

# THE NCAHF BULLETIN BOARD

MAY / JUNE & JULY / AUGUST, 1997

**The NCAHF Bulletin Board is sent to NCAHF members and complimentary media NCAHF Newsletter recipients only. It is intended to stimulate and aid in activism against health fraud, misinformation and quackery at the local, state & national levels.**

## DOUBLE ISSUE

Due to the loss of our long time computer service and the problems of retooling, we fell behind schedule. We are adjusting by distributing two issues of the newsletter, and a double issue of the *NCAHF Bulletin Board* in a single mailing.

## MINNESOTA AREA NETWORK COORDINATOR

Philip R. Kohls, PharmD has been appointed Area Network Coordinator for the state of Minnesota. Dr. Kohls is a Registered Pharmacist, and is board certified in pharmacotherapy. Members who are interested in local activism should contact Dr. Kohls directly. Address: 2219 7th St. North, North St. Paul, MN 55109-2807; Beeper#: 680-3794; Fax: 612-779-3610.

## CHIROSAID TO BE HURT BY MANAGED CARE

A message from the President inserted into the March/April 1997 issue of *Advance*, publication of the Foundation for Chiropractic Education and Research (FCER), says that many DCs are hurting financially because of changes in the economic climate brought about by managed care. FCER reacted by reverting to the aggressive salesmanship that built chiropractic in the first place. Chet Holmes, President of Kaleidoscope Media Group reminds chiropractors that they "own a business," and recalls BJ Palmer's legendary admonition to his students, "Early to bed, early to rise, work like hell, and advertise." BJ Palmer considered chiropractic a business, not a profession. As business people chiropractors were advised to use business tactics and ethics (see "Clash of Two Cultures" in the July-August issue of the *NCAHF Newsletter*). DCs are suing HMOs for restraint of trade, and lobbying for laws that will force managed care groups to include chiropractic services. Despite its propaganda to the contrary, the fact is that chiropractic cannot sell itself on its cost-effectiveness. Rational chiropractors realize that they have one chance to survive in the real world, and that is to be specialists in treating and preventing low-back pain. The question is whether or not they will take over this field before Physical Therapists or MDs (ie, Orthopedists, Physiatrists) in hospital-based back-care centers. It is paradoxical that the culture of commercialism has become the bane of a guild that built an empire on its principles.

## "LOST-OPPORTUNITY DOCTRINE" MAY BE USEFUL AGAINST QUACKS

The "lost-opportunity doctrine" applies when a patient is prevented from receiving timely therapy that would have resulted in less physical harm. NCAHF learned of the lost-opportunity doctrine through the reporting of a case in which a Michigan appellate court ruled that the failure of doctors to diagnose Goodpasture's syndrome in a patient resulted in kidney failure (*Weymers v. Khara*, 533 N.W. 2d 334, Michigan Court of Appeals, 6/19/95). Victor Herbert believes that the lost-opportunity doctrine may be most often appropriate for cases of cancer patients who have been diverted from proper care, however, its principle could apply in many quackery-related situations.

## KRISTEN McNUTT PROVIDES CONSUMER VIEW

Nutrition professionals probably need no introduction to Kristen McNutt, PhD, JD, who writes the consumer section of *Nutrition Today (NT)*. Dr. McNutt is on the cutting edge of consumer behavior and marketing in the field of nutrition. She doesn't take the easy road such as talking about how to read a label, but gets down to the hidden agendas of the activists. For instance, several years ago she warned about eco-feminism, one of the sustaining powers behind New Age thinking. Well, in the Jan-Feb issue of *NT* she tells us "What's bothering Olestra opponents?" Many wonder why the Center for Science in the Public Interest (CSPI)—which has earned the nickname "the food police" because of its nosiness—spends so much effort attacking Olestra. Its easy to dismiss CSPI's antics as merely attention-getting for its fund-raising value. The fact that CSPI seems to criticize foods that people enjoy eating makes its staff seem like what has been dubbed "warriors against pleasure" in the tradition of Puritanism. What actually is bothering CSPI and others may be too complex to state in simple terms, but it relates mostly to human behavior and the overall impact of such foods. The problem is that nobody really knows what will happen when Olestra-containing foods become widely available in the marketplace. McNutt itemizes specific issues that have been raised about Olestra, points out whose job it is to fix the problems, and what needs to be done. This is the constructive approach so badly needed in today's cynical, neurotic world of consumerism. Now, if we can just clone her! [Dr McNutt is president of Consumer Choices, Inc., and editor of *Consumer Magazines Digest*.]

## EISENBERG LISTS "TELLTALE SIGNS OF CHICANERY"

David Eisenberg, MD, advises suspicion about the honesty of an alternative provider if he or she:

- 1) proposes a lengthy course of treatment with no ongoing evaluation of results;
- 2) refuses to share information with the medical doctor;
- 3) recommends expensive "special formulas" (eg, human placenta, shark cartilage);
- 4) advises abandonment of conventional therapies.

[*Ob Gyn News*. 5/15/97:37]

NCAHF is pleased to see that Dr. Eisenberg sees the need to warn people about untrustworthy providers. In the past, such warnings would have been called "how to spot a quack," but the words "quack" or "quackery" are never used by the "alt-comp" medicine crowd. Why not? Because they eschew skepticism. Its too bad. These terms are a bridge to the past that exposes the "alt-comp medicine" movement for what it is. People understand the words "quack" and "quackery," but are confused by psychobabble terms like "alternative," "complementary," and "integrative" that are being used to sugar-coat quack medicine.

## SUMMER SCHEDULE

During July and August phone calls should be directed to Dr. John Renner at 816-228-4595. July 1-Aug 23, William Jarvis may be reached at 250-837-2593; fax 250-837-6830 (Pacific Time). Paula DeSilva will be in the Main Office one day a week to fill ARM List orders.

## **HARVARD ATTORNEY DOESN'T THINK ALT-CARE REFERRALS INCREASE LIABILITY—UNLESS**

NCAHF has raised the specter that coddling up to "alternative" healthcare is likely to increase liability for standard medicine programs. Now comes David Studdert, JD, of the Department of Health Law at the Harvard School of Public Health who told a meeting of "alternative" medicine enthusiasts that he didn't think that referral to an "alternative" healthcare provider would increase liability unless: (1) the referral was grossly inappropriate (ie, it delayed proper diagnosis and treatment); or, (2) the referring doctor and referral recipient were being accused of negligence are part of a care team with shared liability. [Goldman, "Alternative care referrals don't increase liability," *Ob Gyn News*, 5/15/97:36] Studdert's opinion does not negate NCAHF's warnings. Either of the legal theories he mentioned could provide the basis for the liability we see. We also believe that at least one more scenario exists: the patient could contend that the only reason he attended the alt-comp provider was because of being referred by a standard provider, thus constituting a "care team with shared liability." It is not difficult to imagine liability by someone in a position of influencing a patient's trust who facilitates the use of nonstandard healthcare. Juries have a history of holding well-insured providers responsible for bad outcomes even when little more than bad luck has played a key role. Studdert admitted that "there is little legal scholarship and few precedent-setting cases" in this field.

## **MARY BAKER EDDY'S STORY**

Caroline Fraser provides an insightful look at Mary Baker Eddy in "The Empress of Christian Science," *The New York Review* (7/11/96). The available 10-page reprint includes letters to the editor following publication, and Ms. Fraser's responses to them. For a postage-paid copy send \$3 (reduced to 8.5" x 11").

## **AN IDEA FOR REPLACING THE NIH OAM**

On March 10, NCAHF was asked by a *USA Today* reporter for its opinion of a bill had been introduced that would convert the NIH Office of Alternative Medicine (OAM) to a Center for Alternative Medicine independent of the National Institutes of Health. The proposed Center would be funded at \$198 million. NCAHF president, William Jarvis, told the reporter that this was exactly the wrong thing to do. Having a government-supported program to test unusual therapeutic procedures is a useful idea, but it is essential that there is a level playing field when it comes to the kind of evidence that is acceptable. NCAHF's objection to the OAM has been that its very existence per se has been used as a marketing tool for quackery. Before any research results have come in, the media has speculated that "alternative-complementary" medicine has value. Not only has nothing of value yet come from the OAM, the alternativists who are influential there have fought to abandon the scientific rigor that is the norm at NIH. The first OAM director resigned over this issue. NCAHF believes that a better plan would be to abolish the present OAM, and replace it with having each of the NIH institutes have a program for testing unusual procedures for the disorders under their area of study. Such would assure high quality research, and would lower the cost of administration. Such a program has long existed in the National Cancer Institute; it is the Cancer Therapy Evaluation Program of the Division of Cancer Treatment, NCI, Bethesda, MD 20892.

Please send items of possible interest to NCAHF members for *The Bulletin Board*, or for readers of the *NCAHF Newsletter* to NCAHF, P.O. Box 1276, Loma Linda, CA 92354; Fax 909-824-4838. Provide clear (not Fax) copies suitable for photocopying, and complete references for citation purposes.

## **FTC AIDS WEIGHT-LOSS QUACKERY VICTIMS**

The FTC announced on 5/1/97 that it will begin distributing refunds totaling \$381,659 to 3,044 consumers nationwide who were victimized by Pacific Medical Clinics Management, Inc. and its officers.[FTC News Notes, 1997;97(14):1] The FTC has also launched Operation Waistline, an awareness program to prevent consumers from wasting their money on weight loss scams.

## **THE (UN)POPULARITY OF OFF-BEAT MEDICINE**

In the March-April *NCAHF Newsletter*, William Jarvis cited data showing that the use of alt-comp medicine (eg, acupuncture, homeopathy and naturopathy) have gone down over the past 10-20 years. *California Medicine*, an independent healthcare newsmagazine, published an op-ed piece by Dr. Jarvis, "Behind the gushy headlines," in its May issue that cites the data and blames the integration of "alternative-complementary" medicine into standard health care programs on misguided marketing. By the way, NCAHF has been told that the new alternative medicine clinic funded by King County in Washington state is not very busy. The reason given was that the clinic serves a welfare clientele while those who use "alt-comp" medicine are usually the affluent, educated "worried well."

## **CHARLATANISM IN NEW YORK'S CHINATOWN**

Investigative reporter Molly Gordy was assigned to the immigration beat of the *New York Daily News*. After immersing herself in thriving Chinese neighborhoods, she detected the possibility that immigrants were being treated by medical fakers. A 6-month undercover investigation using people wearing tape recorders who posed as patients revealed a major public health menace in which scores of charlatans were subjecting patients to dangerous treatments under unsafe conditions. The *Daily News* published a special 16-page report on Gordy's findings entitled "Medical Menace" (7/18/96). NCAHF considers this to be a classic on current quackery in America. According to the report, the city's licensed Chinese-American doctors have tried in vain to get authorities to crack down on the hucksters practicing medicine in their community. The licensed doctors weren't concerned about the use of herbs or acupuncture per se, but by the fact unqualified people were practicing serious medicine. Cases were presented in which victims had been left blind, paralyzed, disfigured, brain-damaged, unconscious, or on the brink of death. Most blatant of the charlatans is Aiwah Qi, known in Chinatown as "The Liver Lady." "Dr. Qi" bills herself as an expert in liver disease. She charged \$160 per bottle for a "completely natural" remedy she says can cure liver cancer and hepatitis, but only after 3 or 4 bottles have been consumed. An analysis of the pills sold to an undercover patient revealed that they were plain aspirin—a medication that is contraindicated for advanced liver disease because it can cause internal bleeding. Aiwah Qi received a bit of shameful publicity in connection with American politics. Qi showed up at a National Democratic Party fund raiser attended by President Clinton where she contributed a check for \$12,500. Donors were photographed with the President. As the picture was snapped, Qi held up a bottle of her fake medicine. The photo was impounded so the President could not be used in a commercial promotion. Oh yeah, the check bounced! The rest of the story is that a new editor at the *Daily News* decided that Gordy's type of investigation was too expensive and time-consuming. In the future the paper intends to limit itself to shorter, simpler stories. For a photocopy of the 16-page special report (reduced to 8.5" x 11"); \$7 postage-paid.