

Omega man

“**H**ey doc, how much omega-3 should I take?” Is it just me, or do the rest of you know everything about vitamins and alternative remedies? Everyone, including some physicians, seems to jump on the bandwagon and encourage patients to try this vitamin or that treatment, often on some apparent expert advice. For example, saw palmetto was supposed to relieve symptoms of prostatism until a double-blind randomized trial reported in 2000 (in our lesser-known sister journal, the *New England Journal of Medicine*) blew that out of the water—forgive the metaphor.

How many of you, like me, were recommending vitamin E for heart disease until the HOPE trial came around? So, okay, it isn't good for the

heart but maybe it protects against cognitive decline. Egad, what you say, the meta-analysis suggests that at about 400 IU of vitamin E per day mortality increases?

Recently vitamin D supplementation has been touted as a cure for everything, including prostatism (just kidding, but as I age this topic becomes dearer). I wonder how long before some study proves that vitamin D supplementation causes erectile dysfunction or some other malady. The tendency to measure vitamin D levels appears to be catching on. Instead of comparing their PSA or cholesterol levels over bridge, seniors will soon be boasting of their super-normal ergocalciferol counts.

Itchy physician pens have turned away from scrawling *homocysteine* on lab requisitions. Speaking of homocysteine—how much do you think that one cost us? Now, not all vitamin therapies should be painted with the same brush. Folic acid has been shown to lower the incidence of neural tube defects if taken by pregnant woman during their first trimester. Also, a combination of antioxidant vitamins and zinc has been shown to reduce the progression of age-related macular degeneration (ARMD). Interestingly, there isn't evidence that these same vitamins lower the risk of ARMD in individuals at risk but not yet affected.

How about other supplements? I now routinely ask patients what supplements they take. Not only is it good medicine, it's another opportunity to amuse myself. When a patient tells me they take cod liver oil I nod knowingly and ask, “Why not halibut liver oil?” Sometimes I will ask, “Why not trout liver or perch liver oil? Why pick on saltwater fish?” Has anyone else wondered where they get all the cod liver oil from? I thought there was

a moratorium on the cod fishery. Is there a new “catch–take a liver–and release” program I haven't heard about?

You will find patients who take almost anything: green algae pills, for instance. After asking them the obvious question of why they don't take blue algae pills, I mention they could save money and lick the inside of their fish tanks. Zinc, selenium, silver colloid, flax seed oil, silica, milk thistle, garlic, shark cartilage, melatonin, ginkgo, ginseng, and more are being consumed in large quantities by our patients. Alternative professionals often recommend so-called natural treatments for a whole host of conditions. I ask you, is it natural to consume a handful of pills at every meal? The concept that these are natural treatments leads me to believe that our medicines must be unnatural. Personally, I would rather consume the active compound synthesized under sterile conditions in a laboratory versus chewing on some leaf. I like the term “natural” about as much as I like the term “organic,” as in “organic foods.” I want to go to the supermarket and ask where the inorganic vegetables are. Remember, horse manure is organic.

I think I will continue my habit of truthfully answering, “I don't know,” when faced with such questions. I often add, “I'm not sure if supplement Y or vitamin X will help, but I do have a natural, organic treatment that will make almost 100% of people feel better. Do you want to know what it is?” I ask. As they nod furiously I continue, “A diet low in animal fats, high in fruit and vegetables, moderate caffeine and alcohol intake, no smoking, and regular exercise.”

“Come on Doctor Dave, everyone knows that,” they invariably reply. “What about that omega-3?”

—DRR

Naturopath prescribing: The hill to die on

Some issues ago I wrote about the fact that the recent Bill 25 permitted pharmacists to renew and adapt prescriptions. I argued that pharmacists who are masters of pharmacopoeia, given limits and conditions, could reasonably be allowed some expansion of their scope of practice. I argued that fighting this legislation would not be a good hill to die on.

Unfortunately I found another hill, one worthy of dying on; naturopath prescribing.

At first glance naturopath prescribing appears to be an oxymoron.

"I like the natural nonpharmaceutical approach," boasts one Canadian Association of Naturopathic Doctors TV ad.

Moreover, as the British Columbia Naturopathic Association (BCNA) states, the philosophy of naturopathic treatment is threefold:

1. *Vis medicatrix naturae*: the body has the inherent capacity to heal in the proper therapeutic environment. NDs believe in the recuperative power of the organism, given the correct climate for healing. Determining the correct individualized therapeutic environment is at the core of naturopathic medicine.
2. *Tollum causum*: remove the cause. Instead of treating the symptoms of disease the ND tries to cure the cause of the disease.
3. *Prima non nocere*: do no harm. The ND is trained to use therapies that will not cause adverse side effects or cause secondary problems (i.e., iatrogenic disease) as serious or more serious than the original disease.

So why would naturopaths want to prescribe? The answer can be found by going back to 2001 when a review by the Health Professions Council of the scopes of practice of each regulated health profession concluded that prescribing by naturopathic doctors

should not be allowed based on questions about their adequacy of clinical training and pharmacology. Shortly after, in the course of a review of federal drug schedules, a large number of so-called natural medicines such as tryptophan, previously available to naturopaths, were moved from over-the-counter status to Schedule 1.

In December 2006 the College of Naturopathic Physicians of BC (CNPBC) petitioned the BC government to return their former formulary access. However, their request was not just for access to a limited amount of "natural" medicines, but for unrestricted access to all Schedule 1 and 2 drugs, which is identical to the formulary access of physicians in British Columbia, with the exception of Schedule 1A drugs, which are controlled substances. The CNPBC argued that unrestricted access, rather than limited access, was necessary because "... as medical knowledge changes rapidly, concurrent with research and therapeutic advances, so do standards for clinical practice." It is unclear whether a rational analysis ever took place of the CNPBC's petition, but what we do know is that following the conversation on health, the 2008 throne speech stated "... Naturopaths will be permitted to prescribe medicinal therapies as appropriate and restrictions on their access to medical labs for prescribed tests for patients will be removed." A subsequent comment from the BC Naturopathic Association stated, "Government has recognized that the shortage of health professionals continues to grow and the best way to combat that challenge is to allow naturopathic physicians and all health professionals to practise to the full extent of their training and ability."

So finally we have the answer! In order to address physician shortage the government has decided to reverse

the 2001 stance of the Health Professions Council in response to public concerns of health care shortages.

The government's plan to action was crystallized in the January 2009 draft of the Naturopathic Physicians Regulations, which included, among many things:

- The use of the title "physician or doctor" without the "naturopathic" modifier.
- The use of X-ray and ultrasound for diagnostic purposes.
- The ability to perform allergy skin testing and treatment by desensitizing.
- The use of electricity for the purpose of defibrillation.
- The use of hyperbaric chambers.

I, like many of you, respect my patients' right to make choices in health care. I have had many patients who attended naturopaths when I had nothing more to offer. However, I always felt it strange that once I had exhausted allopathic treatments that patients could then be sold snake oil with absolutely no proof of benefit. I am not afraid to keep an open mind about remedies I know nothing about, but I research their scientific evidence. What I see now, however, is not just an unprincipled expansion of naturopaths into allopathic medicine, but I also fear their contamination of allopathic medicine. So far, allopathic and non-allopathic physicians have been able to live relatively peacefully side by side. However, naturopath prescribing and their expanded scope of practice proposal is a deep foray into the boundaries of allopathic medicine, and gives the appearance of allopathic investiture for the purpose of attempting scientific credibility.

We sing from a different hymnal — keep it that way.

—WRV