

ALTERNATIVE MEDICINE: SCIENCE OR SNAKE OIL?

Monday, January 19 • 4:00pm - 6:00pm

Moderator: *Victor Herbert, MD, JD*A PUBLIC HEALTH PERSPECTIVE: *William Jarvis, PhD*LEARNING OBJECTIVES:

1. Tell why the speaker believes that "alternative medicine" should be approached as a public health problem rather than a problem belonging to the medical profession.
2. Describe the official attitude of the U.S. Public Health Service toward alternative medicine as stated in the NIH publication, *Alternative Medicine: Expanding Medical Horizons*.
3. Point out why physician interest in alternative medicine is higher today.
4. Critically analyze the idea that alternative medicine is popular with the general public.
5. Explain why the use of alternative medicine is likely to have increased as a result of media coverage.
6. Differentiate between the idea and realities of alternative health care.

SUMMARY

Why Alternative Medicine Should Be Viewed as a Public Health Problem: Public health's major tool is *epidemiology*, which literally means "a study [ology] of that which is upon [epi] the people [demos]." Alternative medicine has been a favorite topic of the media for the past five years. The presenter believes that alternative medicine is but one manifestation of a highly complex psychosocial phenomenon and should be approached from a public health perspective rather than as a problem belonging to the medical profession. Further, public health's preventative medicine programs are out of sync with the alternative medicine culture (e.g., immunization, fluoridation, pasteurization, food irradiation, mosquito abatement, and pest control). Likewise, alternative agriculture, alternative lifestyles, alternative nutrition, an end to regulations, "animal rights", multiculturalism, and insurance reimbursement for healthcare on the basis of popular demand rather than FDA-approval, all share common ground with alternative medicine. Public health serves the whole community and must be sensitive to social diversity and democratic freedoms. However, public health programs can only go so far in catering to political correctness.

Epidemiology Provides a Useful Model for Approaching Public Health Issues. It identifies the important questions that need to be answered in order for decision-makers to make critical judgements. Epidemiology determines: (a) the size of a problem (e.g., incidence and prevalence of a disease); (b) its severity (morbidity and mortality); (c) the etiology (e.g. natural history, environmental factors favorable and unfavorable to its spread, host susceptibility and resistance, and casual agents); (d) how the problem reaches people (e.g., modes of transmission); and (e) identifies strategies (i.e., interventions) that will reduce or eliminate the negative impact of the problem upon society. But, before all else, the problem must be properly defined. Public health takes the broad view expressed in the World Health Organization's definition of health as a "state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity." Epidemiologist Richard Doll said of the WHO definition: "This is a fine and inspiring concept..., but it is not of much practical use for specialists in public health medicine who need to compare the states of health in different communities and at different times and who consequently need to give them numerical values. This is particularly important at a time when the public is urged to emulate the lifestyles of countries with risks of death from heart disease and cancer that are lower than those found in the United States. Epidemiologist believe that life expectancy

is the best quantitative measure of the health of a society, and its the best gauge to use when making comparisons. For instance, satanic healing may have its place within its cultural context, but it is no substitute for effective public health interventions. If it were, there would be no measurable improvement in the life expectancies of primitive societies that rely upon satanic healing when modern public health programs are instituted.

What Constitutes “Alternative” and “Complementary” Medicine? A Chinese proverb states that “The beginning of wisdom is to call things by their right names.” To determine whether “alternative medicine is science or snake oil?” one must define their terms carefully. Alternative is defined as “a proposition or situation offering a choice between two or more things only one of which may be chosen” (emphasis added) (Webster Dictionary). Stung by instances in which patients have been lured from life-saving therapy, some alternatives have adopted the more benign idea of “complementary” medicine. Complementary is a standard medical term applied to rational methods used to enhance patient care, and means: 1: serving to complete; 2: mutually supplying each other’s lack (Webster Dictionary). “Alternative medicine” and mystical complementary methods define themselves by what they are not; they are not part of standard health care. Evidence-based medicine has become the established standard of the U.S. Public Health Service (i.e., , National Institutes of Health, the Centers for Disease Control and Prevention, and the Food and Drug Administration) “Alternative” methods not only lack scientific proof of safety and/or efficacy, they often lack a plausible scientific basis. Modern health care abounds with alternatives. It is the duty of responsible health care providers to fully in from patients about the benefits and risks of each. In order to do so, reliable information must be available on the safety and effectiveness of each alternative. It is important to qualify the term to differentiate it from alternatives and complementary methods within standard health care.

The Official Attitude of the U.S. Public Health Service Toward Alternative Medicine: The National Institutes of Health Office of Alternative Medicine (OAM) has stated that alternative medicine includes:

Any medical practice or intervention that (a) lacks sufficient documentation in the United States for safety and effectiveness against specific diseases and conditions; (b) is not generally taught in U.S. medical schools ; and, (c) is not generally reimbursable by health insurance providers.

Despite the favorable publicity given the establishment of the OAM, the position of the NIH on alternative medicine is presented in the foreword of *Alternative Medicine; Expanding Medical Horizons: A Report to the National Institutes of Health on Alternative Medical Systems and Practice in the United States*. It states:

...it should be pointed out that this document does not reflect endorsement of these therapies or recommendations for research by the NIH, the U.S. Public Health Service, or the U.S. Department of Health and Human Services (emphasis theirs). It reports on a series of *opinions* (emphasis added) expressed by non-governments participants in the workshops...

The NIH cautions readers not to seek the therapies described in this document for serious health problems without consultation with a licensed physician. The NIH further cautions that many of the therapies described have not been subjected to rigorous scientific investigation to prove safety or efficacy; and many have not been approved by the U.S. Food and Drug Administration (emphasis theirs). (0p.vii)

Marcia Angell, MD, Executive Editor, *New England Journal of Medicine* stated that the very name “alternative medicine” is Orwellian newspeak, implying that it is a viable option. Its a new name for snake oil. Experts in the psychology of deception speak of “sleight of mind” techniques such as doublespeak. William Lutz, editor of the *Quarterly Journal of Doublespeak*, explained: