

*What the BC Medical Association has stated:*

*In the 2008 Throne Speech, the BC government committed to reviewing opportunities for some health professionals to do more things—this is called scope of practice change.*

Strictly speaking, this is not a change so much as an alignment. Many of these so-called “changes” to scope of practice for naturopathic doctors (NDs) are simply being made to update old legislation and reflect more accurately the historical and actual contemporary practice of naturopathic medicine. NDs are primary care providers with the ability to diagnose and treat disease. Naturopathic physicians are, for instance, already providing diagnostic work-ups through accredited medical laboratories for their patients. The government is simply ensuring this service is made available in BC, and that doctors and patients won’t have to access out-of-province labs—as they do at present.

Health legislation in BC encompasses what is referred to not as scope of practice “change” but rather shared scopes of practice. The intent of this legislation is to remove barriers to inter-disciplinary practice which are not generally in the public interest. The public interest—and indeed patient care—is best served when all related health professions work together collaboratively to maximize the quality and choice of services in any field of health care. For instance, both an obstetrician and a midwife can deliver a baby in BC. Similarly, four health professions share the ability to provide acupuncture, etc. Although the BCMA seems unwilling to openly embrace this model, it benefits patients and provides better health options than the archaic model of exclusivity and limited scope.

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*Towards the end of 2008, government released draft regulations for scope of practice changes for other health professionals, including midwives, naturopaths, and optometrists. The proposed regulations that were put forth for naturopaths are the most far-reaching in terms of moving into new areas of patient care.*

Simply, this is just not true. Again, most of the regulations proposed for NDs merely formalize existing practice. Most NDs are already providing primary care for their patients. This is nothing new. Naturopathic physicians have been licensed by the provincial government as doctors since 1923. An ND’s education and training includes pre-medical training, at the exact same universities MDs receive their pre-medical training. Then ND students complete four years at one of six accredited naturopathic medical colleges in North America, then must pass internationally standardized board exams, then are licensed with the College of Naturopathic Physicians of BC.

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*In essence, the regulations would see naturopaths take on the role of family doctors. In some instances naturopaths would be given the authority to undertake care that is only provided by specialist physicians. Examples of this include the ability to conduct*

*allergy testing as it is done by allergists, do surgical procedures in their offices, prescribe pharmaceutical medications, and change cancer patient drug and treatment plans. BC physicians believe this is simply not in the best interest of British Columbians.*

The BCMA appears to be poorly informed and unaware of the existing role of NDs as the sole primary care provider for many patients in BC. On the question of allergy testing, it seems disingenuous for MDs to claim this as a specialty. Allergy and immunology is one of the disciplines that the public has most associated with naturopathic medicine over time. Many patients attend naturopathic medical clinics for this reason specifically, as conventional medicine has little to offer in the area of allergy treatment. For many decades medical doctors didn't even believe in or treat allergies.

Because of the strong education and interest in diet and lifestyle modification, naturopathic physicians view food, and food reactions, as integral to the overall health of a person. Food relationships to health and disease go back as far as medicine itself. Although this tenet has been lost in modern medicine, it has always been a core principle of naturopathic medicine. Environmental sensitivities—moulds, dust, chemicals, environmental toxins and pollutants, etc.—are all strongly viewed as etiological agents in disease formation. Thus, the evaluation of these substances by history taking, testing and ultimately treatment, is considered mandatory by naturopathic physicians as part of a whole body approach to health care. Our profession has a long history dealing with these issues and it is one of our areas of greatest expertise.

In respect to concerns over prescribing, please see the extensive Q&A on this subject on our home page: [Naturopathic Doctors and Prescribing Rights](#).

If the BCMA believes the regulations are not in the best interest of the patients in BC they must be also unaware of the fact that more patients are seeking alternatives to standard medical care than ever before; see our home page link to the 2007 Fraser Institute study on interest in and use of complementary therapies in Canada.

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*The use of "alternative therapies" and the delivery of care through health practitioners who are not trained in universities and have a totally different approach to patient care than those who have traditional, scientific-based training is a reality. British Columbians need to be assured that these alternate health professionals are held to the same standard of training and oversight as nurses, doctors, and pharmacists, to name a few.*

It is unfortunate that the BCMA is either misinformed or deliberately misleading the public with this deceptive and unfounded comment. University training is standard for NDs *and* MDs. There is no "ND biology" or science education that is any different than the science education MDs receive.

Licensure is in place for both professions. Rigorous standards, a regulatory framework, and ongoing competency criteria are in place for both professions.

Perhaps the most disheartening aspect of the BCMA criticisms is simply the unwillingness and outright refusal of the association to work collaboratively and progressively with other licensed doctors. In correspondence to the BCMA this year, we wrote the following:

In closing I would like to quote Dr. Kenneth Pelletier, the Stanford professor and NIH director, from his book *The Best Alternative Medicine: What Works What Doesn't?* He addresses, succinctly, the benefits of shared scopes of practice and true collaborative medicine:

“Collaborating with conventional doctors is, in fact, one of the most valuable services that naturopaths provide. Their solid grounding in biomedical sciences prepares naturopaths to recognize dangerous conditions that require conventional medical intervention. Also, naturopaths often help patients to recognize the potential dangers of some of the popular forms of self-treatment, such as the use of powerful herbs.

“Naturopaths are certainly sufficiently trained to work alongside conventional doctors. Naturopaths and allopathic physicians receive similar training in anatomy, cell biology, physiology, pathology, neurosciences, clinical and physical diagnosis, histology, genetics, biochemistry, pharmacology, laboratory diagnosis, pharmacognosy, biostatistics, and epidemiology. Two of the most prominent naturopathic schools, the National College of Naturopathic Medicine and Bastyr University, require more hours of training in these subjects than many allopathic medical schools. In addition, naturopathic students also receive training in botanical medicine, homeopathy, traditional Chinese medicine, hydrotherapy, and naturopathic manipulative therapies, none of which is taught by conventional medical schools. Naturopathic schools also require significantly more training than medical schools in nutrition and in psychological counseling.”

Unfortunately, our repeated invitations to meet, share, and discuss face to face any of these issues with the BCMA has thus far been met with a closed door.