

How to Study a Controversial Area in Medicine

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About one year ago an "Ad Hoc Committee on Environmental Hypersensitivity Disorders," submitted a report and appendices (two publications) to the Government of Ontario. This committee was appointed by the Minister of Health and was given a mandate to "... review current published case studies and visit appropriate treatment centers in order to report on the present level of knowledge about environmental hypersensitivity, paying particular attention to prevalence, to methods of diagnosis and methods of treatment." It was also asked "... to outline possible approaches to investigating, treating, or undertaking further research into such disorders."

The committee included: Judge George M. Thomson, Provincial Court, Family Division, Toronto, Ontario; Dr. James H. Day, Head, Division of Allergy and Immunology, Department of Medicine, Queens University, Kingston, Ontario; Susan Evers, Ph.D., Assistant Professor, Department of Family Medicine, University of Western Ontario, London, Ontario; Dr. John W. Gerrard, Professor Emeritus, Department of Pediatrics, University Hospital, Saskatoon, Saskatchewan; Dr. David R.M. McCourtie, Associate Professor, Department of Medicine, University of Western Ontario, London, Ontario; and William D. Woodward, Ph.D., Assistant Professor, Department of Nutrition, University of Guelph, Guelph, Ontario. The report was prepared for the Minister of Health, Hepburn Block, Queen's Park, Toronto, Ontario M7A 2C4.

I was delighted to read this report for it follows almost exactly the recommendations Dr. Humphry Osmond and I made when we criticized the American Psychiatric Association Task Force Report on Megavitamins and Orthomolecular Psychiatry (see our reply*).

The APA committee members were biased against megavitamin therapy (this they had freely acknowledged before their appointment)

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and mainly represented two institutions: NIMH and one university department of psychiatry under the chairmanship of Dr. M. Lipton. They conducted their investigation according to their biases by ignoring most of the positive literature and highlighting every one of the few negative reports, by abstracting the positive reports to show they were negative and by avoiding any discussion with any megavitamin therapists or any of their patients. To no one's surprise, their report was severely critical and has damaged millions of patients by delaying serious examination of ortho-molecular psychiatry and medicine by twenty years by the leaders of establishment medicine. This report on hypersensitivity disorders is entirely different. First, biases are neutralized by having a judge as the Chairman, by including a scientist familiar with and practicing clinical ecology and by including members from several universities and from several faculties. This committee was so unique I must outline how they did their work. In Chapter One they list their activities as follows:

1. Committee meetings.
2. Advertising. These ads in newspapers in Ontario invited briefs, letters and submissions. "The Chairman reviewed them all, a total of 1209."
3. Meetings with groups.
4. Meetings with individuals. The individuals represented various disciplines with view and evidence for and against.
5. Meetings with physicians in Canada and the U.S.A.
6. Conferences and meetings.
7. Meetings with patients.
8. The Chairman met with various groups, both pro and con.

The result is a very valuable, 314-page report ending with a series of recommendations.

1. Prevention

"Recommendation 1: Because many people suffer from exposure to respirable suspended

particulates (RSPs) or secondhand cigarette smoke, we strongly support measures to minimize exposure to it."

"Recommendation 2: We recommend action to ensure that patients and others have accurate information about food content, chemicals and other products in everyday use, information to which those concerned about environmental issues are entitled."

2. Research

"Recommendation 3: We recommend that research be undertaken to establish the prevalence of environmental hypersensitivity and to determine which of the current tests and treatments being used by clinical ecologists are demonstrably useful."

"Recommendation 4: To provide an estimate of the prevalence of environmental hypersensitivity and in the absence of clear diagnostic criteria, we recommend a cross-sectional survey be undertaken using the definition set out in chapter two. Because subsequent investigation may prove our definition inadequate, it should be used to identify persons with environmental hypersensitivity for the purposes of this study only. Such a survey would require the cooperation of those Ontario physicians who are members of the Society for Clinical Ecology and Environmental Medicine.;;

"Recommendation 5: Research into diagnostic testing procedures should comprise random, controlled clinical trials conducted on the major tests currently used by clinical ecologists in Ontario, i.e., provocative testing, Rinkel technique. In addition, those treatment methods currently used by clinical ecologists should be rigorously tested for efficacy. Treatments to be considered for evaluation include intradermal and sublingual and neutralization, the rotary diversified diet and the long-term use of nystatin."

"Recommendation 6: The Committee recommends that the research be carried out in a multidisciplinary investigative and therapeutic environmental unit, established for a defined period of time, for the assessment of environmental hypersensitivity disorders.

"We recommend that funding for three years be provided, because this is sufficient for completion of the initial investigations; after three years, it might be reasonable to expect that such an environmental unit would sustain itself through other funding sources, e.g., grants

obtained in open competition."

3. Funding of Tests and Treatments

"Recommendation 7: We recommend the following procedures as being of demonstrable validity and worthy of initial or continued financial support:

1. patient histories;
2. routine lab tests
3. nasal inhalation challenges
4. double blind food challenges
5. indoor air quality testing
6. the Rinkel technique (when used for diagnostic purposes)[.]

"Recommendation 8: We recommend that the fee schedule permit an enlargement of the fee to be charged if added time is required to obtain good histories, to counsel patients on avoidance procedures and to monitor the patient's performance."

"Recommendation 9: We recommend that consideration be given to expanding the nasal inhalation challenges covered in the fee schedule to include a wider variety of compounds and antigens, i.e., formaldehyde, phenols, etc. Consideration should be given to the kind of training physicians should have before undertaking such challenges."

"Recommendation 10: We recommend that the following procedures not be considered at this time as worthy of financial support as insured health services:

- a) Blood tests for Candida.
- b) Vega II Machines.
- c) Cytotoxic tests.
- d) Hair analysis."

"Recommendation 11: We find that the following treatments have been demonstrated to have validity and should receive initial or continued public support:

1. avoidance;
2. the prescription of nutritionally safe diets."

"Recommendation 12: The Committee recommends that vitamin and mineral supplements and uncontaminated food and water not be included as insured health services. We do, however, recommend that they be included in health care plans that provide coverage for drugs and other treatments when they have been prescribed by a physician, subject to

defined financial limits. Moreover, those who receive social assistance should be eligible for payment through the associated drug or food supplement plans."

"Recommendation 13: The Committee recommends that nystatin should be financially supported when prescribed for proven *Candida* infections. Long-term use of nystatin should not be supported until it has been demonstrated to be effective and safe."

"Recommendation 14: We do not recommend that the use of sublingual neutralization and intradermal neutralization be approved at this time as insured health services."

"Recommendation 15: We do not recommend that the use of ketoconazole, transfer factor and vitamin C injections be supported at this time as insured health services."

4. Controls on Tests and Treatments

"Recommendation 16: All materials, extracts in particular, should come from third-party sources, provided that such extracts are available, free of preservatives if required. Physicians should not be permitted to develop their own extracts and should not receive any financial benefit from the cost to patients of extracts. An allowance should be paid, if necessary for a physician's involvement in individual sampling. We recognize that, to be consistent, similar requirements should apply to extracts used by allergists."

"Recommendation 17" Both the cost per test and the maximum number of tests per year should be established."

5. Information

"Recommendation 18: That the environmental unit undertake production of easily understood pamphlets on the more controversial issues related to environmental hypersensitivity; that it consider issuing a version of the Committee's report that is easily understood by members of the public; that it ensure adequate involvement in conferences, meetings, etc. sponsored by various advocacy and information bodies recently established in Ontario; that it offer assistance in ensuring that documents prepared by school boards, public health units, etc. are accurate and balanced."

"Recommendation 19: In view of the special

role that can be played by the public health system, by medical officers of health and, in particular by public health nurses, we recommend that special efforts be made to educate and prepare public health nurses to function as a source of current information on environmental illness in general and on environmental hypersensitivity in particular. These nurses are often the first and most accessible source of information for the patient who is confused by conflicting reports elsewhere. Moreover, this role is consistent with the accent on prevention established in the new Health Protection and Promotion Act."

"Recommendation 20: We recommend that programs of continuing education be developed to provide practitioners with the scientific information, which is increasing, that both supports and questions recent, highly publicized theories and beliefs in the field of environmental sensitivity. As an example of why this is needed, we note that there is a general lack of understanding of the possibility that indoor air can be a contributory factor in illness."

6. Patient Supports

"Recommendation 21: All basic social assistance programs, particularly those administered under the Family Benefits Acts, should be reviewed to ensure that they recognize how disabled some of these patients are. They should not be deprived of minimal levels of support because of disagreement within the medical profession regarding the causes of their conditions."

"Recommendation 22: Because administrators of social assistance programs have wide discretion, the environmental unit should provide expert assistance to appeal bodies such as the Social Assistance Review Board, and to those groups, such as the Community and Social Services Medical Advisory Board, that provide appeal bodies with expert advice."

"Recommendation 23: In view of the important role of the individual physician to whom a person seeking social assistance, Worker's Compensation, etc. is referred, those physicians must have current information about environmental hypersensitivity and must be willing to assess the patient's condition irrespective of any diagnosis attached to it. Here, too, the environmental unit should be involved in selecting such physicians and, in particular

cases, should be available to bodies seeking expert advice."

"Recommendation 24: Private insurers need to be encouraged to take the same approach in situations where there is a clear disability but some debate as to causation. This is true for those programs that provide payments as replacement for lost income as well as for those that provide assistance for the costs of drugs, extracts and other interventions."

"Recommendation 25: At least a portion of the costs associated with special diets and prescribed vitamin and mineral supplements should be claimable through existing food supplement programs and drug plans. Controls would have to be placed on what would otherwise be an extremely open ended level of support. However, we are satisfied that these measures, when prescribed by a physician after careful investigation and diagnosis, should not be denied those who are simply unable to afford them."

"Recommendation 26: In cases of genuine financial need, (i.e., people receiving social assistance) rent supplements or discretionary payments should be available for those seeking to make modest environmental changes."

7. New Programs

"Recommendation 27: We recommend that the environmental unit collaborate with and assist those involved in the development of special housing programs. Consideration should be given to establishing a nearby apartment, modified for patients who are participants in the environmental unit's research program and are able to reside outside of the unit. The unit might also assist some hospitals in making changes to one or two rooms so that patients diagnosed as environmentally hypersensitive would feel less concerned about being hospitalized when they become seriously ill and require emergency

admission."

8. Inter-Disciplinary Dialogue

"Recommendation 28: That, in the near future, an interdisciplinary conference be held to discuss this report and its recommendations and that conferences of this type should be held regularly as part of the environmental unit's vital education role."

"Recommendation 29: That the Ontario Medical Association consider establishing an environmental health subsection to bring together practitioners interested in this field."

"Recommendation 30: The Committee recommends that the environmental unit develop recommendations for curriculum review committees regarding possible curriculum changes in medical schools to ensure that issues relating to environmental illness are part of medical education."

I have presented these recommendations in full because of their importance. This study will now be a model for all future studies of controversial treatments for which there are ample amounts of data but which are usually rejected out-of-hand by medical schools, professional journals and research-granting agencies. It should be a model for similar investigations of Orthomolecular medicine (and psychiatry). I recommend readers of this journal bring this committee's conclusions to the attention of their physicians, their departments of health, their medical schools, to their Members of Parliament, senators and congressmen, and to all private and public associations or agencies dealing with health matters. I particularly request members of the American Psychiatric Association make their views known about this study and their own conclusions to the APA. If the APA professes to be interested in the best treatment for the mentally ill they will withdraw their 1973 report and conduct another study following the principles and procedures followed by this good Ontario Ad Hoc Committee.

*HOFFER, A. AND OSMOND, H.: Megavitamin Therapy. In Reply to the American Psychiatric Association Task Force Report on Megavitamin and Orthomolecular Therapy In Psychiatry. Published by the Canadian Schizophrenia Foundation, Regina, 1976.