

More provinces protecting MDs who practise alternative medicine

The number of provinces with laws protecting physicians who practise alternative forms of medicine is growing. Alberta, Ontario and, most recently, British Columbia have now passed legislation designed to protect these physicians from disciplinary action solely because they offer these therapies.

In all 3 provinces, the legislation began life as a private member's bill. Alberta's bill became law in 1996, while Ontario's was proclaimed in December 2000 and British Columbia's last spring.

"Before our legislation passed, doctors had a lot of concerns about getting involved with alternative therapies," says Dr. Jeannette Soriano of Calgary. "They were concerned about harassment by the college."

Indeed, Soriano says the College of Physicians and Surgeons of Alberta had opened an investigation of her practice, which includes the use of chelation therapy. The investigation was later dropped.

Ontario's bill, introduced by Liberal MPP Monte Kwinter and supported by all parties, was initially opposed by the College of Physicians and Surgeons of Ontario, but by the third time it was introduced — it died on the order paper twice because the legislature adjourned — the college had dropped its objections.

The Ontario law states that doctors should not be found guilty of professional misconduct or incompetence *solely* because they practise a nontraditional therapy "unless there is evidence that proves that the therapy poses a greater risk to a patient's health than the traditional or prevailing medicine."

A college spokesperson says that once the word "solely" had been added to the legislation, the college dropped its objections.

"No one is going to take away the college's responsibility to regulate the profession, but it shouldn't be able to just go after someone because they practise an alternative therapy," says Kwinter, who has never received alternative therapy.

Toronto lawyer Morris Manning, who defended alternative practitioner Dr. Jozef Krop against the Ontario college in a lengthy, high-profile case, says the Ontario law will help. "This has to be viewed in the context of traditional

medicine's opposition to change," Manning said in an interview. "Now, the college can't just say, 'We don't like this new technique.' It has to show that somehow the patient is endangered."

When Alberta's legislation was passed, the Alberta college decided to create a system to register doctors who practise complementary therapy, but only after they had provided proof of proper training and education. "We

didn't want an us-versus-them situation with respect to these practitioners," said assistant registrar Dr. Bryan Ward. "We wanted to keep the dialogue open."

"It took some time, and we had a lot of discussion. These doctors get approval to provide specific therapies by proving they've had some rigorous training. We don't approve the therapy, but we approve the physician providing the therapy." — *Ann Silversides, Toronto*

ON THE NET

Medical associations a major Web presence

It's little surprise that medical associations around the world are well represented on the Web, given that health and medicine have been dominant subjects on it since day one.

The CMA's own CMA.CA site (www.cma.ca), which was one of the first presences by a medical association on the Web (1995), was relaunched in October. The new site delivers enhanced services to members and the public, and is now one of Canada's largest sources of bilingual health and medical information on the Net.

But the CMA is far from alone. The American Medical Association site (www.ama-assn.org) has separate areas for physicians and medical students, for other health professionals and for patients. It also features a Doctor Finder service for patients.

Across the pond, the British Medical Association site, BMA Online (www.bma.org.uk), not only offers the usual member services and public resources but also provides specific sections for residents of Scotland, Wales and Northern Ireland.

Going "down under" provides access to the medical associations of Australia (www.ama.com.au) and New Zealand (www.nzma.org.nz). A quick read of documents on the Australian site shows how different we really are. Consider this quotation that criticizes, in a very Australian way, a government report: "Preliminary analysis shows that the Department's report does not pass the sniff test. In fact, it is so on the nose that even an Optimists' Society funded by the Minister would have trouble making a positive remark."

Many other smaller associations are also developing a presence. The Malaysian (www.mma.org.my), Hungarian (www.mok.hu), Norwegian (www.legeforenningen.no) and Chilean (www.colegiomedico.cl) medical associations are just a few of the many now found in cyberspace.

Finally, there are the international organizations like the World Medical Association (www.wma.net) and Commonwealth Medical Association (www.commedas.org). For a list of medical associations around the planet click over to the World Medical Association's members' page (www.wma.net/e/membership/membershipindex.html). It contains a wealth of information and some surprises. For instance, even the Vatican has a medical association, Associazione Medica del Vaticano. — *Michael O'Reilly, mike@oreilly.net*

