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CONNECTIONS

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Experts Dialogue about Complementary and Alternative Medicine: First Dr. Rogers Prize Colloquium on Evidence & Integration

There are modern day pioneers among us who display the vision, leadership and courage to challenge the status quo, and put new ideas about human health and healing into practice – sometimes at significant personal and professional expense. They model innovative ways to collaborate across disciplines and healing philosophies, and serve as catalysts to advance the field of complementary and alternative medicine (CAM). They do this despite the seemingly unresolved issues about what 'level of evidence' is required to demonstrate the safety and effectiveness of CAM approaches; or how to 'integrate' CAM with conventional medical treatment so that patients benefit from interdisciplinary, whole person care that focuses on healing and wellness in addition to cure.

The Prize

The Dr. Rogers Prize is a $250,000 biennial award that was established in 2007 to highlight the important contribution that CAM makes to health care in Canada, and to celebrate the work of these pioneers. This year for the first time, organizers of the 2009 Dr. Rogers Prize competition sponsored a pre-gala public colloquium at the Morris Wosk Center for Dialogue in Vancouver to foster networking within the CAM community, and encourage dialogue on 'evidence', 'integration' and other emerging CAM issues. Pre-registration was encouraged for planning purposes, but there was no cost to the 200+ participants who attended. This event exemplified the spirit of the award, and contributed a new element of community building and collaborative learning for the CAM community in Canada. The moderated, three-hour event was centered on a panel discussion with four internationally esteemed CAM experts who were invited to share their past experiences and present ideas on these issues of 'evidence' and 'integration' as they apply to CAM.

2009 Winners of the Dr. Rogers Prize: Dr. Hal Gunn of Vancouver and Dr. Badri (Bud) Rickhi of Calgary

Two practitioners recognized as "agents of change" in the revolutionary movement toward an integrative approach to clinical medical practice have split the $250,000 Dr. Rogers Prize for Excellence in Complementary & Alternative Medicine for 2009.

Dr. Hal Gunn of Vancouver and Dr. Badri (Bud) Rickhi of Calgary were celebrated by their peers at a gala award dinner, held in downtown Vancouver in late September.

Dr. Gunn, a one time student of Dr. Rogers, for whom the prize is named, took the fledgling Centre for Integrated Therapy, created by Dr. Rogers and evolved it into today's InspireHealth, looking after hundreds of cancer patients per year. The InspireHealth approach is a model for integrated cancer care focused not solely on the cancer, but on treating the whole person.

Dr. Rickhi was described as throwing away a promising psychiatric career in the late 1980's when he trained in Traditional Chinese Medicine, Ayurvedic, Japanese and Tibetan medicine. He established the Research Centre for Alternative Medicine, now the Canadian Institute for Natural and Integrative Medicine (CINIM), and played a key role in establishing the Integrative Health Institute at Mount Royal College. Dr. Rickhi has been very successful in alleviating depression with his integrative approach and most recently has focused on teen depression.

The Colloquium

Panellists for the colloquium were: Marja Verhoef PhD, a social scientist and professor at the University of Calgary who holds the only Canadian research chair in complementary and integrative health care and is known for her work on decision making by cancer patients and whole systems research; Stephen Aung MD, a Canadian geriatric and family practitioner and doctor of traditional Chinese medicine who started the Certificate Program for Medical Acupuncture in 1991 at the University of Alberta; James Gordon MD, a US psychiatrist and founder of the Center for Mind Body Medicine who chaired the White House Commission on CAM Policy in 2000; and Joseph Pizzorno, ND, founding president of Bastyr University in Washington state and one of the world's leading authorities on science-based natural medicine.

Healing and Wellness Not Separate From Cure

What draws health care professionals and scientists to CAM, especially early in their careers? When moderator Maria LeRose posed this question to panellists, several common themes emerged. Each person shared a story about the personal experiences and supportive mentors that shaped their early decisions and recognized the value of an integrative, collaborative approach from early on in their careers. The two panellists who were raised outside of North America grew up with an experiential understanding that healing and wellness are not really separate from cure. All of them described personal characteristics that included a natural, driving curiosity about the human experience, and without exception, acknowledged that choosing a career focused on CAM and integrative health care was NOT the easiest path to choose.

"The reason we do science is not to prove ourselves. We do science to help people get better".
Dr. Joseph Pizzorno, ND

Dr. Verhoef recalled that growing up in the Netherlands, her family used homeopathy in combination with Western medicine to look after their health. "We never even considered it CAM!" When she moved to Canada as a young adult, however, she recognized that homeopathy was considered alternative medicine in Canada, and that CAM practices were rarely discussed or studied in a professional context.

Dr. Pizzorno told a story about his very early career when he worked as a biomedical researcher looking for a 'cure' for arthritis. The wife of his best friend coincidently suffered from juvenile rheumatoid arthritis and was unhappy with the outcomes of her conventional medical treatment, and so she went to see a naturopathic physician (ND). Within a short time, the woman's symptoms and quality of life were dramatically improved. Finding this hard to believe based on his understanding of the disease; Pizzorno went to see the naturopath who treated his friend. "I needed to actually talk to the guy myself." The ND he visited described, in medical science terms, how he treated her illness by using a liver detoxification process, and then a nutritional approach to manage the inflammatory response. Joseph Pizzorno had his first 'aha' about the potential benefits of science-based natural medicine and never looked back.

Dr. Aung grew up in Burma, and his family relied on traditional Chinese medicine (TCM) to treat illness but also to stay well. His grandfather, who was a TCM doctor, mentored Dr. Aung in his studies and encouraged him to go into medicine. But he always stressed that medicine should be integrated, and that it would serve him to understand both TCM and Western medicine equally well. Dr Aung recalled, "My grandfather reminded me constantly that medicine should always be compassionate; delivered with loving kindness; and that prevention is the key."

Dr. Gordon recognized early in his psychiatry career that he was "good at creating parties"; of bringing people together "to discover what is in each one of us that can help to heal all of us." Working predominantly with cancer patients (who he says make the wisest decisions about their health and healing) he spent a lot of time exploring what is fundamental to all health systems, and has come to believe that mind-body medicine, nutrition, self-care, education of health professionals and education of our children are the basis of a healthy self and a healthy society.

In the discussion that followed, the panellists made a compelling case for conducting CAM research that is relevant and "pays attention to what the patient is trying to achieve by seeking the intervention". Dr. Verhoef suggested that randomized controlled trials, as much as they may be the 'gold standard' for evaluating medical

L to R: Dr. Joseph Pizzorno, Dr. Marja Verhoef, Dr. Stephen Aung, Dr. James Gordon

care, do not represent real life when it comes to CAM. They do not do justice to the complexity of many CAM interventions, such as the interaction between the various components, the non-linear healing process and the many contextual factors that are impacting on this process. Using CAM is a personal choice for most people, and their expectations, hopes, beliefs, social support networks, personalities, past experiences and many other variables influence how well the intervention works for them. CAM research, she insists, must pay close attention to the interaction and contextual effects (also known as placebo) and learn more about how all these variables impact clinical outcomes. Measuring patient outcomes over time, she says, is the key to this learning. She is also a big fan of mixed-methods research that captures objective and quantitative data such as treatment and patient characteristics and its association with outcomes. However, in addition, she believes that "doing in-depth interviews with patients is imperative". Understanding the nuances of when they do better, and when they don't do so well "helps us to form hypotheses about what is really important to know." Dr. Aung noted that "medicine is not science alone" but is equally "an art of healing" and the practitioner's ability to make critical clinical findings and patient observations is influenced by his relationship with the patient and his own attitudes and beliefs.

"Practitioners need to have the 'research mind' and 'heart of the Buddha', and they will point the way to what we should be studying."

Dr. Stephen Aung, MD

As Dr. Pizzorno aptly put it, "The reason we do science is not to prove ourselves. We do science to help people get better". Creating 'good evidence', panellists agreed, must take into account the complex nature of treating the whole person – mind, body and spirit. It must also take into account the complex nature of integrative health care, where patients use multiple, concurrent therapies and self-care practices that arise from one or more health belief system. The 'politics of evidence' remains a challenge for the field in general. Dr. Gordon suggested that even when there is a critical mass of 'good evidence' for a particular CAM practice, "evidence doesn't always win the day". There may be ample evidence but there is also tremendous resistance. He and colleagues who participated in the White House Commission on Integrative Medicine believe that framing what we already know in the context of current health system needs and challenges may be the best way to overcome the resistance. Large (and expensive) CAM studies that focus on single interventions do not represent the real-world patient experience using CAM, whereas generating evidence for complex interventions in people living with complex chronic illness (such as diabetes) could generate knew knowledge that would "do the greatest good for the greatest numbers".

All of the panellists agreed that developing research methods that fit with the patient-care model (e.g. individualized medicine) will be important in future CAM research. Dr. Gordon advises that the most relevant research questions arise from expert clinical practice. "Practitioners need to have the 'research mind' and 'heart of the Buddha', and they will point the way to what we should be studying."

Closer collaborations between researchers and clinicians may be the best way to close this research-practice gap. Dr. Pizzorno made the observation that research is extremely oriented to the medical model, versus being oriented to the person, when there is "rarely one reason for disease". He noted that while Western medicine's success to date can be attributed to the standardization of knowledge and treatment approaches, it is based on an incorrect assumption that we are all the same. He holds up the contradictory research on drinking coffee as an example of why we can't ignore biochemical individuality.

After decades of conflicting studies, the relationship between coffee drinking and cardiovascular disease is becoming clearer. Dr. Pizzorno referenced a recent article in the Journal of the American Medical Association (JAMA) which reported that the liver enzyme CYP450 affects the rate at which people detoxify caffeine. Authors noted that every person has one of two forms of the enzyme, a fast form or a slow, and that the fast form detoxifies caffeine eight times faster than the slow form. A person with the fast form of CYP450 decreases his risk of getting a heart attack by 50% by drinking one cup of coffee a day. However, a person with the slow form of the enzyme who drinks four cups of coffee a day doubles his risk of getting a heart attack. For one group, coffee is good, but for the other group, coffee is actually a poison. "The tyranny of randomized controlled trials", asserted Dr. Pizzorno "is that they force doctors to treat patients based on statistical averages instead of as individuals." A lot of adverse drug reactions occur for this very reason. In this context Verhoef noted the importance of traditional health and wellbeing outcomes, but also the use of individualized outcomes that take into account individual symptoms, goals or experiences.

Individual 'controlled trials' of a particular therapy (known as N=1 methodology) are a very useful concept for a number of reasons. They provide an opportunity to assess individual responses (as with the coffee drinking example above) and according to Dr. Gordon, individual trials may have great therapeutic benefit. "If someone has done very well with a trial of something, it changes the consciousness of that patient, their beliefs and expectations. That type of success can be a placebo all on its own."

On the topic of 'integration', panellists shared complementary but diverse visions of how CAM and Western medicine might co-exist in the patient's best interest. Dr. Verhoef described integration as a complex concept that begins at the individual level with a personal experience of the mind, body, spirit connection and the need to foster each element as well as the interconnections.. It [integration] promotes interdisciplinary collaboration and a whole person approach to care and research within smaller agencies (clinics) and larger institutions (hospitals), and ultimately extends to influence regulatory bodies, policy makers (government) and the way professional education is conceived and delivered. Dr. Aung describes integration as the "spirit of cooperation between two or more systems of medicine and the practitioners within those systems". He likened medicine to a house that needs many doors and windows to come in and out of. "If you only have one door to come in", he warned, "it can be very dangerous." Dr. Pizzorno described a collaborative approach, where a group of people come together around the patient. Dr. Gordon emphasized that the fundamental vehicle for integration is every person who is committed to this approach. "Becoming whole people as healers is key, and what we use may change as we change and grow. As you evolve as a healer, gatherings like this are important to create a community of support for evolution."