

Cash-strapped BC government has money to burn

Of the many things that patients fear being told by their doctor, a diagnosis of cancer ranks near the top.

Doctors have long recognized that patients with cancer, as with any serious disease, are not always able or motivated to sort the wheat from the chaff when it comes to claims of treatment or cure of dreaded diseases.¹ Good doctors have always taken care to deliver the best scientific medicine in a compassionate way, and we know that even in desperate circumstances it is important to give patients a sense of hope and control. This is not always easy because doctors are also bound by a covenant of truthfulness. Offering false hope or profiting from the fears of patients by offering ineffective therapies is not only considered unprofessional, but also flies in the face of basic tenets of consumer protection.

Every day, family doctors and specialists work hard to steer their patients into the best treatments, even in situations where limited resources make it difficult to provide optimal care. Compounding the difficulties faced by cancer patients are the innumerable array of nostrums and legions of purveyors of questionable therapies all willing to offer (false) hope—at a price—to people in desperate circumstances.

One would think that stewards of the health care system would recognize such a situation and celebrate those who deliver valid care. But resources are scarce, and those of us toiling in the trenches are left to assume that when funds become available, they will be directed to where they can deliver proven benefits.

This article is the opinion of the Council on Health Promotion and has not been peer reviewed by the BCMJ Editorial Board.

The recent government announcement of \$5 million for InspireHealth’s “Integrative Medicine” (alternative medicine treatments offered alongside purportedly conventional therapies) has understandably raised eyebrows in the medical community.³ Claiming that their patients have “significantly better survival,”⁴ InspireHealth’s website delineates what it is that separates InspireHealth from typical cancer support programs. These “healing modalities”⁵ include:

- Naturopathic medicine (whose scope of practice, we are told, “includes all aspects of family and primary care”).
- Acupuncture (“to restore the normal and smooth flow of energy in the body”).
- Lymph massage.
- Counseling from a “facilitator of body energy and meridian therapies.”

The InspireHealth Integrated Cancer Care Guide adds a long list of herbal remedies, supplements, and other modalities for cancer patients including mistletoe, homeopathic remedies, “714X,” therapeutic touch, SHEN (specific human energy nexus) therapy, chelation, ozone, colonics, and intravenous hydrogen peroxide.

Doubters of the utility of the above value-added offerings at InspireHealth might wonder how patients attending such a program might have “significantly better survival” than patients deprived of what the government presumably sees as truly effective therapies. The answer may be no more complicated than the simple fact that healthy and motivated people able to participate in and comply with any program—be it effective or not—are more likely to come from the upper part of the health bell curve no matter what their disease. The fact that many of the programs at InspireHealth come at a price simply shifts the potential

selection bias into a higher income bracket—a known correlate of better health to begin with.

But statistics and science must take their place among other important determinants of whether programs deserve government endorsement. The list of supporters of InspireHealth includes Prince Charles, a longtime proponent of complementary medicine, who visited the clinic in 2009.⁶

The take-home message for doctors is not encouraging. We live in a time when government is determined that physicians continue to provide evidence-based care in a flat-line fiscal environment. Indeed, government has suggested that on-call services be supplied for free. And what of the patients who suffer for want of unfunded, but truly effective services? Perhaps they can take a tip from the InspireHealth website: “Prayer can benefit patients even if they are unaware that they are being prayed for.”

With scarce public funds being spent on integrative medicine, prayer might be the only thing we can offer those who will suffer the resulting shortfall of needed services.

—Lloyd Oppel, MD, Chair, Allied Health Practices Committee

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Mobile apps for drugs in pregnancy and lactation

Two print publications that advise on the safety and risk of drugs in pregnancy and lactation are recognized as being among the leaders in the field: *Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk* by Gerald G. Briggs, Roger K. Freeman, Sumner J. Yaffe (2011) and *Medication safety in pregnancy and breastfeeding* by Gideon Koren (2007). These texts, available from the College Library, are standouts among a substantial number of print publications on the topic. Offerings for mobile applications are much fewer in number but two are particularly worthy of consideration. Regarding drugs in lactation, the US National Institutes of Health maintains a publicly available, peer-reviewed database, LactMed, available both on the web and as a free app for iPhone, iPod Touch, iPad, and An-

droid. LactMed provides information on adverse effects in nursing infants and suggests therapeutic alternatives. For assessing drugs in pregnancy, credible and detailed mobile apps are very few and far between. REPROTOX is a mobile app for iPhone, iPod Touch, iPad, and Android from the Reproductive Toxicology Center, a US nonprofit foundation that provides clinically useful and scientifically supported risk assessments. It has a limiting factor: it costs \$200 per year for an individual membership. REPROTOX contains a “quick take” that succinctly states the degree of risk a drug poses in pregnancy followed by a detailed literature summary with a bibliography. The depth and comprehensiveness of print resources in this field are not yet matched in mobile technology, but stay tuned. We will keep you posted on new developments.

—Karen MacDonell,
Robert Melrose, Judy Neill
Library Co-managers

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Now. The key message of the public campaign—“If your doctor offers you an HIV test, he or she isn’t making a judgment about your risk, but practising good routine preventive care”—is meant to help reduce the stigma of such testing. The website is www.itsdifferentnow.org.

More information will be coming your way soon.

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