



Features

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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 fulfilment 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 fulfilment."

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



attempts to bring alternative therapies into the medical fold. As a young medical student in 1982, he visited the People's Republic of China, where he witnessed an open-brain surgical procedure during which the patient was fully awake, with one acupuncture needle providing all the anesthesia necessary. "When I entered the operating room, the brain tumour was just being removed. The patient smiled and said, 'Welcome to my operation.' It was my epiphany."

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 government that I had to become politically active. I feel that our patients' well-being is at risk unless we can try and integrate nontraditional therapies with mainstream medicine, rather than denigrating them."

LaValley is part of a rapidly expanding network of doctors across Canada who want to see nontraditional therapies taken seriously by physicians as well as patients. Many of them have experienced firsthand their profession'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 Association (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" instead of "alternative medicine" because they do not accept that traditional and nontraditional therapies are necessarily alternatives. They want to see nonconventional practices augment or "complement" conventional medical approaches.

Both LaValley and Soriano are adamant that physicians must take a lead in examining claims made for nonconventional medicine. "Of course there is a danger of quackery," says Soriano. "That's why we want to review the therapies, set standards, do peer reviews. We don't want people masquerading as complementary-medicine practitioners and promoting therapies that are useless or harmful."

Broadly speaking, complementary medicine refers to methods that have not traditionally been taught in conventional 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 approach 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.

Nova Scotia moved first

Pioneers like LaValley and Soriano have led the fights within their own provinces for recognition of complementary medicine. In 1994, the Medical Society of Nova Scotia established the first complementary medicine section 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 environmental health clinic in the Halifax area, the province can now subject therapies to more rigorous assessment.

The Ontario Medical Association recently gave probationary 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 on," says Rapson. It is disturbing, she suggests, that so many Canadians combine conventional and unconventional therapies without telling family doctors what they are doing. "How can we know what is working? Or if there is any risk in the interactions?"

Soriano has applied to the Alberta Medical Association 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 therapy. 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 acupuncture 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% accepted the efficacy of hypnosis. But the change is largely demand driven: as their confidence in mainstream medicine 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 Freedom 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 infuriated at attempts by the Alberta college to restrict alternative 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, practises 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 exponentially because "we are bumping up against the limits of chemical therapies. Conventional medicine has no answers for antibiotic-resistant infections and few for many viral infections. But complementary medicine can do wonders for patients." ?



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