

Doctor's Orders

The Regulation of Naturopathy

Cellan Jay

Consumers, government, and especially nurses, of late, have been becoming more and more critical of mainstream medicine. For all its costliness and ever-increasing technical sophistication, our health care system does not seem to be making us any healthier. The latest buzzword is prevention. Doctors now routinely urge their patients to quit smoking, exercise, and adopt a healthier diet. Where 20 years ago the nervous patient, especially if she was a woman, might have been automatically prescribed Valium, now her doctor will probably ask her how much coffee she drinks. Even the Ontario College of Physicians and Surgeons, never known for its radicalism, has paid lip service to this new creed by encouraging patients to boycott pharmacies which sell tobacco products when filling their prescriptions. It is ironic then that naturopathy, an alternative health care practice which focuses on prevention, may be about to receive a serious blow in Ontario. The Ontario Ministry of Health is currently considering draft legislation which, if implemented, would dismantle the Board of Directors of Drugless Therapy-Naturopathy, the body which now regulates the profession of naturopathy in Ontario and is responsible for ensuring quality of service. Naturopathy is no stranger to organised efforts to undermine its legitimacy as a health care alternative.

The forerunners of today's naturopaths flourished throughout the mid to late 19th century. By the early 20th century, however, the antecedents of modern medical doctors had largely succeeded in destroying them through powerful lobbying for a system of licensing which ensured that only their own practitioners were given the right to practise medicine. The Thomsonian herbalists, hydropaths, eclectics and homeopaths, like their contemporary naturopaths, believed in the body's natural ability to heal itself. "Nature must be the Captain, and we must be her well-disciplined and obedient servants. She must hang out the indications and we must second her efforts." So wrote Dr. R.J. Smith, a hydrotherapist and homeopathic doctor practising in Toronto in the 1850s. The early medical doctors, or allopaths as they were called — from *allos* meaning other and referring to the treatment of disease by inducing an opposite condition — practised "heroic medicine." They believed that

what was needed in times of illness was strong medicine capable of overwhelming the recalcitrant body and beating its symptoms into submission. Two common allopathic treatments were bloodletting with leeches and heavy dosing with mercury.

True to its "heroic" origins, medicine's focus is still on radical interventions through the use of drugs and surgery once pathological changes have already begun to occur in the body. Naturopaths, on the other hand, seek to prevent disease from developing in the first place. According to naturopathic theory, pathological disease results when cell nourishment and elimination have been dysfunctional over an extended period of time. Naturopathic treatments are designed to ensure that these two basic functions are carried out with maximum efficiency. A naturopath might recommend dietary adjustment or supplements in order to promote digestion and elimination; vitamins to correct an imbalance caused by stress; or a natural anti-bacterial botanical like garlic. He or she might recommend a fast: when not employed in digestion, the body has a chance to clear away accumulated waste material and concentrate on organ regeneration. Many naturopaths use homeopathic remedies — infinitesimal doses of substances which in overdose would cause similar symptoms to those the person is seeking treatment for. Like all naturopathic treatments, homeopathic remedies work to stimulate the body's own healing forces.

The differences between medicine and naturopathy are evinced in the conceptual language they use. We have all said at one time or another, "I've come down with a cold," as though we were soldiers felled by an enemy. Or we may try to "fight off a cold" with various drugstore preparations. Invaded by the enemy virus, our bodies become the enemy. But according to naturopathy, an occasional flu or cold is a "healing crisis" — evidence of the body's continuing efforts to rid itself of toxic substances. If I suppress these acute symptoms with drugs, I am only more likely to develop the chronic functional disorders which indicate my "vital response" — the total energy I have available to maintain equilibrium — is significantly impaired. The very language of naturopathy teaches us to trust and respect our bodies.

Like all doctors, my doctor was trained



Water Treading

primarily in the identification and classification of pathological diseases and in methods to suppress and contain symptoms. When I went to her a few years ago because I was depressed and tired and felt nauseous after eating, she gave me a simple blood test and told me there was nothing wrong with me. A naturopath diagnosed my problem as severe food sensitivities: a period of great stress in my life coupled with years of coffee and cigarette addiction had so weakened my system that I was reacting to ordinary foods as though they were a toxic threat. Naturopathy is most successful in treating precisely the illnesses that medicine has no answers for — the non-systemic illnesses like mine; chronic functional illnesses like arthritis, asthma, bronchitis and pre-menstrual syndrome; and the immunological disorders that are becoming more common like Epstein-Barr and ecological illness. These are all conditions which indicate the body is struggling to maintain balance, and if left unresolved each can lead to an acute disease condition — cancer, for example. I couldn't have become well without the dietary changes my naturopath recommended. And the information she gave me that enabled me to restore my own health wasn't available anywhere else. Naturopathy offers one of the few alternatives to the "learn to live with it" that many people have heard from their doctors.

The availability and quality of naturopathic care in Ontario will be threatened if the recommendations contained in the draft legislation developed by the Health Professions Legislation Review committee are made law. First, the profession's regulatory body — the Board of Directors of Drugless Therapy-Naturopathy — will be dismantled. This body currently exists by virtue of the Drugless Practitioners Act which empowers it to establish educational requirements for naturopaths in Ontario (three years of standard pre-med university study, followed by four years at a college of naturopathy), set provincial examinations for graduating naturopaths, license naturopaths who meet the standards established by the Board, and deal with complaints against practising naturopaths. Second, the recommendations of the review committee set out thirteen "licensed acts" which only specified regulated professions will be able to perform. Naturopaths will be potentially open to prosecution for practising any of these licensed acts.

Under deregulation naturopathy will lose its legally constituted power to set educational requirements and professional standards and to discipline members who fail to meet these standards. People with complaints about treatment they have received will have no recourse other than the courts. Only those with the most serious complaints, as well as the necessary financial resources, would be likely to take this route. The deterioration in the quality of care this will lead to will be compounded under deregulation by the loss of the protected status of the title "N.D." — Doctor of Naturopathy. Under deregulation the good name naturopathy has built up will be fair game for anyone, whether they've



The Back Affusion



The Upper Affusion



The Thigh Affusion

ever studied naturopathy or not. At the present time, naturopathy is included in many private insurance schemes in Ontario. Naturopathic treatments will likely be dropped from these packages under deregulation for the message from the government, intended or not, is that naturopathy is not worthy of recognition because it is of no benefit. And any chance naturopathy might have had of one day being covered by provincial health insurance will be completely destroyed by deregulation. Without insurance coverage many people who would otherwise choose naturopathic care will not be able to do so. Naturopathic consultations are not inexpensive — they can cost up to 80 dollars per visit.

Naturopaths are also concerned that the proposed legislation will leave them open to prosecution. Under the draft bill "diagnosis" becomes a licensed act which can only be practised by M.D.s. The government has given assurances that naturopaths will still be able to "assess" their patients' conditions. But there is a very fine line between "diagnosis" — communicating a conclusion about a disease state — and "assessment" — making an evaluation as to whether or not a treatment within the practitioner's scope of practice is appropriate. These vague definitions will make naturopaths vulnerable to harassment. They will be required to practise with the constant uncertainty of never knowing when they are crossing the line, which can only negatively affect the quality of their care.

The use of needle acupuncture, too, may be threatened. Although the review committee recommended that it not be made a licensed act, there is no guarantee the provincial government will follow this recommendation. "Performing invasive instrumentation ... beyond the anal verge" becomes a licensed act and may bar naturopaths from performing colonic irrigation. And the restriction on prescribing drugs, i.e., any substance used to treat or prevent any disorder or symptom, to specified regulated professions, makes it questionable whether naturopaths will be free to continue prescribing nutritional supplements, botanicals and homeopathic remedies.

The stated rationale behind these recommendations is the protection of the public interest. Linda Bohnen, counsel

with the Ontario Ministry of Health and a member of the review committee, says that it would be misleading to the public to regulate naturopathy because this would suggest that what naturopaths do is of such a nature that standards can be legislated. Bohnen says this is not the case — that naturopathy is not based on a coherent body of knowledge and is therefore not amenable to the establishment or enforcement of standards of practice.

I presume by this she means that the effectiveness of naturopathic treatments in many cases has not been scientifically proved. This is true, but it is also true that sometimes medical treatments become popular without ever having been scientifically proved to be effective. For example, the tonsillectomy, popular in the fifties as a cure-all for kids with chronic throat and ear infections, has been utterly discounted. Rather than using this lack of scientific proof as a reason for de-regulating the profession, it would benefit the public more to invest some resources into conducting needed scientific investigation into naturopath treatments.

Moreover, the conclusion that naturopathy is unscientific and thus of no value betrays a failure to appreciate what is in fact naturopathy's strength. Naturopathy does not share medicine's one disease-one cause-one cure approach. Medicine's focus on finding the single bacterial cause of a disease and developing a drug which specifically destroys those bacteria has been invaluable in developing penicillin, for example. But what we are largely dying of now are not the infectious diseases that were once the major cause of death but rather the so-called lifestyle diseases — cancer and heart disease. These diseases do not originate from a single cause. The best way to deal with them is to not get them in the first place. What many medical doctors and the authors of the draft legislation now under consideration see as naturopathy's weakness — its trial and error or ad hoc approach to dealing with symptoms — is its strength. Treatments like herbal remedies are subtle and diffuse and can affect different people in different ways. All naturopathic treatments work to strengthen the body's ability to heal itself, and thus a single botanical may be appropriate for a wide range of different problems. Although the efficacy of any particu-

lar naturopathic treatment may be more difficult to assess because its action on the body is generalised rather than specific, this does not mean these treatments do not work.

Pat Wales, president of the Ontario Naturopathic Association, predicts there will be a drain of Ontario naturopaths to provinces where the profession is regulated — Saskatchewan, Manitoba and especially British Columbia where naturopathic treatments have been covered by provincial health insurance since the early sixties. Deregulation will mean, as well as the possibility that naturopaths may be charged with practising medicine without a licence, a sort of chipping away at the professional dignity of individual practitioners. This won't be conducive to creating the kind of climate that attracts either new practitioners or new consumers.

Naturopathy is one of the few health care practices that is entirely concerned with prevention. It teaches people how to take care of themselves and maintain their own health. The profession is a natural ally of environmental groups, self-help groups, and other grass-roots organisations seeking to empower individuals and work for social and environmental change. It challenges medical hegemony and provides a legitimate alternative for people sick of taking "doctor's orders." Government regulation is the only way that the quality of naturopathic care can be maintained at a high standard, the only way to protect naturopaths from being prosecuted for practising medicine without a licence, and the only way to ensure that health-care consumers have a choice.

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FURTHER READING

Rachlis, Michael, M.D. and Carol Kushner. *Second Opinion: What's Wrong with Canada's Health Care System and How To Fix It.* Toronto: Collins, 1989.

Trattler, Dr. Ross. *Better Health Through Natural Living.* McGraw-Hill Book Co., 1985.

Turner, Roger Newman. *Naturopathic Medicine: Treating the Whole Person.* Wellingborough, Northamptonshire: Thorsons Publishers Limited, 1984.

Hydrotherapy illustrations from a 19th-century health manual. (*The Natural Method of Healing* by F.E. Bilz, 1898.)

BEWARE

AIDS

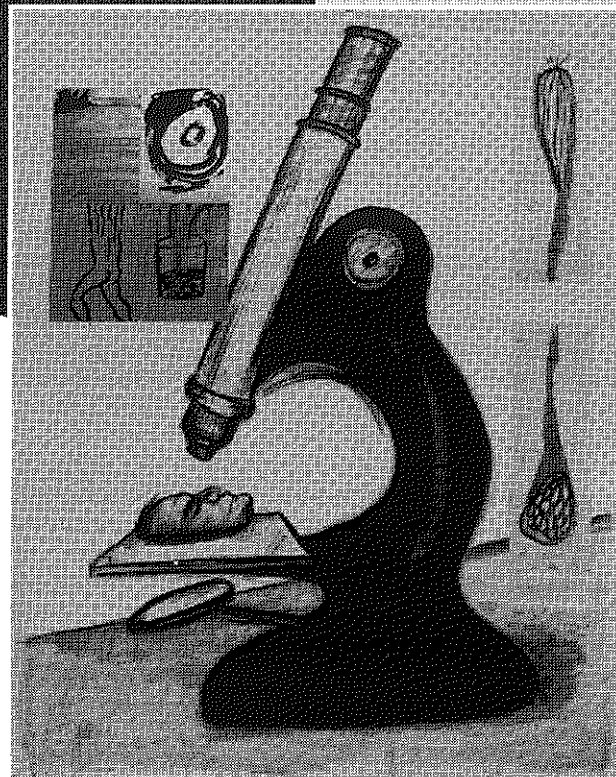
BUTZWORDS

When we talk and write about AIDS, it is important that we avoid words that do not say what we mean. These AIDS buzzwords misinform, insult and promote ignorance. The following list has been compiled by the Toronto group AIDS Action Now!, with the help of the Canadian AIDS Society and ACT UP of New York City.

AIDS victim. "As a person with AIDS, I can attest to the sense of diminishment at seeing and hearing myself constantly referred to as an AIDS victim, an AIDS sufferer, an AIDS case — as anything but what I am, a person with AIDS. I am a person with a condition. I am not that condition." (Max Navarre)

AIDS patient. This refers to a person's relationship to a doctor, not to their identity. Preferred terminology: Person Living with AIDS (P.L.W.A.) or Person with AIDS (P.W.A.).

General population. This term marginalises the communities where AIDS was first identified — most notably people of colour and gay men. All people with AIDS are part of the "general population."



Andy Fabo, *Examining the Subject*, 1989
Courtesy of Garnet Press, Toronto

High risk groups. This implies that some people or communities are more susceptible to AIDS than others. There are no high risk groups — only high risk activities.

AIDS virus. H.I.V. is thought by many people to be the virus that either causes AIDS or is an important co-factor in the development of AIDS. Testing positive to H.I.V. does not mean that a person has AIDS or will necessarily develop AIDS, nor does it mean that they are an "AIDS carrier." Those who test positive to H.I.V. antibodies should be referred to as H.I.V. positive (H.I.V.+).

AIDS test. There are many different tests associated with AIDS and H.I.V. infection. What people usually mean when they refer to the AIDS test is an H.I.V. antibody test. This is not an AIDS test.

Intimate sexual contact/having sex. These are vague terms often used to describe how H.I.V. can be spread from one person to another. It is

much more useful to say that anal or vaginal intercourse (fucking) without a condom poses the greatest threat of exposure to HIV. There are many intimate sexual activities that pose no threat of exposure.

Condoms. Suggestions for the use of condoms for safe sex should specify the use of latex (not lamb membrane) condoms, with a water-based lubricant such as K-Y or Lubafax. Condoms used in anal intercourse without additional lubricant are likely to break.

Body fluids. The fluids that we are talking about here are blood, semen and vaginal fluids. They carry H.I.V. in sufficient concentration to be transmitted. Sweat, saliva and tears do not. This should always be specified.

I.V. (intravenous) drug addict/abuser. Any attempt to give information on AIDS should be done without value judgments. The term "injection drug user" should therefore be used.

Survival Research

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Anyone entering Mark Pauline's show at Artspace in San Francisco last summer had to sign the above release. Mark Pauline is an inventor and performance artist, and founder of the "machine performance" group Survival

Research Laboratories. For more information on Mark Pauline, see the "Industrial Culture" issue of Re/Search. See also the homage in William Gibson's recent science fiction novel, *Mona Lisa Overdrive* (1988).