

COALITION FOR THE ADVANCEMENT OF INTEGRATIVE MEDICINE
12 Wellwood Avenue, Toronto, Ontario, M6C 1G9

31 August, 2011

College of Physicians and Surgeons of Ontario
80 College Street, Toronto, ON M5G 2E2
Attention: Policy Department – Complementary Medicine

To Whom it May Concern:

RE: Non-Allopathic (Non-Conventional) Therapies in Medical Practice

The Coalition for the Advancement of Integrative Medicine (CFAIM) has been established to provide focus and direction for regulated health practitioners who, in response to huge patient demand, wish to work collaboratively with colleagues in different healing professions and those who wish to integrate CAM into their medical practice. CFAIM will also give voice to the increasing number of patients who want closer integration of care.

It appears clear when reading the detail in the policy statement that the CPSO should be directing this policy toward any physician doing innovative medicine. The same points should be addressed to any physician proposing to do an innovative and unscientifically proven surgical intervention, or drug combination in medical oncology, or new surgical technique or drug combination in managing heart disease, any time a doctor proposes the off-label use of a drug and in any other area of medicine for which there is not scientific proof of safety and efficacy. It is of course true that the vast majority of allopathic medicine has never been put to randomized clinical trials that have been peer reviewed. If the intention of the CPSO is to publish this policy as a means of protecting the public then it is clear that the focus of this policy should be much wider than its present focus and should include specific direction to doctors any time an intervention poses an unmeasured risk to any patient. This means of course that this policy should apply to all doctors.

In fact, aimed as it is specifically at doctors working on the margin where medicine meets CAM, it is our belief that much of the content of this policy is *ultra vires* the power of the CPSO based on the clear intention of the legislature to protect physicians working on this margin by way of section 5.1 of the Medicine Act. On line 178 the policy states that the non-allopathic therapeutic option proposed must “possess a *favourable* risk/benefit ratio, based on the merits of the option, the potential interactions with other treatments the patient is receiving.” Unless this policy is aimed at all of those doctors doing innovative medicine, it appears clear that it is the intention of the CPSO to attempt to override the legislation specifically protecting this group of doctors. Furthermore, if the standards in this policy are applied only to doctors working on this particular margin of medicine, those

introducing and working with CAM as an innovative aspect of their medical practice, and the same standard is not applied to any other physician doing innovative medicine, it will constitute a *prima facie* breach of section 15 of the Charter of Rights and Freedoms: the right to equality before the law. There is no question that the risks posed to patients by off-label prescribing and by drug interactions within the context of normal medical practice are significant and are recognized as a leading cause of death: it is unconscionable for this policy to set such a high standard for treatment interactions only within this field of medicine where risks to patients are arguably smaller than with conventional medicine.

The very fact that the CPSO does not even have a policy on reporting adverse drug reactions to Health Canada, that our country collects no data on drug to drug interactions, and that in fact we have no mechanisms for protecting patient safety when they are prescribed multitudes of drugs (many of which are prescribed for the purpose of managing the side effects of an earlier prescription), means that this policy, focused as it is on this small margin of medicine, is clearly doing a disservice to the patients the College is charged with protecting. This matter should be of concern to every patient in Ontario.

With respect to the issues of conflict of interest and exploitation, the CPSO has regulations governing these issues and this policy is therefore redundant unless the College intends to apply a different standard to these doctors which again raises the issue of equality before the law.

The same applies to the rules on consent to treatment: the Health Care Consent Act sets a high standard for fully informed consent. The policy document as drafted appears to intend that a higher standard than that set by legislation apply only to those doctors working in this area of medicine. This is unacceptable and patently absurd and means that other patients are left unprotected.

Given that the mandate of CFAIM is to promote the advancement of integrative medicine, clearly the last section of this policy document, which purports to govern collaborative practice, must be removed. The potential chilling impact of this provision on collaborative practice is completely unacceptable and it is contrary to the direction the government is taking as it devolves power to regulate three new CAM modalities to the new colleges.

We trust that the intention of the College of Physicians and Surgeons is truly to protect the safety of the public and to that end we anticipate changes to this policy document.

Yours faithfully,

Elizabeth Sloss, BCL, LLB
Member, Law Society of Upper Canada
Chair, CFAIM

