



cians here and virtually all of them are scientists. . . . Their problem is how to reconcile what is basically an unregulated therapy against stuff that has usually gone through a high degree of evaluation.”

A revised version of the policy, which will eventually be presented to the MAC for information, will likely indicate that Sunnybrook neither endorses nor condemns the treatments, but simply wishes to respect patients' wishes.

That is unlikely to mollify critics like Bjarnason. “It re-

mains equally unscientific and unproven no matter who is administering it. If anything happens to a patient we still have to answer for it, so I don't think it is in our interest to do anything of unproven value.”

Others are concerned about whether Sunnybrook can afford to provide complementary treatments. Medical oncologist Neill Iscoe says funding cuts have already made it difficult to provide treatments that are well understood and accepted. Allowing staff to use unproven therapies

Changing demographics increasing demand for complementary medicine

Wendy Charbonneau's life fell apart after her jaw was shattered in a car crash 3 years ago. The accident forced her to quit her job as a kindergarten teacher; she also had surgery and became addicted to morphine. Today, she credits therapeutic touch — a complementary therapy that involves waving hands a few centimetres above a patient's body — with restoring at least a semblance of normalcy to her life. Her concentration and self-esteem have improved and she has been weaned off most painkillers.

“I feel I have more inner strength to try things,” she says. “I would not have been able to get this far without therapeutic touch.” Nor would she have tried the treatment if it had not been available — free of charge — at the Toronto East General Hospital.

“Having it in the hospital gives me confidence in the treatment,” she says. “It is a lot more professional and trusting and if you have a complaint you can take it to the hospital board.”

Toronto East General set up its therapeutic touch clinic 3 years ago after receiving requests from nurses. Now, administrators plan to open several more clinics for complementary and alternative treatments. Colin Goodfellow, the hospital's director of strategic operations, says available therapies will include Chinese and ayurvedic medicine and acupuncture; they will occupy “at least” a wing. Some practitioners will be independent and simply rent space, while others will be paid by the hospital and see patients referred by physicians.



Colin Goodfellow: “This is the number-one thing people believe we should be doing.”

The hospital board decided to open the clinics in response to patient demand. Goodfellow says this has been increasing because patients are better educated. As well, changing demographics mean the hospital's catchment area includes more people from non-Western cultures that employ alternative types of medicine. “This is the number-one thing people believe we should be doing that we are not doing,” he adds.

Goodfellow admits his toughest job will be to get physicians on board. He hopes to defuse the opposition by locating general practitioners' offices next to alternative medicine clinics so that they can “work in tandem” from the beginning. Early indications are that doctors will support the strategy as long as complementary caregivers operate under strict controls.

“We recognize [complementary therapy] does have a role to play,” says Dr. Haig Basmajian, the chief of staff. “The big area of concern will be to ensure the treatments do have benefits, that there is monitoring and that nobody is harmed.” Members of

the Medical Advisory Committee (MAC) have asked management to draft regulations governing the new clinics.

Gastroenterologist Frank Dicum, an MAC member, says he will support the clinics as long as the hospital spells out the conditions they can treat. He also wants patients to undergo screening to rule out serious illnesses that could be treated conventionally.