

Reality check needed for CME credits

There is an ongoing concern in Canada and the United States that standards of education are falling. At a grassroots level we have seen a rise in the number of independent schools that focus on basic tasks such as reading, composition, and math. On a broader level, the business community (including Microsoft chairman, Bill Gates¹) has expressed concern that a decline in science skills² will cause North America to lose its innovative and economic edge³

The National Science Foundation (NSF), an independent US Federal Agency, was created in 1950 “to promote the progress of science, to advance the national health, prosperity, and welfare....” It funds roughly one-fifth of all basic science research in the US and plays a major role in science education.

As part of their role in promoting basic science knowledge, the NSF regularly polls the American public regarding their understanding of scientific issues. Followers of comedian Rick Mercer will find no surprises in their 2002 survey’s finding that large numbers of Americans believe in ghosts (38%), ESP (50%), and astrology (28%).⁴

The NSF report also makes specific mention of public acceptance of alternative medicine, including homeopathy, energy therapies, and psychic healing (53%), and the harm caused by such pseudoscientific practices. Contrary to the common claim that acceptance of alternative medicine tends to slightly correlate with higher education, the NSF report identified a much more relevant trend—namely that higher levels of *science* education result in substantially lower levels of acceptance of pseudoscientific beliefs.

At first blush, belief in astrology, psychic healing, and alternative medi-

cine may seem innocuous, especially if real doctors are just around the corner to bail you out of trouble. But it is conceivable that such misinformation could have adverse effects for public health. There is, for example, a considerable body of literature documenting the opposition among alternative medicine providers to vaccines.⁵⁻⁷

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However, while parents, national scientific bodies, and even the business community speak of a need for better understanding of scientific issues, there may be room for the medical community to examine its own house.

In the summer of 2005, a conference called *When the Body Forgets to Heal* was held in Victoria.⁸

Typical examples of talks offered included *Energy Healing: Morphogenetic Fields*; *Talking Circle*; *Holotropic Breathing and the Shamanic State of Consciousness* (participants were requested to “... bring a sacred object or special photograph, drum or rattle, pillow and blanket and wear light clothing”); *Reversing AIDS With Nutrition*; the *Use of Ozone in Medicine* (the program stated that in Japan,

cancer is being treated by injecting ozone directly into the tumor); and *Immune System Dysfunction: the Homeopathic Approach to Chaos*.

Perhaps the most interesting speaker was a teenage boy named Adam Dreamhealer, who was billed as a gifted distant energy healer. The program offered this explanation of his powers: “... our minds, through intention, directly affect our immune systems, guiding us in fine-tuning our own skills in directing energy to re-establish health, as we seek to achieve a higher level of consciousness. The academic theories of quantum physics come to life with [Adam’s] accounts of his direct experience of the interconnectedness we all share. Adam has the ability to perceive this connectivity and influence it over any distance instantaneously, accomplishing distant healing.”

While it is of interest that the list of above topics dovetails neatly with the concerns raised in the NSF report, it will undoubtedly surprise some that CME credits were awarded for attending. Far from being an isolated example, a more recent conference offering a seminar on the use of homeopathy as a treatment for epidemic influenza was also accredited.⁹

Some people might wonder if that type of material can be accredited, what *wouldn’t* be?

It’s fair to ask whether granting CME credits should be tied to some sort of quality control. Typically, physicians and scientists implement their own quality control—a “reality check” to ensure that educational material is as accurate and scientific as possible.

We feel that CME is no exception. Bodies entrusted with medical education should ensure that the process for approval includes standards to make certain the profession and the public

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get information about truly effective health therapies.

—Lloyd Oppel, MD, MHSc,
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**Chair, Alternative Therapies and
Allied Health Committee**

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2. A medical review and update for workers with protracted recovery periods, for example for a frozen shoulder, that require ongoing, periodic assessments.

3. A medical reassessment to review the MARP diagnosis, for example, for low back pain with new symptoms of radiculopathy, and/or treatment recommendations, and/or failure-to-progress treatment recommendations.

Referrals

To refer an injured worker patient to WorkSafeBC’s Pain Management or Medical and Return-to-Work Planning Assessment Programs, contact a medical advisor or case manager in your nearest WorkSafeBC office or use a Form 11.

—Don Graham, MD, CCFP
WorkSafeBC Chief Medical
Officer



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