

Editorial

Freedom of Choice Wins More Freedom

Washington State may become the second state to permit freedom of choice in health care for its citizens. Theoretically in a democracy, it is assumed that we all have freedom of choice in seeking out nontraditional treatment. In fact, access to nontraditional treatment has been restricted by severe sanctions on physicians, designed to keep them following tradition. In some states, some nontraditional treatments are illegal, even though these treatments are safer than are most traditional treatments. There are states in which it is illegal to prescribe Vitamin C for the treatment of cancer.

These restrictive laws and activities of medical associations have retarded progress in medicine. The usual flow of medical progress has been from traditional to nontraditional, which eventually becomes incorporated into the traditional fold. But punishing physicians who use nontraditional methods interrupts this progression of information and treatment, and forces the medical profession into the straight-jacket of conservatism.

Since medical societies have been unable to break out of these conservative bonds, society will do it for them. It has already started. In Alaska, practising with non-traditional methods can no longer be used as a reason for attacking physicians. Already physicians practising Orthomolecular medicine have fled from the state of Washington to Alaska, but it now appears they may soon be able to go back home.

On March 19, 1991, the Washington State House of Representatives passed Bill 1960 which reads, "The use of nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed."

This Bill must still pass the senate and be signed by Governor Gardner. The Well Mind Association of Washington is very active in supporting passage of this bill.

Traditional medicine is becoming less

fearful of nontraditional medicine. Jerri Spalding Fredin of the Well Mind Association, in her report entitled "Medicine's Renaissance", in the Well Mind Association Newsletter, April 1991, examines this trend. This was demonstrated by evidence presented at a public hearing on Bill 1960. She quotes Dr. William Robertson who represented the Washington State Medical Association:

"As a physician I think it's fair to say that virtually all of us have been involved in what's called 'nontraditional medicine' when it first gets started ... We're not opposed to bringing to the attention of more physicians and more patients that there are still some novel things out there and, hopefully, they're going to work better than what we used 50-60 years ago... We've seen innovations, such as anesthesia, radiology, CAT scan — all, when they got started, were nontraditional medicine."

In these hearings, nontraditional practitioners discussed some of the difficulties they faced, some of which arose from the activities of physicians who labelled non-traditional physicians quacks. Of course, they did not use any formal definition of the term, since a quack is defined as any person without a medical degree who professes to be a doctor. It is impossible to label any physician with an M.D. a quack. Nevertheless, these self-proclaimed 'quackbusters' have been very active in discouraging nontraditional medicine. Ms. Fredin referred to a chelation study in Victoria, British Columbia, which was terminated in midstream by this kind of opposition from the establishment. She reports further from Dr. Kimmel's written testimony.

"This kind of study is exactly what chelation's critics have been demanding. The study was abandoned midstream because one of the study's designers, a young assistant professor of epidemiology, was told that his promotion to associate professor was in serious jeopardy if he continued to pursue such unworthy research. So he dropped out. Another member of the team, a clinical professor, was threatened

with losing his research grants. The study thus lost its university backing and the chelation clinic was closed.

"So here we have a perfect strategy for sabotage of unconventional therapy: first, discredit the treatment by citing the absence of controlled studies; next, get a panel of experts to argue against conducting such studies; and finally, threaten to destroy anyone who becomes involved in such studies."

Speaking from his own experiences, Dr. Kimmel further stated:

"Nontraditional physicians are attacked outright... Hospital privileges are revoked, insurance coverage withdrawn, payment for services is denied, membership in state and local medical associations is blocked.

"In 1984 my application for membership in the Whatcom County Medical Society was disapproved since chelation therapy was 'considered to be unscientific by the Washington State Medical Association (WSMA) and the American Medical Association (AMA).' After personally treating about 500 patients and extensively reviewing the literature, I have reapplied for membership, only to be told that the practice is not only unscientific, but does not conform to the code of ethics of the WSMA or the AMA."

Dr. S. Barrett is a very busy quackbuster and, according to Fredin, a spokesman for the American Medical Association. In a recent article he stated, "Unscientific practitioners often band together to share their views. Proponents of chelation therapy (intravenous treatments intended to remove unwanted substances, such as arterial plaque) have formed the American College of Advancement in Medicine ..." (American Health, March 1991). According to Ms. Fredin, "Dr. Barrett was warning the public not to seek the services of these 'quacks'."

The same pressures have been used in Canada. Several excellent Orthomolecular physicians have lost their licences and have either retired or become naturopaths, or nutritional consultants. But no province in Canada has so far shown the same wisdom as have Alaska, and perhaps Washington State. Undoubtedly many other states are contemplating similar changes to their laws to liberate nontraditional practices and to provide real freedom of choice for patients.

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