Editorial

The Need to Liberate Physicians to Practice Complementary Medicine

The following is the text of a presentation made to the Health Professions Council (HPC) of British Columbia, November 9, 1994. It advocates an amendment to the Medical Practitioners Act as follows:

" A finding of professional incompetence may not be made solely on the basis that a licensee's practice is unconventional in the absence of demonstrable physical harm to the patient".

HPC was established in 1991 under the Health Professions Act to review applications for the designation of new and emerging health professions and to act as an advisory body to make recommendations to the Minister of Health of British Columbia.

It is the duty of the HPC to invite responses to this presentation from interested professions and others including the College of Physicians and Surgeons and the British Columbia Medical Association (BCMA). The first response, from the BCMA, is to be found at the end of this report, followed by our reply.

Amendment to the Medical Practitioners Act

All across North America licensed physicians are having problems with their Colleges of Physicians and Surgeons (or equivalent licensing boards). As a result, a number of legislatures have made changes in their medical acts to protect physicians from a finding of professional incompetence or misconduct because they are unconventional. It would appear that these changes are designed to establish freedom of choice for both licensed physicians and consumers, in their search for alternative and/or complementary therapies. If this is considered to be desirable, it would seem that the suggested amendment would achieve the above objectives with the least effort and the least lapse of time. It is simple, direct and unambiguous.

This presentation is not an application for the designation of a new or unregulated profession under the Health Professions Act. It is an outline of how, and why, the Medical Practitioners Act should be amended to establish freedom of choice for both licensed physicians and consumers, in order to take advantage of the great advances in biochemistry and nutrition made in recent years - or neglected for many years. These provide effective therapies that are less intrusive, less dangerous, and less costly. This change would help to encourage the evolution of effective health care without licensed physicians being penalized for being different. This would bring about the maximizing of consumer choice of services and reduce the cost of health care.

The suggested amendment to the Medical Practitioners Act was expressed in a resolution passed last March at the B.C. - NDP[1] Convention and is as follows:

> "Therefore be it resolved that the B.C. NDP urge the B.C. Government to amend the Medical Practitioners Act as follows: a finding of professional incompetence may not be made solely on the basis that a licensee's practice is unconventional in the absence of demonstrable physical harm to the patient."

This resolution is in line with the World Health Organization's Helsinki Declaration which stated:

> "In the treatment of the sick person the physician must be free to use a new diagnostic and therapeutic measure, if in his or her judgment it offers hope of saving life, reestablishing health or alleviating suffering."[2]

Disadvantages of the Present Medical Practitioners Act

A) To the patient - It deprives patients of their right to seek optimum medical help even after they have failed to respond to any conventional therapy. They then move from doctor to doctor to find one willing to try the complementary therapies, or they will move to naturopaths and chiropractors and even to untrained alternative practitioners who do not have the discipline which professional therapists have been taught. The New England Journal of Medicine[3] report last year concluded that more patients sought alternative practitioners in the U.S.A. than medical

doctors. It forces patients to wait decades before they can take advantage of newer treatment. Patients can not afford to wait up to 40 years before these discoveries are made available to them. For example, the reluctance of physicians to advise their pregnant patients to take folic acid to prevent spina bifida has cost millions of dollars, and has allowed thousands of children to be born with this congenital defect. The estimated cost of one such child by age 12 is 40,000 dollars. June 15, 1994, the Provincial Health Officer released an advisory entitled, "Women advised to take folic acid to prevent spina bifida." The College of Physicians and Surgeons has ignored the problem.

Another example is the way the medical profession treated the discovery about 50 years ago by the Drs. Shute of Ontario that vitamin E was therapeutic for heart disease. The Medical Letter published in the mid fifties reviewed a few studies completed by physicians which they claimed completely invalidated these vitamin E studies. Now in 1992, so many years later, the Harvard School of Public Health reported on two studies involving 127,000 nurses and other health professionals, over a four and eight year period. Their conclusion was that the overall impact of vitamin E was a 45 percent reduction of the risk of heart attack.

Recently Pracon, Inc. an economic analysis firm in Reston, Virginia using data published in the literature, estimated that a daily vitamin E intake of 100 to 400 iu could save 27 billion dollars anually in USA in the overall cost of coronary heart disease. In Canada this would mean a saving of less than one tenth of the US costs since the costs of health care here are less, but it would be very substantial.

What was the cost of this neglect in terms of dollars and human suffering? Does not this suggest that the whole business of research needs restructuring? Public health is a public responsibility - not the private property of the Colleges and the drug Companies.

Was there something so dangerous in vitamin E and folic acid that frightened the profession away from following the success of the clinical work, or were they so disturbed by the "unconventional" or the "new" that they welcomed any "No" that they could hide behind? The years are full of examples of this procedure.

Does this suggest that no matter what quantity of clinical success any innovator might accumulate, there is absolutely no guarantee than any scientific research will follow within any reasonable time?

There is also a pernicious impact on the doctor-patient relationship. Patients who request complementary therapy are often abused and insulted by their physicians. Invariably this leads them to consult other physicians until they find one more compassionate and willing to help. This must also increase overall health costs. But even worse, the negative attitude of physicians decreases the chance of their patients that they will respond to treatment.

Finally the attitude of the licensing bodies has forced several excellent physicians to leave medicine, thus depriving their patients of the high quality of care to which they are entitled.

B) To the physician - They are denied the right to use safe and effective treatments which have not yet reached the mainstream of medicine and may not do so for decades. If they practice with these methods they do so with fear and trepidation, always under the cloud that they will be investigated by the College of Physicians and Surgeons simply because they are using the treatment, and not because they have harmed their patients or have failed to help them. They will be discouraged from learning about and investigating newer therapeutic methods since they are expected to wait for the pronouncement from their medical schools that a new treatment is acceptable. Medical schools are notorious for being very slow in teaching methods of therapy which arise from new paradigms in medicine. With the extreme reluctance of doctors to learn these newer methods, the progress of medicine as a science is further impeded. The main loss is to society which is forced to limp along with old methods which are often ineffective.

Research

There is a myth that all treatments approved by the Colleges of Physicians and Surgeons are based on double-blind studies, rigorous testing or scientific research. Noth-

ing could be further from the truth. The Journal of Medical Ethics (1992:18:117) states that "...only about 15 percent of medical interventions are supported by solid scientific evidence; in other words, 85 percent are not". In 1978 the Office of Technology Assessment of the United States Congress reported that only 10 to 20 percent of the then current medical procedures had ever been shown to be of benefit by controlled clinical trials. A relevant comment could be made that research is necessary for scientists, but a luxury for suffering humanity who cannot wait years for final statistical proof. For them, waiting may be a fatal illness.

Research should be patient-oriented to discover if a particular therapy works to their benefit. It should not, as in most cases, be for the benefit of the pharmaceutical industry whose proprietary control of research results enables them to produce a patented drug which can then be sold for profit.

The proposed amendment would appear to be supported by the following quotation from page 19, Concluding Remarks in the Council's recent report, "Recommendations on the Designation of Acupuncture."

> "A fundamental premise of this Report is that it is ultimately in the public interest to optimize choice of health care services and practitioners. Individuals should have the opportunity to choose from among health care services, for themselves and their dependents, according to their own perceptions, personal preferences and priorities. Consumers want to assume responsibility for their own health and have access to a wide variety of health care services".

And from page 21 of the same document:

> "A regulatory framework of overlapping scopes of practice and narrow exclusive scopes of practice creates a system which offers greater choice and accessibility to health care services and at lower cost. It also imputes a greater responsibility to individuals to inform themselves about the choice available, the implications of those choices, and reduces the paternalism of Government and the professions themselves.

We must remember that most of our present day traditional medical treatments were, at one time, considered non-traditional and often resisted strongly. These treatments and procedures once considered new, revolutionary, and to be resisted, include the use of vaccines, antibiotics, the electrocardiogram, the electroencephalogram, the use of cardiac catheterization, the coronary bypass, the use of better food to prevent pellagra, the use of vitamins (folic acid to prevent spina bifida, vitamin E to prevent and treat heart disease, niacin to lower cholesterol levels, vitamin C to decrease the frequency and severity of the common cold) and early ambulation after childbirth and surgery. For the sake of the good health of our citizens, we must see to it that obstacles are not placed in the way of medical progress by those with a vested interest in the past.

The suggested change would not open the practice of medicine to strange people with strange remedies. This change applies only to physicians and surgeons licensed under the Medical Practitioners Act. The College of Physicians and Surgeons has considered any practice of medicine which does not conform to their view as unethical or wrong. With this interpretation of their powers they have the right to order doctors to apply square bandaids to their patients instead of round ones, instead of leaving that to the judgement of their members whom they have accepted as fully qualified to practice medicine. This type of control stifles the initiative of their members and retards progress in medicine.

The Board of Regents, University of New York State, reviewed the results of a hearing committee which had recommended that a physician practicing complementary medicine should lose his license to practice medicine. They overruled the recommendations of the hearing committee. Amongst their conclusions they referred to a significant finding by the United States Court of Appeals, which held that while a patient should be encouraged to exercise care for his own safety, such a patient may make an informed decision to go outside currently approved medical methods in search of an unconventional treatment. In short, the Court agreed that physicians have the right to practice complementary or alternative medicine, and

that patients have the right to seek out such treatment.

Action Taken in Other Jurisdictions

Alaska - In 1990 their Medical Act was amended in about the same terms as our proposal.

Alberta - In 1994 the Legislature voted unanimously urging the provincial government to examine the use of chelation therapy as an acceptable means of minimizing cardiac trauma. It is reported that changes in their Medical Act are expected as a result of unwarranted harassment and persecution of physicians by their College of Physicians and Surgeons.

Florida - The Florida Board of Medical Examiners placed a physician on probation for a year and directed him to stop using chelation therapy. The State Supreme Court on appeal upheld a lower court reversal of this order. The state legislature passed legislation stripping this Medical Board of Examiners, and twenty-four similar Boards, of the power to investigate complaints. This authority was transferred to the Florida Department of Professional and Occupational Regulation.

Germany - July 22, 1994 at a Senate Hearing in Washington, D.C. Dr. Jurgen Schurholz, Chairman of Commission C for "Anthroposophic Medicine" of the German Republic Federal Health Agency, reported that in 1978 the German government passed legislation legalizing alternative medicine. Before that German medicine had been closely controlled by their FDA and other agencies both federal and state. The new legislation: 1. Guaranteed freedom of therapeutic choice to doctors and the "right of self-determination" to patients. 2. Recognized the existence and equal justification of various lines of therapeutics. 3. Required that health authorities take into consideration the state of scientifc knowledge of each therapeutic area of different schools of medicine when advising the public and practitioners about their benefits. Dr. Schurholz said that while the 1978 legislation was being debated critics made all kinds of unsupportable claims that the public would suffer harm, or fail to use effective conventional therapies, but that 15 years of experience have totally discredited these critics. Virtually every therapeutic modality is available in Germany today and 90% are covered by health insurance.

New York - In July 1994 an Alternative Medical Practice Act was passed. Its stated purpose is to protect unconventional physicians from prosecution and to provide patients with medical freedom of choice. New York's 226 year old Columbia University College of Physicians and Surgeons announced the creation of what it says is the U.S. first university-based center of alternative medicine.

Nova Scotia - At their annual meeting in May 1994, the Medical Society of Nova Scotia established a new section of "Complementary Medicine". Complementary Medicine was defined as "..systems different from that taught in the usual schools of medicine" and included homeopathy, environmental medicine, acupuncture and nutritional medicine.

North Dakota & Oklahoma - Have made changes to widen freedom of choice of physicians and patients.

Ontario - Their new Medical Act established the right to freedom of patients to seek the health care of their choice, and protects alternative practitioners for providing that care.

Quebec - In 1993 the Minister of Health created a commission to study the value of midwifery. The Corporation of Physicians did not cooperate or participate in the hearings. The Province proceeded to allow midwifery to be practiced.

South Dakota - In 1993 it limited the power of their Board of Medicine and Osteopathic Examiners to define unprofessional or dishonest conduct. The law stemmed from a case where a physician was forced by the Medical Board to quit using chelation therapy.

United States Congress - Bills have been introduced to permit the use of alternative medical practices by licensed health care practitioners, and to ensure patient choice, and expand medical treatment, available for illness.

Washington State - In 1991 their Medical Act was amended in much the same terms as our proposal.

It would appear that these changes are part of the future of medicine, resistance to them

will not help to encourage the evolution of effective health care or help to solve the problems of Medicare. It also indicates that there is a conflict of interest between elected governments and self-policing professional organizations; and that some governments have had the courage to make the changes necessary to free physicians to better meet the needs of consumers.

In the "Terms of Reference" provided by the Minister of Health to the Health Professions Council in Schedule B "Core Principles," the Minister expresses an awareness of this conflict when he states, "Activities of a regulatory body to promote the economic, political and professional interests of its members must not compromise the ability of the regulatory body to regulate the profession in the public interest."

It is not in keeping with democratic principles that ten different and separate Colleges of Physicians and Surgeons in Canada should separately and decisively, render judgement on every type of therapy that licensed physicians might choose to use.

Notes

1. The New Democratic Party was elected as the government of British Columbia in 1991.
2. Canada was a signatory to the Helsinki Declaration.
3. Eisenberg DM et al: Unconventional Medicine in the United States. New England Journal Medicine 328:246-252, 1993.

Hugh Pearson, Penelope Crawford,
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and J.D.Campbell Ph.D.

Letter from N.D. Finlayson, BCMA, to the Health Professions Council, July 6, 1995.

I am responding to your letter of May 26, 1995, concerning proposed amendments to the Medical Practitioners Act relating to professional incompetence.

The B.C. Medical Association does not accept that unproven and/or unconventional treatments should be freely available to the public as part of the practice of medicine. Such treatments should be solely conducted in a research environment subject to ethical review until such time as there is scientific evidence to support the efficacy of such treatments. To do otherwise will only lead to the return to a time in the last century when charlatans and quacks abounded in North America. It was precisely this situation that led to the Flexnor Report and a more formal licensure and monitoring of professional behaviour in the first place.

Isn't it ironic that there are people criticizing the medical profession for not being rigorous enough in its scientific evaluation of new procedures while at the same time, people such as the applicants in your attachments, feel the profession is too rigid in its application of scientific evaluation. Obviously, we cannot satisfy both positions and we would be most reluctant to loosen it to the point where the public would lose all confidences in the profession's objectivity and ability to offer efficacious treatments.

In regard to the scope of practice request, the BCMA is comfortable with the current scope of practice of the profession that has been determinedc by the College of Physicians and Surgeons of B.C. In short, the scope of practice for physicians encompasses all scientifically proven treatments and diagnostic modalities of all kinds including, but not restricted to pharmacotherapy, surgery, computed axial tomography, endoscopy, nuclear medicine, genetic therapy, ultrasonography, et cetera. These are but a few examples illustrating the comprehensive and diverse nature of the practice of medicine.

N. D. Finlayson, MD
Executive Director
British Columbia Medical Association

Response to Finlayson's letter sent to the Health Professions Council, Oct. 30, 1995.

Re: The Medical Practitioners Act

Thank you for sending us a copy of the letter dated July 6, 1995, from Dr. N.D. Finlayson, Executive Director, BCMA.

Dr. Finlayson does not answer the main point we have raised, which was the right of competent and ethical physicians who are members of the College of Physicians and Surgeons to use treatments which are, in the opinion of the practitioner, safe and effective. This right has been officially recognized in the province of Nova Scotia and by at least six states in the United States, and is being considered in Congress in Washing-

ton D.C. for the whole nation. The first major step has been taken in the U.S. by the recent act which removes from the FDA the right to control the use of nutrients unless FDA can prove that their use would be dangerous.

It is astonishing that the BCMA would suggest that giving presently licensed physicians the freedom of choice of therapies with which to treat their patients would result in the abundance of charlatans and quacks. These physicians are the same persons now practicing medicine under the control of the B.C. College of Physicians and Surgeons. One dictionary defines “quack” as a “pretender to medical skill”. In what way would our presently licensed physicians suddenly become “pretenders”? Has the BCMA studied the effect of the new freedom given physicians in those states which have modified their medical acts, and determined that there has been an increase in the number of physicians found guilty of unprofessional practices?

Reference is made in the BCMA letter to scientific evidence required to support treatments, and states that current practice “encompasses all scientifically proven treatments”. It is well to remember that in the Journal of Medical Ethics (1992, 18:117), it was concluded that “only about 15 percent of medical interventions are supported by solid scientific evidence; in other words 85% are not”. In the 1978 Journal of Technology Assessment of the U.S. Congress it is reported that only 10 to 20 percent of current medical procedures had ever been shown to be of benefit by controlled clinical trials. Therefore it is clear that the vast majority of medical and surgical treatments were developed by clinicians using their medical training and clinical experience. This is not in any way different from similarly well trained and experienced clinicians who have developed alternative or complementary therapies. The main difference is that the conventional treatments have been sanctioned, not by scientific experiment, but by long usage, and that complementary treatments have not yet had the time to achieve the same degree of acceptance.

If the College of Physicians and Surgeons and the BCMA insist upon applying the “scientific” approach to unconventional treatment, are they willing to apply the same standards to every present surgical procedure, every medical procedure, every anesthetic procedure, every physical manipulation, and to every medicine used today including insulin, thyroid, thiamine for beri beri, vitamin B_3 for pellagra, vitamin C for scurvy? None of these medical treatments have been validated by double blind controlled methodology. Will it insist on the same criteria for every treatment used in psychiatry including psychotherapy, psychoanalysis, group therapy, family therapy, counselling and more? It is clear that the second sentence of the last paragraph of Dr. Finlayson’s letter can be correct only if one accepts a very broad definition for science for the conventional treatments, and a very narrow one for the alternative or complementary therapies.

It would help to clarify the situation or conflict if the BCMA would examine our presentation again and meet our arguments as outlined, not setting up straw men to demolish. For instance, there is nothing in our documentation that threatens the formal licensure and monitoring of professional behaviour as their letter seems to suggest.

It would be salutary for the College of Physicians and Surgeons of B.C. and the BCMA, if they were to study the fact that in the U.S. more patients consult complementary therapists than they do M.D.s. They have already lost a good deal of confidence in the profession’s ability to offer efficacious treatments. In our opinion, patients will return to the medical fold once they discover that the medical profession has started to use the same treatment that they now must obtain from other, non medical sources.

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Two Anecdotes: A Schizophrenic Patient who did not Recover, and a Child with a Learning and Behavioral Disorder who did

Recently I had lunch with a physician who is interested in orthomolecular medicine. During lunch he reminded me that he had come to see me with his wife eight years earlier. He told me that after my consulta-

tion she had gone back to her previous psychiatrists, who persuaded her that vitamins were of no value, and kept her on tranquilizers including flupenthixol injections every two weeks. She did not recover. Eventually they divorced and he remarried. She is still ill although her major symptoms are under control.

I have described the recovery of chronic schizophrenics. This time I will report the non-recovery of a patient on tranquilizers who would have been well today had she remained on the program, and who might still be married to her husband had she become well.

In November 1986, her mother told me she noticed a change in personality when she was 13. She developed many antisocial characteristics including lying and stealing, and she became very secretive. She began to take street hallucinogens. She left home at age 15 but later returned and completed high school. After that she went on a trip. When she came home she was very ill, almost emaciated. She had been living on huge amounts of carrot juice. She eventually took group therapy and later had to be admitted to hospital for three weeks. A few weeks later she was readmitted. After this admission she was better. She married and had one child. That year she became very psychotic and was readmitted, diagnosed manic depressive. She was given a series of ECT. I found she had had visual hallucinations, and had felt unreal. She was not paranoid but had been very paranoid in the past, being delusional about the staff in the hospital. Depression was the main feature.

I discussed her condition with her and her husband, and advised her to follow an orthomolecular program. She remained on flupenthixol, and on an antidepressant. However she did not follow the program because she was discouraged from doing so. Her husband tried his best to get her to follow it, but he faced a solid wall of opposition from her psychiatrists, who considered him queer for believing vitamins could help. This reminds me of the psychiatrist in court in California, who testified to the judge that one of the symptoms of the patient he was describing was her delusion that vitamins could help.

The same week I received a letter from Tennessee, from a woman who had first written to me March 18, 1975. She said, "I have a 5 year old grandson that I am raising. Both parents are schizophrenic and he shows every indication of having it also. [The probability of a child of two schizophrenic parents also becoming schizophrenic is about 50%.] Is there any way I can find out for sure and do anything to help him now, maybe it will save much heartbreak in later years." I gave her Dr. Allan Cott's address.

April 10, 1976, she wrote again. "It was September 5 before we could manage to get him to Dr. Cott, but it has made such a change in his life and ours to see the way he is responding to Dr. Cott's treatment. It certainly is an answer to many months of prayer ... He has been in kindergarten and is doing real well ... Already he wants to work with figures and can add and subtract two digit numbers ... It is heartbreaking to see so many children and adults who could be helped on this same treatment if there were doctors trained to help them."

June 19, 1994, she wrote, "It was nineteen years ago that I first wrote to you and you recommended Dr. Allan Cott for my grandson ... Now he is 24 years old and is married. He continued with his vitamin therapy until this year ... He graduated from High School in 1988 with a "B" average. He has a good job."

Dr. Allan Cott saved the U.S. government about two million dollars, the cost of one schizophrenic patient over their lifetime. The Province of British Columbia was not so fortunate.

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