

## Chinese medicine now part of primary care scene in BC

Vancouver lawyer Mason Loh, chair of the College of Traditional Chinese Medicine (TCM) Practitioners and Acupuncturists of British Columbia, hopes that acupuncture needles and Chinese herbal remedies will one day be as familiar to BC patients as physicians' stethoscopes and lab coats. And he may not have long to wait.

Last December the provincial government approved regulations that establish TCM as an alternative form of primary health care. Such official recognition, says Loh, "will promote public confidence in this ancient but proven form of healing." (The cost is not covered under medicare.)

The new regulations, now part of BC's Health Professions Act, are the latest step in a regulatory process set in motion in 1999, when the province designated TCM a self-governing health profession.

### Bone of contention over surgical procedure

When Toronto surgeon Michael McKee told the recent annual meeting of the American Academy of Orthopedic Surgeons that the complex Ilizarov procedure is unsuitable for smokers, the response was rapid.

When newspaper reports about the meeting appeared, he told *CMAJ*, his office was inundated with email. About 75% of writers supported him, but one called him "Satan" and another threatened "to report him to the college."

"Something got lost in the translation," McKee says of his research, which determined that the failure rate for smokers (30%) is much higher than for nonsmokers (8%). "All I said was that for this one elective procedure, let's give it the best possible chance of success. I'm not trying to be punitive — I'm just asking for a 6-month window of opportunity in which they quit smoking."

The Ilizarov procedure, a complex and time-consuming operation in which a metal frame is used to lengthen bone, is commonly used to treat congenital deformities and malunited fractures. — *Patrick Sullivan, CMAJ*

They restrict the practice of TCM to registered members of the new college ([www.ctcma.bc.ca](http://www.ctcma.bc.ca)). The government says TCM means the "promotion, maintenance and restoration of health and prevention of a disorder, imbalance or disease" based on 5 primary therapies: Chinese acupuncture (*Zhen*), moxibustion (*Jiu*) and suction cup (*Ba Guan*); Chinese manipulative therapy (*Tui Na*); Chinese energy control therapy (*Qi Gong*); rehabilitation exercises such as Chinese shadow boxing (*Tai Ji Quan*); and prescribing, compounding or dispensing Chinese herbal formulas and food cure recipes. Practitioners face several practice restrictions. For instance, "no acupuncturist or herbalist may treat an active serious medical condition unless the client has consulted with a medical practitioner, naturopath or dentist or doctor of traditional Chinese medicine, as appropriate."

Before the regulations take effect, says registrar Randy Wong, the college must set educational requirements for various types of TCM practitioners and create a public complaints process and ethical guidelines. It has already registered 420 acupuncturists, most under a clause that involved assessing existing skills. By June, anyone who wishes to practise acupuncture in BC must be registered with the college. Early in 2002, it expects to begin registering TCM doctors; in all, more than 1000 TCM practitioners will fall under the college umbrella.



New BC regulations establish traditional Chinese medicine, including herbalism, as an alternative form of primary health care.

However, the province has yet to win over its own physicians, many of whom remain sceptical about TCM. "What's next?" asks Dr. Morris VanAndel, registrar of the College of Physicians and Surgeons of BC. "A college of iridology?"

VanAndel says it is acceptable for physicians to recommend acupuncture or other elements of TCM therapy to complement standard treatment when there is good evidence that it is beneficial. However, he says it is unethical for a doctor to refer a patient directly to any practitioner whose profession — regulated or not — does not conform to modern scientific standards. — *Terry Johnson, Vancouver*

### Alberta investing \$10 million to keep elite specialists

Medical recruiting wars have taken a new twist in Alberta, where the province has created a special fund to retain its elite physicians in the face of outside competition.

Over the next 2 years, the Calgary Regional Health Authority and Edmonton's Capital Health Authority — the province's main centres for specialized procedures — will each receive \$5 million. The move is designed to help them retain about 70 specialists who provide services for the entire province.

The new money is earmarked for boosting salaries, purchasing new equipment and securing more operating room time for these specialists. It is supposed to help the province attract and retain doctors who are in high demand nationally or internationally or whose loss would compromise the quality of care across Alberta.

"We hope the initiative will have some real payoffs," says Ron Kustra, a spokesperson for the Alberta Medical Association. "It's like building anything — this is another block that helps make Alberta competitive and attractive for physicians."

This "top-up" of an existing fund to recruit and retain specialists followed fall negotiations between the AMA and Alberta Health and Wellness. The new money is separate from the recent 22% fee increase negotiated by the AMA. — *Greg Basky, Saskatoon*