

INSIDE THIS ISSUE:

Medical Skepticism	1
Graded Exercise CFS	6
Unexplained Allergies	7
Health & Environment	8
7 Challenges of MCS	10
Doctors Miss Environment	12
Mercury Migrates	13
Kid Safe Chemical Act	16
Head-In-The- Sand Disord.	18
Air Filters Bill of Health	22
Shifting Paradigms	23
Activist's Cor- ner	25
Community News	26
Research Studies	27

MCSA NEWS

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Patients Declare Grounds for



Medical Skepticism

*Complementary & Alternative Medicine
Gaining Popularity*

Patients Declare Grounds for Medical Skepticism

Complementary & Alternative Medicine Gaining Popularity

“Medical skepticism is defined as doubt in the ability of conventional medical care to appreciably alter health status.”

Medical skepticism is defined as doubt in the ability of conventional medical care to appreciably alter health status. Callahan and colleagues (2008) set out to determine whether medical skepticism was associated with the use of complementary and alternative medicine (CAM). Their goal was to know more about medical skepticism and other causes of CAM provider use so that conventional medical practitioners can target patients with the goal of improving uptake of so-called “appropriate” conventional care.

According to the National Center for Complementary and Alternative Medicine (NCCAM), CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine, such as herbal supplements, meditation, naturopathy, and acupuncture. Callahan found that medical skepticism was indeed associated with CAM provider use.

Patients often turn to CAM when conventional medicine fails or provides dissatisfactory results. If the care a conventional

doctor deems “appropriate” is indeed suitable, patient uptake would be self-evident. Truly, the only “appropriate” care is the individualized care which returns a patient to good health. When an individual is ailing, it is natural for them to yearn to get better as soon as possible, regardless of means, and return to living the life they hold dear.

The U.S. Department of Health and Human Services, National Institutes of Health released news from NCCAM on June 6, 2008 entitled, “*Time to Talk About CAM: Health Care Providers and Patients Need To Ask and Tell*”. NCCAM’s mission is “to explore complementary and alternative medical practices in the context of rigorous science, train CAM researchers, and disseminate authoritative information to the public and professionals.”

In the news release, NCCAM introduces an educational campaign to encourage patients and their conventional health care providers to openly discuss the use of CAM. Almost two-thirds of people age 50 or older are using CAM. Yet less than one-third of CAM users feel comfortable talking about it with their conventional doctors, largely because doctors do not ask and the allotted time given to office visits does not allow for sufficient dialogue.



“CAM is geared towards uncovering and correcting the underlying cause of illness.”

Conversing about CAM use with a conventional provider is important to ensure safe, coordinated care among all conventional and CAM therapies in use. According to NCCAM, talking allows integrated care and minimizes the risk of adverse interactions between a patient's conventional and CAM treatments. Josephine P. Briggs, M.D., NCCAM Director, states, "Giving your health care providers a full picture of what you do to manage your health helps you to stay in control."

Doctors are not always willing to discuss CAM, let alone support its use. MCS America asked patients diagnosed with multiple chemical sensitivity (MCS), chronic fatigue syndrome (CFS), fibromyalgia (FM), and Gulf War Syndrome (GWS) whether their doctors listened and would be open to discussion CAM. Nearly

three-quarters of those interviewed indicated that their doctors would be dismissive of CAM, citing bogus claims such as "lack of scientific evidence", "ineffectiveness", or "voodoo medicine", largely designed by the pharmaceutical industry who has vested financial interests in keeping patients sick in order to sell drugs that manage illness rather than cure it. Patients less likely to reveal their use of CAM may seek a diagnosis from a conventional doctor and subse-

quently opt for CAM treatment instead of conventional treatment. CAM skepticism is as much alive and well among physicians as "medical skepticism" is among patients, and with good reason.

Most patients find validation and relief of what ails them when they turn to CAM. CAM providers honor what a patient conveys about their health and recommend treatments based on an extended examination with copious discussion designed to address the whole person, rather than a single symptom. Many CAM consultations last an hour or longer with regular follow-up to track progress and make adjustments to treatment programs as required.

CAM is geared towards uncovering and correcting the underlying cause of illness, while conventional medicine applies "Band-Aid" treatment, addressing only the symptoms. The concept of conventional medicine's "Band-Aid" approach often leads to a snowball effect. All drugs have side effects, often leading to additional drugs to manage the outcome. Many older American take a plethora of drugs, many of which merely manage the effects of one other. This method of altering the body's homeostasis and burdening the liver detoxification process increases fatigue and leads to health decline. CAM on the other hand, works to return homeostasis to the body by correcting the underlying cause of the ailment.



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Conventional doctors spend less than seven minutes with each patient, relying heavily on first proving an ailment exists via clinical testing before making a diagnosis or offering any helpful treatment. The very nature of conventional medicine is evidence oriented and dismisses patient testimony until an ailment is extreme enough to show up on a clinical test. By the time clinical tests reveal an ailment, it is far more advanced than necessitated. Major life disruption often occurs, time may have been lost from work or school, and countless “all your tests are all normal; try relaxing a little” reports leave the patient feeling lost, invalidated, and may lead to depression and anxiety in the face of uncertainty.

CAM providers, on the other hand, also base diagnosis and treatment on patient disclosure. Symptoms are noted, questions are asked, and the whole person is interviewed in a holistic approach. That often reveals the reason for an illness. A CAM provider may solve the patient’s chief complaint before the ailment had a chance to worsen, while conventional medicine is still “stuck” seeking evidence to prove the ailment exists. From the patients perspective, proof is irrele-

vant. What is relevant is swift relief.

Ultimately, it is the patient whose body and health is at stake... something the patient owns outright and has every right to command control of. Patients, therefore, must be empowered to choose between conventional medicine, CAM, and integrated treatments. Health care decisions need to be returned to the patient.

NCCAM says that doctors can help by including a question about CAM use on medical history forms, asking patients to bring a list of all therapies they use (including prescription, over-the-counter, herbal therapies, and other CAM practices), and training medical staff to initiate conversation regarding CAM.

Patients can help by ensuring they include all therapies and treatments when completing patient history forms, making a list in advance, and mentioning all therapies and treatments during the examination.

Patients who are dissatisfied with conventional medicine are entitled to seek CAM, ought to be encouraged to do so, and must not be pressured to return to so-called “appropriate” conventional care. Ideally, all forms of care, whether medical, complimentary, or alternative, should be embraced. Continuing treatments that work, and eliminating those that don’t, can provide for an overall healthier patient. Unbiased openness between doctors and patients may lead to better quality integrated care.



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Providers interested in tools and resources, such as wallet cards, posters, and tip sheets, may obtain them free on the NCCAM Web site <http://www.nccam.nih.gov> or order them from NCCAM's information Clearinghouse at 1-888-644-6226.

References

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