

INTEGRATIVE PEDIATRICS: PAST, PRESENT, AND FUTURE

| Lawrence D. Rosen, MD |

Until the 1930s, pediatricians were dismissed as “baby doctors” as the medical care of infants was considered the responsibility of general internists, surgeons, and obstetricians. Pediatrics, as we know it, simply did not exist. Over the past century, however, pediatrics has come to be an accepted and valued profession. In a parallel fashion, as the integrative medicine (IM) revolution has swept through the adult medical community over the past decade, only now is integrative pediatrics being recognized as a separate and valid specialty within both the general pediatric and medicine worlds. The recent formation of a Pediatric Integrative Medicine (PIM) leadership group, the Integrative Pediatrics Council, provides us with an opportunity to describe the past and present and our vision of the future of integrative pediatrics.

What separates PIM from conventional pediatrics? Many of the same principles that distinguish IM from conventional medical practice are what set PIM apart. Integrative pediatricians follow a holistic philosophy, recognizing the interaction among mind, body, and spirit. We believe in the power of utilizing natural therapies, when safe and effective, advocating support of innate means of healing rather than suppression with external forces. We focus on optimal wellness and the power of prevention. We individualize assessments and therapies, understanding that no two children are exactly alike. We value the relationship between healer and patient as a crucial element in the healing process and welcome partnership with families and caregivers. However, the special nature of pediatrics—in that we care for growing and developing children—separates PIM from IM, just as it does pediatrics and internal medicine. We have many fewer research trials to guide us, and, especially in the arena of natural health product use, we are somewhat conservative regarding short- and long-term safety risks. We care for whole families in that children are not islands unto themselves; their fam-

ilies and communities play large roles in health and healing.

Certainly, many pediatricians provided holistic care for their patients well before the establishment of the first children’s hospital-based PIM program by Dr. Kathi Kemper at Boston Children’s Hospital in 1998. Kemper, in her 1999 Presidential Address for the Ambulatory Pediatric Association, noted that holistic pediatric care is, quite simply, good medicine.¹ A current survey of academic PIM programs, however, delineates two clear periods in PIM program development: pre- and post-1998. This survey, compiled via electronic communication (L. Rosen, S. Vohra, personal communication) over the past two years, now contains information on 16 academically affiliated PIM program sites with clinical, educational, and research components; most (11) are located at children’s hospitals.

In the 1980s, several pioneers, including Kemper at the Swedish Medical Center in Seattle, began integrating complementary and alternative medicine (CAM) therapies into conventional academic pediatric settings. Drs. Lonnie Zeltzer (Mattel Children’s Hospital, Los Angeles, CA) and Karen Olness (Rainbow Babies and Children’s Hospital, Cleveland, OH) both studied and broadened the use of pediatric hypnosis for pain and symptom management, publishing seminal research articles on the topic.^{2,3} Dr. Tiffany Field at the University of Miami’s Touch Research Institute began publishing her work on infant massage in premature newborns.⁴ Articles describing the epidemiology of CAM use in children started appearing more regularly in the 1990s, providing a rationale for pediatricians to better understand families’ increasing use of CAM therapies, especially in children with special healthcare needs.⁵ In the late 1990s, an American Academy of Pediatrics-supported survey of pediatricians revealed that a majority of those sampled believed that their patients were using CAM therapies, and over 50% would consider referring patients for CAM therapies; most were inter-

ested in continuing medical education courses on CAM.⁶ In a crucial step supporting pediatric CAM research, the NIH’s National Center for Complementary and Alternative Medicine (NCCAM) provided a five-year grant to the University of Arizona in 1997 to establish a national pediatric CAM research center. This center flourished over that time period, resulting in publications on research in diverse fields such as cranial osteopathy for otitis media, guided imagery for abdominal pain, and acupuncture for spasticity in cerebral palsy.

With the subsequent formation of the Center for Holistic Pediatric Education and Research at Boston Children’s Hospital, the modern era of integrative pediatrics began. In the five years that followed (1999-2004), 11 PIM programs were established and are still in existence. National recognition of the need for PIM leadership ensued. The American Academy of Pediatrics convened a task force on CAM in 2000 to author a technical report on CAM use in children (still in process), which has now been succeeded by the Provisional Section on Complementary, Holistic, and Integrative Medicine.

The Ambulatory Pediatric Association’s CAM Special Interest Group (started by Kemper in 1995) is now known as the Integrative Pediatrics SIG, and pediatricians now have multiple opportunities for research and education collaboration via several international organizations. These include the Holistic Pediatric Association (United States), the PedCAM network (Canada), and the Children’s Complementary Therapy Network (United Kingdom). Two larger IM groups, the Bravewell Collaborative (via the Consortium of Academic Health Centers for Integrative Medicine) and the American Holistic Medical Association, have both been supportive of pediatric IM initiatives in recent years.

In 2004, PIM leaders met in Minneapolis, Minnesota, to discuss the formation of a broad-based, multidisciplinary leadership group with the following mission:

"To enhance the health and development of children, families, and communities by boldly leading the evolution of pediatric healthcare toward integrative, high-quality, accessible care." In 2005, the group was reconfigured as an executive steering committee and renamed the Integrative Pediatrics Council. This alliance consists of individuals involved in leadership positions in academic pediatric integrative medicine in the United States and Canada.

The Council has developed a list of goals as follows:

1. To develop and support leaders in integrative pediatrics.
2. To increase understanding of the value of integrative healthcare among children and families, provider organizations, pediatricians, and other healthcare professionals.
3. To serve as a resource for healthcare professionals and provider organizations interested in integrative pediatrics.
4. To collaborate in advancing the field of integrative pediatrics with other organizations focused on the health of children.
5. To foster respect and collaboration among diverse professionals caring for the health of children.
6. To demonstrate and encourage effective management of integrative pediatrics clinics and healthcare facilities.
7. To facilitate collaborative research on the safety, efficacy, and cost-effectiveness of integrative pediatrics.
8. To encourage pediatric providers to learn about clinical approaches derived from other healing philosophies appropriate to their patients.
9. To advocate for cultural competence in the care of children.
10. To develop support for integrative pediatric healthcare services among payors, policy makers, and others.
11. To encourage providers to practice self-care and continued renewal as a means of providing authentic care to others.

The members of the Council share core values from which the mission and goals of the organization arise. These values are noted below.

1. Children are society's most valuable resource and must be nurtured within the context of healthy families, communities, and environments.
2. The optimal functioning of children in all areas of life is essential to society. Improving the care of children will improve the world.
3. Children, as well as adults, have inherent self-healing capabilities, which can be enhanced and strengthened.
4. Child healthcare is a right, not a privilege.
5. Awareness of the mind, body, and spirit are essential to the full attainment of quality of life.
6. The healthcare system should be open to considering all aspects of the attainment of wellness.

The Council is currently pursuing the following initial objectives:

1. Coordinate the annual Pediatric Integrative Medicine Conference, first held in 2000 in Arizona, and renamed "Pangea: A Conference for the Future of Pediatric Wellness" for 2006, to be held in Chicago.
2. Develop and sustain a network among leading clinical centers/providers in integrative pediatrics to share best practice information on management, reimbursement, marketing, and clinical practices. This virtual association, known as the International Pediatric Integrative Medicine (IPIM) Network, is structured as an electronic listserv, and currently serves over 100 PIM practitioners.
3. Develop information from the research, clinical, and business experience of member organizations and make it available to the field through a Web-based clearinghouse in integrative pediatrics. This information is now compiled and will be maintained

as the PIM academic program survey cited previously.

4. Collaborate with other pediatric healthcare organizations in educating physicians and other healthcare professionals in integrative approaches to child health. This is being achieved via cross representation in the various PIM/IM organizations listed above.

If the Council can achieve the goals and objectives as outlined above, the future of pediatric integrative medicine looks bright. There are barriers, of course: we must find a way to navigate financial and access concerns, and we must rebuild public trust in our increasingly impersonal healthcare system. It is a noble wish to hope that, someday, we will speak not of integrative medicine and conventional medicine but of one medicine that is holistic, and that is good.

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