



**AALBORG UNIVERSITY**  
STUDENT REPORT

*Alternative Treatment for Infants – a Qualitative  
Study about General Practitioners Experiences  
and Attitudes in Northern Jutland*

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## Dansk resumé

*Baggrund:* Populariteten af alternativ medicin er stigende i de fleste lande, inklusiv Danmark. Et studie fra 2017 viste, at hvert femte spædbarn i Danmark modtager kiropraktisk behandling. Forskning i alternativ medicin samt fordele og ulemper herved er dog begrænset, især alternativ behandling til spædbørn. Studier om lægers erfaringer og holdninger til alternativ medicin til spædbørn er svære at finde. Dog er det et interessant emne at belyse på grund af den stigende popularitet og interesse for alternativ medicin i samfundet.

*Formål:* Formålet med dette studie er at belyse danske praktiserende lægers erfaringer og holdninger til alternativ medicin til spædbørn.

*Metode:* Dette studie er udført som et kvalitativt studie baseret på semi-strukturerede interviews af praktiserende læger i Nordjylland. De praktiserende læger blev udvalgt med det formål at maksimere variationen mellem dem. Det vil sige, der blev inkluderet læger af begge køn, med forskellig års erfaring, fra enmandspraksis og kompagnipraksis samt fra by og landområder i Nordjylland. Interviewene blev optaget og transskriberet ordret. Derefter blev data analyseret ved hjælp af systematisk tekst kondensering.

*Resultater:* Overordnet blev tre hovedemner belyst af lægerne. Det drejer sig om medicinuddannelsen, og hvordan denne bidrager til både skepsis og magtesløshed, krav i forhold til alternative behandlere samt udviklingen i brug af alternativ behandling til spædbørn. Generelt vil lægerne gerne være åbensindede overfor alternative behandlinger, da de oplever, at der er nogle tilstande hos spædbørn, f.eks. kolik, som de ikke har nogle hjælpemidler til. Dog er de skeptiske overfor det alternative på grund af den manglende evidensbaserede forskning på området. Lægerne er ikke enige med hensyn til, om de ligefrem skal anbefale alternativ behandling til spædbørn. Nogle argumenterer for, at de alternative manuelle behandlinger er risikofrie at benytte, og at der i det etablerede sundhedssystem mangler behandlinger til for eksempel kolik som tidligere nævnt. Andre argumenterer for, at læger skal arbejde videnskabeligt og kun anbefale behandlinger, der er støttet af evidensbaseret forskning. En anden pointe, lægerne belyser, er, at hvis de skal anbefale alternativ behandling og have mere tillid til alternative behandlere, så har de nogle kvalifikationskrav til dem. Især i forhold til spædbørn, ønsker lægerne, at de alternative behandlere bliver subspecialiseret indenfor deres felt i lige den aldersgruppe, og at de forskellige behandlinger tilpasses spædbarnets alder og fysiologi. Lægerne udtrykker bekymring for, at der ikke er standardiserede uddannelser til de alternative behandlere, og at nogle kan uddannes på et weekendkursus. Desuden ønsker de, at de alternative behandlere ikke begynder at rådgive om emner udenfor deres kompetenceområder, for eksempel hvis en kiropraktor begynder at rådgive om kost. Dette skaber store bekymringer hos flere af lægerne. Det sidste emne, lægerne fokuserer på, er, hvordan synet på alternativ behandling har ændret sig både i samfundet og blandt læger. Lægerne oplever generelt, at det er blevet mere almindeligt at tage sit spædbarn til en alternativ behandler, og desuden er deres indtryk, at læger nu til dags er mere rummelige og åbne overfor alternative behandlinger end før i tiden, hvor det blandt andet blev kaldt kvaksalveri.

*Konklusion:* Brugen af alternativ behandling til spædbørn er populært og stigende i Danmark. Dette studie bidrager til at klarlægge nordjyske praktiserende lægers holdninger og erfaringer om alternativ behandling til spædbørn. Generelt har de nordjyske praktiserende læger begrænset erfaring på området, undtagen når det drejer sig om alternative manuelle behandlinger, som, de har indtrykket af, bliver flittigt benyttet til spædbørn. Studiet kommer omkring flere af lægernes holdninger på området; blandt andet lægernes bekymringer, krav, tanker, og hvilke fordele og ulemper de ser ved alternativ behandling til spædbørn.

# Alternative Treatment for Infants – a Qualitative Study about General Practitioners Experiences and Attitudes in Northern Jutland

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## Abstract

*Background:* The popularity of alternative and complementary medicine (CAM) is increasing in most countries, including Denmark. A study from 2017 showed that every fifth infant in Denmark received chiropractic treatment. *Aim:* This study aims to explore experiences and attitudes of Danish general practitioners (GPs) towards CAM for infants. *Methods:* This study was performed as a qualitative study based on semi-structured interviews of GPs in Northern Jutland. The GPs were selected to maximise variation among the GPs. The interviews were recorded and transcribed verbatim. Data were analysed using systematic text condensation. *Results:* Overall, three main topics occurred during the analysis; medical education and how that contributes to both scepticism and powerlessness, requirements in relation to alternative treaters and the development in CAM use for infants over time. Firstly, the GPs generally want to be open-minded towards CAM, but due to the limited evidence-based research on the area they are also very sceptical. Secondly, the GPs have specific requirements for the qualifications of alternative treaters. If the treaters are to perform CAM on infants, the GPs expect special education of the treaters and treatments adapted to this specific age group. Lastly, the GPs point out a change in the attitude towards CAM both in society and among doctors. The GPs experience normalisation of alternative manual therapies for infants. The GPs generally wish for more information among GPs about experiences and attitudes with CAM use in infants to give better information to parents. *Conclusion:* The use of CAM in infants is increasing in Denmark. This study contributes to clarify the GPs experiences and attitudes towards CAM use in infants. Generally, GPs in Northern Jutland have limited experience with this apart from manual therapies. The GPs address several attitudes about CAM use in infants, among others: concerns, requirements, thoughts about advantages and disadvantages.

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*Key words:* Alternative treatment, general practice, infants, qualitative study, CAM

## Introduction

### *Increasing popularity of CAM*

Alternative and complementary medicine (CAM) has become more popular among the Scandinavian people since 1994. The therapies considered as CAM differ between societies and cultures (1). Danish Patient Safety Authority defines it as: “Treatments that are based on methods which is mainly used outside the conventional health care system [...] Alternative treatments can be performed by people without a health professional authorization.” (2). Overall, a many different types of therapies are included in the term CAM (3). By definition, when a treatment is alternative, it is used instead of a conventional therapy, and when a treatment is complementary, it is used in addition to conventional therapies (4). A survey study from 2005 examined CAM in Scandinavian countries (1). They found that the most frequent used CAMs in Denmark were reflexology, massage, homeopathy, acupuncture, healing, and hypnosis. The study found that the prevalence of use of CAM has increased in all Scandinavian countries. In Denmark 33% used CAM in 1994 and that percentage had increased to 45% in 2005 (1). The increase in use of CAM is similarly seen in the United States (4) and most of the European countries (3).

### *Infants and CAM*

In 2019 Statistics Denmark published an article about infants who received chiropractic treatment during the first year of their life (5). It stated that in 2017 26% of all infants born that year received

chiropractic treatment. The treatments were most popular on western and southern Zealand with 35% of the infants followed by Funen and northern Jutland with 34% and 31%, respectively. The small city, Brønderslev, in Northern Jutland had the highest amount in all of Denmark with 57% of the infants visiting the chiropractor. All in all, a doubling is seen from 2008 – 2018 among parents who seek chiropractic treatments for their infants. An example of a common condition in infants which is problematic due to its commonness and lack of any effective conventional treatment is infantile colic. It can be very distressing for the parents and they can get desperate for treatments (6). A systematic review from 2019 examined the effects of different CAMs on infantile colic (6). The review focuses on manipulative therapy, herbal medicine, acupuncture and probiotics. Overall, there is no statistically significant effects of either of the beforementioned therapies. Several studies show promising effects of e.g. acupuncture, but the effects are not statistically significant. Furthermore, more of the studies included in the review were not performed with an acceptable quality. For instance, the trials were not blinded, different biases were present and different interpretation problems occurred, which made it difficult to evaluate the effects of the different CAMs (6). Both this systematic review and other studies about acupuncture as treatment for infantile colic emphasizes the ethical issue about the fact that the treatment does not show any statistical effect on infantile colic in different studies and that acupuncture is invasive and

potentially hurtful for the infants. Thereby the effect size of the treatment does not outweigh the potential pain from it (6) (7).

#### *Adverse effects*

Due to the increase in use of CAM it also seems important to know about potential adverse and beneficial effects. This is, however, not well investigated. A systematic review from 2003 examined the, at the time, published evidence of adverse effects due to CAM therapy in children (8). They found that most adverse effects reported was related to herbal medicine because of contamination of the substance or toxic amounts of the medicine. The adverse effects reported were severe such as encephalitis, liver failure and respiratory depression. They describe different examples of children which had experienced life-threatening symptoms following ingesting herbal medicines. Other adverse effects mentioned are tissue trauma and infections due to acupuncture and cerebrovascular events due to chiropractic upper spinal manipulation (8). The association between acupuncture and adverse effects are found to be rare and other studies support the general safety of acupuncture (4), whereas the association between chiropractic upper spinal manipulation and adverse effects are more frequent (8). There is a lack of research of CAM and adverse effects and thus it is not possible to outline exact incidences, compare the different CAMs and conventional therapies or conclude whether the effects of CAM outweigh the possible adverse effects (8).

#### *Beneficial effects*

A report from 2008 about the use of CAM in pediatrics reviewed different CAM modalities (4). Overall, they found possible benefits of several types of CAM such as chiropractic, acupuncture, and hypnosis, but most of them did not show significant effects and only a limited amount of evidence-based research which examines benefits of CAM has been performed. Furthermore, most studies examine only one modality of CAM on one specific condition, e.g. acupuncture and asthma, and consequently it is difficult to say anything generally about benefits and CAM. Lastly, the existing research on this area does not specifically conclude anything about CAM and infants, but only children in general. Thus, the report emphasizes the need of further research on this area before CAM use can be properly integrated into conventional medicine (4). A systematic review from 2012 came to the same conclusions - the research on CAM is inadequate and more high quality research should be conducted (9).

#### *Study aim*

To my knowledge, no study has examined the experiences and attitudes of Danish general practitioners (GP) towards CAM as treatment for infants. As mentioned, the popularity of CAM use is increasing in Denmark, but the research of CAM effects and adverse effects is still not elaborated enough to make general evidence-based guidelines about the use of CAM in infants. All this considered, this study aims to explore

experiences and attitudes Danish GPs have towards CAM for infants.

## Method

This study is a qualitative study based on semi-structured interviews of GPs in Northern Jutland, Denmark. The interview focuses on the GPs experiences and attitudes towards CAM use in infants. The GPs were selected for recruitment through Sundhed.dk which is operated by Danish Regions<sup>1</sup>. On Sundhed.dk every GP with authorization can be looked up. Each GPs profile was examined through their own practice webpage. The aim was to maximize variation among the chosen GPs by different inclusion criteria such as both genders, different years of experience, GPs from different rural and urban areas in Northern Jutland and GPs with different medical practice organizations.

The interviews were recorded and transcribed verbatim. Subsequently, the data was analyzed based on systematic text condensation (STC) which is a method developed with inspiration from different qualitative analysis methods made into a pragmatic approach (10).

### *Systematic text condensation*

STC consists of different steps. Firstly, all transcribed data was read. When an overview was obtained, the immediate possible themes which could represent the study aim were identified (*see Table 1*).

Medical scepticism
Qualification requirements
Medical education and knowledge
Frustration due to the lack of help in the established health care system
Advantages and disadvantages
Manuel treatments
Differentiation between alternative medicine and alternative treatment
Risk free
Cultural differences
GP request knowledge about CAM
Area in development

Secondly, all data was read once more and meaning units were identified and placed under the suitable theme. Subsequently, the meaning units were read and sorted by relevance and strength. The themes were then cumulated into three code groups and subgroups based on the meaning units from the data (*see figure 1*). Lastly, the data was summarized and interpreted.

## Results

Overall, the three code groups describe three recurring main topics amongst the participating GPs: medical education and how that contributes to both scepticism and powerlessness, requirements in relation to alternative treaters and the development in CAM use for infants over time.

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<sup>1</sup> The interest organisation for the five regions in Denmark



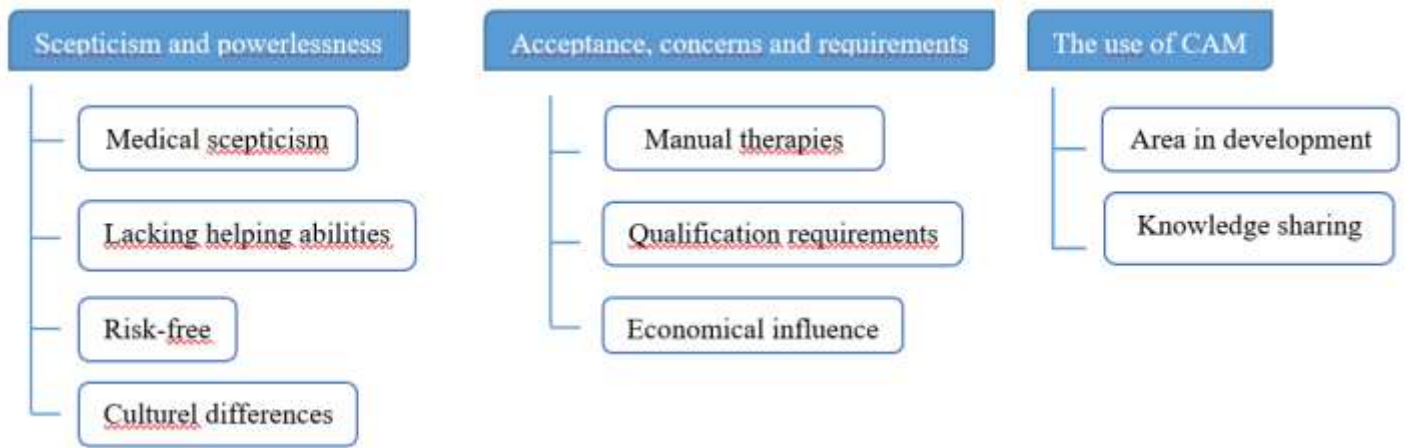


Figure 1: Coding groups and subgroups

### *Scepticism and powerlessness*

Several interesting topics have been brought out during the interviews. Every interviewed GP mentions the clash between the scientific medical education and the alternative medical world which has no evidence-based basis of its effects as an important topic. Most GPs exclaim that they have an open mind towards CAM use in infants and express that in some cases CAM can contribute with something else than the established health care system. One doctor expresses his feelings about CAM:

***“It (CAM, red.) can do much good for people. Mostly through belief and hope which can be worth a lot.”***

Several GPs support this opinion and mention faith as being a significant factor on whether CAM has an effect or not. They suggest that the effects seen in CAM may not be clinical, but rather other factors such as the time passing, comfort for the parents because they feel seen and heard or because the parents act themselves in the attempt to alleviate the pain and discomfort in their child. Some GPs focus on that from their point of view alternative manual therapies are without risk. Several use the words *cuddling* or

*stroking* about the therapies and they cannot see how it could hurt. However, the GPs disagree on whether they would recommend CAM in infants to the parents. As mentioned, some of the GPs find manual therapies risk-free and cannot see the harm in it, but they want to clarify to the parents that there is no research or scientific evidence about the effects. They emphasise the importance of honesty. The rest of the GPs do not want to recommend CAM in infants. Their argument is that doctors should behave scientifically and only recommend treatments which are supported by evidence-based research. However, two doctors compare all the different advice GPs give daily to the aforementioned argument and claim that not all of these are evidence-based either. Thus, that is not an argument itself against CAM according to them.

In relation to infants, the interviewed GPs find it frustrating that they lack competences and assistive devices to help parents with crying infants and that the established health care system cannot provide help to these parents. Generally, the GPs express frustration towards CAM and whether to advice, recommend or advice against

it due to the lack of research and knowledge on the area. One GP expresses:

***“It’s frustrating. That is not why we became doctors – it wasn’t so that we could sit here and become annoyed with the patients because we can’t help them.”***

It is difficult for the GPs to recommend CAM due to their professionalism, but they feel sympathy for the parents and thus most of the GPs are interested in the dialogue with the parents about CAM and incline to propose CAM nonetheless.

One doctor explains it like this:

***“I don’t think it does any harm and a lot of these parents are deeply frustrated. And if you, as a doctor, say that you should not go to an alternative treater, you must come up with an alternative, right. And if you don’t, you send them away without a solution or any help. And that’s our job. To help them in some way.”***

Overall, the GPs explain their scepticism towards CAM with their medical education. They are educated to work evidence-based and lean on existing research which they find insufficient in CAM. However, as explained by one doctor, the medical education also demands curiosity when it comes to doing research, and he finds that most types of CAM probably just lack the necessary research. Hence, the medical education can contribute with open-mindedness towards areas with lacking research such as CAM.

An issue several of the GPs focuses on is the medical education and how it through time has been seen as the upper link in the health care system and thus doctors might have been

condescending and stigmatising towards other health groups. One GP states:

***“Previously, doctors have been fiercely censorious to others. You know, defending their medical status. It was exalted. Everything else just didn’t work.”***

One doctor mentions that the quackery act once existed, but it does not anymore and hence doctors have become more tolerant towards other treaters such as alternative treaters. Several other GPs support this and believe that nowadays doctors in general are more tolerant and open-minded towards CAM. However, one doctor disagrees and finds this issue very current in Denmark and compares the Danish attitudes with other cultures and claims that Danish doctors are too arrogant and not accepting enough towards CAM and tend to be patronising towards CAM. She has worked as a doctor in other European countries and found that CAM was more integrated in the society and accepted by the health care professionals.

#### *Acceptance, concerns and requirements*

Other interesting topics enlightened are about the GPs attitudes towards CAM and what they require from alternative treaters. In general, the interviewed GPs do not have much experience with CAM use in infants. They all mention manual therapies, such as chiropractors, osteopaths and zone therapists, and infants that have infantile colic or excessive crying. Especially these conditions in an infant are frustrating not only for the parents, but the GP as well because there is no efficient treatment or particularly great advices, he can give. One doctor

expresses the importance of tolerance towards alternative treatments:

***“That there is something for those whom we doctors in the established system can’t help. And it (CAM, red.) doesn’t hurt. We can easily live side by side in peace with each other.”***

Several of the GPs mention the possibility that infant screaming and crying can be caused by something else than infantile colic such as displacements of cervical vertebrae after birth. This is a condition GPs are not qualified to diagnose nor treat. They argue for chiropractors in this case since chiropractors have better qualifications for treating such conditions, and if that relieves the discomfort in the infant, the interviewed GPs accept that whether the effects are supported by evidence-based research. Thus, GPs accept that there are other treatments for infants and particularly manual therapies are generally seen as a good alternative to conventional medicine.

Generally, every interviewed GP advice against any kind of medicine or herbal medicine in infants. The metabolism and physiology of infants are different from adults, and several of the GPs express concern about alternative medicine and infants due to the lack of knowledge about the impact and side effects. One doctor, though, does not advice against homeopathy because she does not find that dosage of the active drug to be powerful enough to do any harm.

Overall, the GPs have different qualification requirements when it comes to CAM use in

infants. They expect that the alternative treaters receive special education in their field with this specific age group and that the different treatments are adapted to infants and their physiology. The GPs show reservation about CAM in relation to being critical of what conditions or diseases the different alternative treaters promise they can treat. The GPs express considerable concern about the lack of alignment in standardized education of alternative treaters and their marketing. As one doctor express, some alternative treaters can be educated on a weekend course and not receive training in marketing laws and ethics:

***“If you have been on a weekend course in some sort of alternative medicine, you don’t get taught what is legal and what’s not. What is ethically correct and what’s not. And you can become quite convinced and excited about something if you feel you have some skills. And I think, that is what goes wrong sometimes.”***

The GPs find this insufficient and emphasize that these factors are notable in relation to their scepticism towards CAM in general. Another factor that concerns several of the GPs is when an alternative treater starts to make statements about something outside their qualifications and competences. One doctor comments:

***“It makes me somewhat concerned when someone claims that he can treat asthma or milk allergy or things like that.”***

All the GPs emphasise that they would rather recommend someone they know only work with their area of expertise, than recommend the treatment in general. They find it disquieting if

they cannot be sure that the alternative treaters do not start to give advices outside their area of expertise. More of the GPs compare this to medical specialists whom they have the same attitude towards; underlining that it also applies to doctors and other professionals to keep inside their own area of competence.

Another concern the GPs express towards CAM is that patients must pay for treatments. Therefore, some GPs suspect that the economy has a big influence on number of treatments patients get. They find it a disadvantage that the alternative treaters have an economical interest and hence they fear that some get treatments unnecessarily. A few GPs use this as an argument for integrating CAM in general practice since that is a free of charge offer for Danish citizens and thus economy would not impact whether a patient receives a treatment or not.

#### *The use of CAM*

At last, another interesting topic is how the attitude towards CAM has changed through time in the society and among doctors. Several of the GPs describe this change especially when it comes to infants and CAM use. Their impression is that it has become normalised to take one's infant to manual alternative treatments. In the past the GPs experienced that parents initially sought medical advice and talked to the GP about CAM pros and cons. Currently, the GPs generally experience that the parents seek the alternative treatments before consulting the GP and only consult the GP when the parents are very

desperate. A change in doctors management is mentioned too. An elder doctor reveals that in his first years of practice, no collaboration between GPs and alternative treaters existed. Today he has several collaborations with alternative treaters, chiropractors in particular. As mentioned in the first section, most of the GPs have the general impression that current doctors are more open-minded, less professionally arrogant, and more accepting in relation to the limitations within the medical education.

However, the GPs show different opinions on whether chiropractors are alternative treaters. Some argue that chiropractors have a university education and thus belong in the established health care system whereas others argue that when it comes to treating e.g. infantile colic, the research of its effects are missing, which makes it an alternative treatment.

Generally, the GPs do not want general information to parents about CAM use and infants to be an integrated part of general practice. They suspect that it would seem like a recommendation and they do not want to legitimise CAM until research supports it. However, more of the GPs ask for more information between the GPs about CAM experiences and attitudes from other GPs. Furthermore, they request information about the different CAM possibilities and what the existing research on the area express. They believe that if more information were available, that could improve the GPs ability to counsel parents with infants. The doctors express a concern about many parents getting their information about

CAM from very different and unreliable sources such as friends and “mother groups”. The impression is that the GPs would feel better if the information was more uniform and had a reliable source.

## Discussion

### *Method discussion*

This study contributes to clarify Danish GPs experiences and attitudes towards CAM in infants. It gives a deeper understanding of the challenges, ethical problems and dilemmas GPs find with this subject in their daily work life. The study was conducted as a semi-structured interview which contributes to a candid and naïve approach to the interviews. However, during the interviews the interviewer might have affected the interviewees subsequent comments and answers by replying with confirmatory or sceptical words or sounds. In addition to this, the way the questions were phrased might have been leading or in other ways affected the GPs answer. Another factor to consider, when dealing with qualitative studies, is that the researcher cannot avoid including herself in the process due to her presumptions and preconceptions. It is important to be aware of this and critical in relation to this when performing an interview and interpreting the data afterwards. In this study the researcher has been attentive to this during the research period, but it might have affected the interpretations and thereby the confirmability of the study.

A surprising discovery obtained in the process, was that the GPs tended to answer very generally,

and it was difficult to extract specific incidents and experiences from them. Maybe that has to do with the lack of experience with CAM or maybe my own abilities as an interviewer.

In this study only GPs from Northern Jutland were included. A similar study could be performed including GPs from all of Denmark to examine whether the experiences and attitudes are different in e.g. Copenhagen. Only one of the interviewed GPs performed CAM herself, though not on infants, and that may have affected the results of this study. It was clear that she was more open-minded towards CAM and tended to recommend it more, though still being clear on what is evidence-based and what is not. In Denmark an interest network for spiritual oriented doctors exists and by including GPs who is a member of this network other perspectives might be added to the study.

### *Result discussion*

Several interesting aspects of GPs experiences and attitudes towards CAM use in infants have been regarded. One aspect which recurs with every interviewed GP is how they ought to act in relation to their role as a doctor. On one side, their scepticism towards CAM use in infants shines through due to the limited research on the area and the inadequate education many alternative treaters receive. On the other side, the doctors feel sympathy for the desperate parents. They feel frustrated about the lack of help in the established health care system for e.g. infantile colic, crying or screaming. This leads to role conflict among

the GPs. They do not want to recommend treatments that are not supported by any evidence-based research, but they do not want to be condescending towards alternative treatments either since they know that conventional medicine cannot treat everything. The GPs' reluctant attitude is supported by the Danish Health Authority who have made a guide for Danish health nurses about counselling parents about CAM. As mentioned in the introduction, the Danish authorisation law states that it is legal for "everyone to treat ill people as long as they do not endanger anyone's health". However, they expect a particular focus on CAM for children below 2 years of age and they actually advise against treatment from unauthorised personal for younger children (11).

Studies similar to this one has been difficult to detect. In Germany a qualitative study about GPs and their attitude about the role of CAM has been performed (12). It consisted of focus group interviews with GPs. They examined some of the same perspectives as this study, however focusing on CAM in general and not on infants as a specific age group. In Germany CAM is more integrated in health care and society than Denmark and most of the GPs included in the study performed some kinds of CAM in their practise. Though, a topic the German GPs found problematic with CAM is the quality of education of the alternative treaters. Similarly, this study found that to be a great concern among the Danish GPs. Opposite to the German GPs, the Danish GPs included in this study were reluctant to include CAM in general

practise. The Danish GPs focus greatly on evidence-based research and the lack of this when it comes to CAM. The German GPs also find this problematic, and they request quality criteria among alternative treaters to limit the treatments that lack research, but still CAM is more integrated in Germany. It is interesting why similar studies are difficult to detect and it raises several questions: Is CAM a taboo in health care? Can existing research methods not examine CAM thoroughly enough? Do alternative treaters not accept evidence-based research practiced in conventional medicine?

## Conclusion

The use of alternative treatments for infants is increasing in Denmark. This study examined the attitudes and experiences of Danish GPs in Northern Jutland in relation to alternative treatments for infants through semi-structured interviews. This study found different important topics the GPs point out throughout the interviews. Firstly, the GPs emphasise the implication of the medical education. Doctors are taught to work evidence-based and rely on research. This collides with the alternative medicine due to the lack of research on the area and lack of standardised education of alternative treaters. However, the GPs generally want to be open-minded towards alternative treatments for infants, in particular manual therapies since the established health care system lack treatments and aid for infants with for example infantile colic or excessive crying for unknown reasons. The GPs feel very conflicted on whether to recommend alternative treatments and experience role conflict

with their professionalism on one side and their sympathy for these infants and their parents on the other. Another important point is that if the GPs do recommend and give any advice on any alternative treatment for infants, they have some requirements such as education, treatments adjusted to the age group, awareness of their competences and not recommend or discuss things outside their area of expertise. Lastly, the GPs comment on the change in use of alternative treatments in the society and doctors' attitudes towards it. They experience normalisation of

alternative manual therapies for infants among the Danes and most of them believe that doctors nowadays are less condescending and more open-minded to what alternative treatments can contribute with. However, the biggest concern the GPs seem to have is the limited research of alternative treatments, and they emphasise the need of additional research to provide better options for the GPs to inform patients and to enable integration of the treatments in health care and society.

## References

1. Hanssen B, Grimsgaard S, et al. (2005) Use of complementary and alternative medicine in the Scandinavian countries. *Scandinavian Journal of Primary Health Care* 23:1, 57–62. Available from: <https://doi.org/10.1080/02813430510018419>
2. Alternativ behandling (RAB) - Styrelsen for Patientsikkerhed [Internet], *Overvejer du alternativ behandling* [cited 2020 Sep 10]. Available from: <https://stps.dk/da/ansvar-og-retningslinjer/alternativ-behandling/#>
3. Längler A, Zuzak TJ. (2013) Complementary and alternative medicine in paediatrics in daily practice-A European perspective. *Complementary Therapies in Medicine* 21, 26–33. DOI: 10.1016/j.ctim.2012.01.005
4. Kemper KJ, Vohra S, et al. (2013) The Use of Complementary and Alternative Medicine in Pediatrics. *American Academy of Pediatrics*. Available from: [www.pediatrics.org/cgi/doi/10.1542/](http://www.pediatrics.org/cgi/doi/10.1542/)
5. Engmann TS. (2019) Mere end hver fjerde baby kommer til kiropraktor i deres første leveår - Danmarks Statistik [Internet] [cited 2020 Sep 7]. Available from: <https://www.dst.dk/da/Statistik/bagtal/2019/2019-08-30-mere-end-hver-fjerde-baby>
6. Perry R, Leach V, et al. (2019) An overview of systematic reviews of complementary and alternative therapies for infantile colic. Available from: <https://doi.org/10.1186/s13643-019-1191-5>
7. Skjeie H, Skonnord T, et al. (2013) Acupuncture for infantile colic: A blinding-validated, randomized controlled multicentre trial in general practice. *Scandinavian Journal of Primary Health Care* 2013 Dec;31(4):190–196. DOI: 10.3109/02813432.2013.862915
8. Ernst E. (2003) Serious adverse effects of unconventional therapies for children and adolescents: A systematic review of recent evidence. *European Journal of Pediatrics*. 2003;162(2):72–80. DOI: 10.1007/s00431-002-1113-7
9. Snyder J, Brown P. (2012) Complementary and alternative medicine in children: An analysis of the recent literature. *Vol. 24, Current Opinion in Pediatrics*. 2012. p. 539–546. DOI: 10.1097/MOP.0b013e328355a214
10. Malterud K. (2012) Systematic text condensation: A strategy for qualitative analysis. *Scandinavian Journal of Public Health*. 2012;40(8):795–805. DOI: 10.1177/1403494812465030
11. Dons, A. (2009) Sundhedsplejerskers rådgivning til forældre om alternativ behandling. *Sundhedsstyrelsen*. [cited 2020 Nov 3] Available from: [https://www.sst.dk/-/media/Udgivelser/2019/Observation-og-behandling-af-sp%C3%A6db%C3%B8rn/Raadgivning\\_foraeldre\\_alternativ\\_beh.ashx?la=da&hash=4A7E2C84E](https://www.sst.dk/-/media/Udgivelser/2019/Observation-og-behandling-af-sp%C3%A6db%C3%B8rn/Raadgivning_foraeldre_alternativ_beh.ashx?la=da&hash=4A7E2C84E)



C42CFFB875BDA187A0CAC5619C78700

12. Joos S, Musselmann B, et al. (2008) The role of complementary and alternative medicine (CAM) in Germany-A focus group study of GPs. *BMC Health Services Research* 2008 [cited 2020 Sep 11]; Available from: <http://www.biomedcentral.com/1472-6963/8/127>