharmacare initiatives, for example—may be misguided.

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<sup>5</sup> See Cynthia Ramsay and Michael Walker, *Waiting Your Turn: Hospital Waiting Lists in Canada*, 8th ed. (The Fraser Institute; Vancouver, 1998).

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## About the Authors

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**Cynthia Ramsay** is a consulting economist, editorial writer, and host of a Vancouver radio talk-show. Ms. Ramsay was The Fraser Institute's Senior Health Economist from 1993 to April 1998. She is co-author and co-editor of *Healthy Incentives: Canadian Health Reform in an International Context*, the Institute's most recent book on health care reform, and author of *Medical Savings Accounts: Universal, Accessible, Portable, Comprehensive Health Care for Canadians*. Ms. Ramsay has written several articles that have contributed to the health care debate and she has spoken to groups in Canada and the United States on the necessity of market-based health care reform. From 1990 to 1992, Ms. Ramsay worked for Statistics Canada as an economic analyst. She received her B.A. (Honours) in Economics from Carleton University, and her M.A. in Economics from Simon Fraser University.

**Michael Walker** is an economist, journalist, broadcaster, consultant, university lecturer, and public speaker. Since 1974, he has directed the activities of the Fraser Institute. Before that, he taught at the University of Western Ontario and Carleton University and was employed at the Bank of Canada and the Federal Department of Finance. He received his Ph.D. at the University of Western Ontario and his B.A. at St. Francis Xavier University.

As an economist, he has written or edited 40 books on economic topics. His articles on technical economic subjects have appeared in professional journals in Canada, the United States, and Europe. As a journalist, he has written over 675 articles, which have appeared in some 60 newspapers. As a broadcaster, Dr. Walker has written and delivered some 2,000 radio broadcasts on economic topics and appeared on radio and television programs in Canada, the United States, and Latin America. In 1992, he was awarded the Colin M. Brown Freedom Medal by the National Citizens Coalition.

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