

Knowledge, Training and Use of Integrative and Complementary Practices Among Physicians in a Teaching Clinic

Conhecimento, Formação e Uso das Práticas Integrativas e Complementares por Médicos em uma Clínica-Escola
Conocimiento, Formación y Uso de las Prácticas Integrativas y Complementarias por Médicos en una Clínica-Escola

RESUMO

Objetivo: Investigar o conhecimento, a formação e o uso das Práticas Integrativas e Complementares por médicos que atuam em uma clínica-escola. **Métodos:** Estudo transversal descritivo-analítico realizado com 53 médicos de uma clínica-escola no município de São Paulo, Brasil. Foi aplicado questionário estruturado contendo variáveis sociodemográficas, formação e conhecimento sobre práticas integrativas. Utilizou-se estatística descritiva e testes de associação. **Resultados:** 49,1 % relataram conhecimento teórico e 17 % possuíam formação. Médicos de família apresentaram maior conhecimento. 94,3 % consideraram as práticas benéficas e 77,4 % demonstraram interesse em capacitação. **Conclusão:** Recomenda-se ampliar formação, inserir conteúdos curriculares e fortalecer as Práticas Integrativas e Complementares no Sistema Único de Saúde.

DESCRIPTORES: Terapias Complementares; Médicos; Conhecimento; Capacitação Profissional; Sistema Único de Saúde.

ABSTRACT

Objective: To investigate the knowledge, training, and use of Integrative and Complementary Practices by physicians working in a teaching clinic. **Methods:** A descriptive-analytical cross-sectional study was conducted with 53 physicians from a teaching clinic in the municipality of São Paulo, Brazil. A structured questionnaire was applied, containing sociodemographic variables, training, and knowledge about integrative practices. Descriptive statistics and association tests were used. **Results:** 49.1 % reported theoretical knowledge and 17 % had formal training. Family physicians showed greater knowledge. 94.3 % considered the practices beneficial and 77.4 % expressed interest in training. **Conclusion:** It is recommended to expand training, include curricular content, and strengthen Integrative and Complementary Practices in the Unified Health System.

DESCRIPTORS: Complementary Therapies; Physicians; Knowledge; Professional Training; Unified Health System.

RESUMEN

Objetivo: Investigar el conocimiento, la formación y el uso de las Prácticas Integrativas y Complementarias por médicos que actúan en una clínica-escola. **Métodos:** Estudio transversal descriptivo-analítico realizado con 53 médicos de una clínica-escola en el municipio de São Paulo, Brasil. Se aplicó un cuestionario estructurado que contenía variables sociodemográficas, formación y conocimiento sobre prácticas integrativas. Se utilizó estadística descriptiva y pruebas de asociación. **Resultados:** El 49,1 % reportó conocimiento teórico y el 17 % tenía formación. Los médicos de familia presentaron mayor conocimiento. El 94,3 % consideró las prácticas beneficiosas y el 77,4 % demostró interés en capacitación. **Conclusión:** Se recomienda ampliar la formación, incorporar contenidos curriculares y fortalecer las Prácticas Integrativas y Complementarias en el Sistema Único de Salud.

DESCRIPTORES: Terapias Complementarias; Médicos; Conocimiento; Capacitación Profesional; Sistema Único de Salud.

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INTRODUCTION

Integrative and Complementary Health Practices (ICH) constitute a set of therapeutic approaches that broaden the perspective beyond the traditional biomedical model, promoting more person-centered care, with an emphasis on skilled listening, health promotion, and disease prevention.

Recognized by the World Health Organization (WHO) as an essential part of primary care-centered health systems, these practices are part of the Global Strategy for Traditional Medicine 2025–2034, which reinforces their evidence-based practice and regulation in member countries⁽¹⁾.

In Brazil, the National Policy on Complementary and Integrative Health (PNPIC) within the Unified Health System (SUS), established in 2006 and expanded by ordinances in 2017 and 2018, defines and regulates the provision of various practices, such as acupuncture, herbal medicine, meditation, reiki, and yoga, among others.

Since its implementation, a significant, albeit heterogeneous, expansion of PICS has been observed, with persistent challenges related to registration, professional training, and institutionalization within health services^(2–6).

In São Paulo, the State Health Secretariat's Health Institute has organized reviews of evidence and local experiences, supporting the dissemination of PICS

within the state network⁽⁷⁾. At the municipal level, the city of São Paulo has PICS Reference Centers (CRPICS), units with regulated services distributed across the territory, as established by local ordinances and guidelines^(8–10).

The national scientific literature reveals growing acceptance among patients and healthcare professionals, highlighting perceived benefits such as the strengthening of the therapeutic relationship and a reduction in overmedicalization, particularly in Primary Health Care (PHC)^(11–14).

However, studies also point to gaps in theoretical knowledge and training among physicians and other health professionals, which may limit their integration into care pathways.

In the context of teaching clinics, which integrate education, service, and community, understanding physicians' level of knowledge and attitudes toward PICS becomes strategic for improving health training and supporting continuing education policies.

This study aims to investigate the knowledge, training, and use of PICS by physicians working in a teaching clinic, seeking to contribute to the consolidation of the PNPIC and the implementation of PICS in the SUS.

METHOD

This is a quantitative, cross-sectional observational study conducted in 2025

with a group of physicians working at a teaching clinic in the city of São Paulo, Brazil.

These physicians are university professors who provide care to patients at a philanthropic teaching clinic affiliated with a higher education institution located in the city of São Paulo. The sample was selected for convenience, comprising those who agreed to participate and who practiced in different medical specialties. Data collection was conducted using a structured questionnaire, which was administered only after the participants had read and provided written consent via a Free and Informed Consent Form previously approved by an ethics committee. The process ensured data anonymization, clarified that participation was optional, and emphasized that it would not affect the daily work of these faculty members. The survey was completed during these professionals' working hours and in their private practice offices when no one else was present, thus ensuring data confidentiality.

For data collection, a structured questionnaire was used containing sociodemographic variables (gender, place of birth, and age), professional variables (specialty, years of training, and place of practice), and variables related to PICS, including theoretical knowledge, training, level of proficiency, the empirical nature of knowledge, and the use of these practices in clinical practice. The instrument also investigated reasons for non-use, per-

ceptions regarding the benefits of PICS associated with conventional treatment, opinions on their dissemination among healthcare professionals, and interest in receiving training in the area.

The anonymized data were consolidated into an Excel spreadsheet, stored on the researchers' computer, and, for the qualitative variables, absolute (n) and relative (%) frequencies were calculated. For the quantitative variables, measures of central tendency (mean and median) and dispersion (standard deviation, minimum and maximum values) were obtained.

Associations between knowledge and use of PICS and independent variables, such as specialty, place of practice, time since graduation, sex, and age, were analyzed using Pearson's chi-square test or Fisher's exact test, as appropriate. The significance level adopted was 5% ($p < 0.05$).

All analyses were performed based on principles of descriptive and inferential statistics, following methodological references in probability and statistics applied to the health sciences⁽¹⁵⁾.

The study was approved by the Research Ethics Committee of the São Camilo University Center, under opinion no. 4.304.209, CAAE 34609120.6.0000.0062.

RESULTS

The sample consisted of 53 physicians, with a mean age of 44.2 years ($SD=10.6$; minimum=30; maximum=77). The mean duration of training was 19.4 years ($SD=10.4$). The majority were female ($n=31$; 58.5%), followed by male ($n=21$; 39.6%), and one (1.9%) did not specify.

Regarding medical specialties, the group included seven endocrinologists (13.2%), six general practitioners (11.3%), six dermatologists (11.3%), five pediatricians (9.4%), and five family and community physicians (9.4%).

Regarding knowledge of CAM, 26 (49.1%) reported having theoretical knowledge, primarily in acupuncture ($n=15$; 57.7%), homeopathy ($n=7$; 26.9%), meditation ($n=7$; 26.9%), and

herbal medicine ($n=5$; 19.2%). However, only nine (17%) had training in CAM, with the majority having completed postgraduate training ($n=6$; 66.7%).

In their professional practice, 18 (34%) physicians without training reported using some form of PICS in their clinical practice. Among those with training, seven (13.2%) regularly used practices such as acupuncture, herbal medicine, meditation, and yoga.

Knowledge acquired through practical experience, without certified training, was reported by 29 (54.7%) physicians, of whom 16 (30.2%) applied some practice in their consultations.

Regarding perceptions of the relevance of PICS, 50 (94.3%) believed they should be more widely disseminated among healthcare professionals, and 50 (94.3%) considered that combining them with conventional treatments benefits patients. Furthermore, 41 (77.4%) expressed interest in receiving training or attending lectures on the topic.

Inferential analyses revealed significant associations between medical specialty and knowledge/training in PICS, particularly among family and community physicians ($p < 0.05$).

There was also an association between years of practice and theoretical knowledge: physicians with less than 10 years and more than 30 years of professional practice demonstrated a higher proportion of knowledge. Working in public hospitals influenced perceptions and practices, revealing statistically significant differences ($p < 0.05$) regarding the use and value placed on PICS when compared to private hospitals.

DISCUSSION

The results of this study showed that, although nearly half of the physicians reported having theoretical knowledge of PICS, training in this area remains limited, which directly affects the low adoption of these practices in daily clinical practice. This finding is consistent with national studies that point to significant

gaps in medical training related to PICS, showing that, despite the growing institutionalization of these practices within the SUS, their inclusion in medical curricula remains in its infancy and is inconsistent^(11,13).

The high proportion of physicians who recognize the benefits of PICS and demonstrate interest in training reinforces the existence of a significant training demand, which may represent a strategic opportunity for enhancing medical education. This finding is particularly relevant in the context of teaching hospitals, which play a fundamental role in linking education, service, and the community, constituting privileged spaces for the incorporation of innovative practices aligned with the principles of comprehensive care⁽¹⁶⁾.

Another relevant finding pertains to the higher proportion of knowledge and training among family and community physicians, which can be explained by the very nature of PHC, which is guided by a comprehensive, longitudinal, and person-centered approach. Previous studies have also demonstrated greater adherence to PICS among professionals working in PHC⁽¹⁷⁾.

The association between greater theoretical knowledge and less than ten years of training suggests that the gradual incorporation of CAM into public policies and more recent educational guidelines may be contributing to greater familiarity with these practices among new generations of physicians^(2-6,14). On the other hand, the greater knowledge observed among physicians with more than thirty years of training may be related to accumulated clinical experience and the individual search for therapeutic strategies complementary to the traditional biomedical model.

The use of PICS by physicians without training in this area also warrants attention, as it suggests that these practices may be being incorporated based on personal experiences or informal knowledge. Although this phenomenon may reflect the growing appreciation of these approaches, it also highlights the need for structured

training based on scientific evidence to ensure their safe, ethical, and appropriate use^(1,11,12).

In the context of public policy, the findings of this study reinforce the importance of expanding continuing medical education strategies focused on PICS, in line with the guidelines of the National PICS Policy⁽²⁻⁶⁾. In this regard, the systematic inclusion of content related to PICS in medical undergraduate curricula and medical residency programs can significantly contribute to their greater incorporation into the healthcare system^(11,13,14).

The use of these practices has been associated with benefits such as improved

quality of life, reduced symptoms, and greater user satisfaction with the care received—aspects that reinforce their relevance in the context of contemporary healthcare^(11,12,17).

A limitation of this study relates to its cross-sectional design, which does not allow for the establishment of causal relationships between the analyzed variables, as well as to the sample size and the fact that it was conducted at a single institution, which may limit the generalizability of the results. However, the findings contribute to understanding the current landscape of training and utilization of PICS among physicians and provide important insights for developing professional quali-

fication strategies and strengthening these practices within the SUS.

CONCLUSION

This study showed that, although a significant proportion of physicians possess theoretical knowledge and recognize the benefits of PICS, training in this area remains limited, reflecting their partial incorporation into clinical practice. Thus, it is concluded that expanding training in PICS is essential for their effective integration into the SUS, contributing to the quality of care, the humanization of medical practices, and the strengthening of strategies aimed at health promotion.

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