Growing popularity of complementary medicine leads to national organization for MDs

Charlotte Gray

In brief

MEDICINE’S FAILURE TO PROVIDE A CURE for every ailment has led many patients to search for alternative treatments. Now physicians interested in complementary medicine have their own national organization.

En bref

COMME LA MÉDECINE NE PARVIENT PAS À GUÉRIR tous les maux, de nombreux patients se tournent vers d’autres formes de traitement. Les médecins qui s’intéressent aux «médecines douces» possèdent maintenant leur propre association nationale.

Lists of bestsellers today usually include at least one self-help health book. “Celebrity doctors” — that is how the New Yorker described them recently — such as Deepak Chopra, Andrew Weil and Susan Love all built their success by criticizing their own profession. Their message? The health care system devised by doctors, drug companies and hospitals is closed minded, arrogant and paternalistic. The medical establishment, they argue, is deaf to patients and hostile to the idea that nontraditional remedies and patients themselves can play a role in treating illness. “Blind faith in professional medicine,” insists Weil, “is not healthy.”

Are these authors quacks? Are they as guilty of peddling doubtful nostrums as the physicians they target? Their books often leave the impression that exercise and a good diet are all that matter. They take the language of emotional and spiritual fulfillment and apply it to medicine, prompting people to find and follow their own instincts about health in the same way they have been taught to find and follow their own instincts in relationships. However, it is hard for anyone with a scientific background to accept that the medical breakthroughs of the past few years are simply corporate conspiracies. As Malcolm Gladwell wrote in the New Yorker, “There is more to medicine than can be explained by the language of personal fulfillment.”

Yet these books have made their authors extremely rich because they find a ready readership among people who no longer trust modern medicine and are looking for alternatives. Four years ago the New England Journal reported that one-third of Americans have used unconventional therapies and about 1 in 6 Americans have actually visited an alternative-medicine therapist. Most also sought help from a physician for the same problem, but 75% did not tell their doctors that they were also trying other remedies.

The same situation appears to be developing in Canada. The 1994 National Population Health Survey determined that 10% of Canadians use some form of natural medicine, the favourites being garlic and the herbal medicine echinacea. In 1996 the Globe and Mail reported that at least 3.3 million Canadians seek alternative treatments annually, spending at least $1 billion of their own money. The amount spent on vitamins and food supplements is rising by 20% a year.

“If physicians fail to wake up and see what is happening,” says Dr. William LaValley of Chester, NS, “they will lose their position as primary health care advisers.” A Texas-trained family practitioner, LaValley has been in the forefront of
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integrate nontraditional therapies with mainstream
medicine, rather than denigrating them."
LaValley is part of a rapidly expanding network of doc-
tors across Canada who want to see nontraditional thera-
pies taken seriously by physicians as well as patients.
Many of them have experienced firsthand their profes-
sion's distrust of alternative therapies and the circle-the-
wagons mentality that infects some colleagues when faced
with a challenge to their authority. So if you're a physician
interested in these therapies, how do you respond?
In 1996, several of them got together in Banff, Alta.,
to form the Canadian Complementary Medical Associa-
tion (CCMA), which today has almost 200 members.
Dr. Jeannette Soriano, an Alberta family physician, has
just succeeded LaValley as president of the CCMA. She
says they use the phrase "complementary medicine" in-
stead of "alternative medicine" because they do not ac-
cept that traditional and nontraditional therapies are
necessarily alternatives. They want to see nonconven-
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medical approaches.
Both LaValley and Soriano are adamant that physicians
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querading as complementary-medicine practitioners and
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Broadspeaking, complementary medicine refers to
methods that have not traditionally been taught in conven-
tional medical schools, including "environmental" and Chi-
nese medicine. They often use paradigms, such as energy
force fields, that are not recognized by medical schools.
They also require clinicians to take a nonlinear ap-
proach to practice. LaValley acknowledges that this is
hard for conventionally trained physicians, but he wishes
there was more healthy curiosity within the profession.
Much of conventional medicine, he points out, is not
based on scientifically controlled trials. "We need to
base both conventional and nonconventional therapies
on evidence rather than consensus," he says.

A holistic country doctor
After completing his medical training, LaValley came
to Canada to practise with a surgeon he admired in
Chester, who combined conventional medical skills with
acupuncture, nutritional therapy and homeopathy. "I
wanted to be a holistic country doctor, quietly practising
complementary medicine," explains LaValley. "I had no
great ambition to proselytize, but I sustained so many
attacks from professional organizations and the govern-
ment that I had to become politically active. I feel that
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Nova Scotia moved first
Pioneers like LaValley and Soriano have led the fights
within their own provinces for recognition of comple-
tementary medicine. In 1994, the Medical Society of Nova
Scotia established the first complementary medicine sec-
tion in North America. Since then, says LaValley, he has
seen the attitude of his colleagues change. "Of course
there is a small minority whose minds are rusted shut, but
I am aware of an increasing respect and desire to know."
With the opening of a government-sponsored environ-
mental health clinic in the Halifax area, the province can
now subject therapies to more rigorous assessment.
The Ontario Medical Association recently gave pro-
bationary status to a complementary medicine section. It
owes its existence to Dr. Linda Rapson, who has been
practising acupuncture in Toronto for more than 20
years. Its 200 members "want to take a serious look at
these therapies and help other doctors understand what's
going," says Rapson. It is disturbing, she suggests,
that so many Canadians combine conventional and un-
conventional therapies without telling family doctors
what they are doing. "How can we know what is work-
ing? Or if there is any risk in the interactions?"
Soriano has applied to the Alberta Medical Associa-
tion to start a complementary medicine section. Her
CCMA mandate this year is to persuade sympathetic
doctors in other provinces to initiate similar sections.
Some medical bodies are more sympathetic than others.
The Saskatchewan College of Physicians and Surgeons,
for instance, recently approved the use of chelation ther-
apy. Even though the college is not convinced it works,
it "recognizes the public demand for safe access."
In Alberta, however, the college has tried to exert
tight control over complementary medical practitioners
by requiring them to register their activities. In Ontario,
the college is in the midst of a disciplinary hearing with
a physician who practises environmental medicine. The
charges are not based on patient complaints.
Rapson is infuriated by the resistance of many doctors
to nontraditional approaches. "Where is their curiosity?"
she asks. "We must look at outcomes. It is so exciting
when we can bring patients relief. Today I used acupunc-
ture with a young man whose spine was smashed in a car
accident and who has suffered pain down the front of his
leg for months. Chemical pain relievers had no effect. As
soon as I started to work with him, he looked at me and
said, ‘I’m at peace.’ The pain had finally disappeared.”

Attitudes within the profession appear to be softening.
A 1995 study revealed that 71% of physicians approved of
acupuncture, 59% approved of chiropractors and 55% ac-
cepted the efficacy of hypnosis. But the change is largely
demand driven: as their confidence in mainstream medi-
cine is challenged, Canadians are demanding access to
these therapies. They are also taking on bureaucracies
that they regard as hostile to nonconventional treatments.

**Exponential growth?**

The Toronto-based Canadian Coalition for Health Free-
dom is currently fighting attempts by the federal Health
Protection Branch to restrict the sale of natural health
remedies. And Citizens for Choice in Health Care, a
national organization, is demanding that physicians who
practise complementary medicine be protected by the law.
Doug Crofford, a retired health-services administrator
living in Edmonton, serves as president of the Alberta
branch of Citizens for Choice in Health Care and is in-
furiated at attempts by the Alberta college to restrict alter-
native therapies, such as chelation therapy.

“They’re not protecting the public, they’re protecting
the surgeons and the pharmaceutical industry. I know
several men in this province who took themselves off the
waiting list for bypass surgery after chelation therapy
had solved their problems. But all the cardiovascular
surgeons could see was the drop in business for them.”

Physicians who practise complementary medicine
cannot look to medicare for recompense: these therapies
are uninsured services and patients are billed directly.
But the demand is so large that a physician like LaValley,
who works out of a small Atlantic summer resort, prac-
tises almost entirely outside the public system. “I work
12-hour days, and we have patients coming up from the
States.”

He speculates that demand will keep growing expo-
nentially because “we are bumping up against the limits of
chemical therapies. Conventional medicine has no an-
swers for antibiotic-resistant infections and few for many
viral infections. But complementary medicine can do
wonders for patients.”

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