



Submission to the CPSO Consultation on its Draft Complementary and Alternative Medicine Policy

College of Homeopaths of Ontario

Across Ontario, many patients opt for homeopathy instead of or in addition to allopathic care. They do so despite financial and systemic disincentives, demonstrating a strong desire to include homeopathy as part of their personal health-care plan.

Patient choice is a key part of a robust and effective health-care system and has a significant influence on outcomes. Removing systemic barriers and enhancing inter-professional collaboration will go a long way toward reducing pressure on the publicly funded system and improving the quality of the patient experience, including clinical outcomes.

Regulatory policies need to recognize the importance of interprofessional collaboration and to engender a level of respect among regulated caregivers. Patients who choose to incorporate complementary or alternative care into their personal strategies must not risk having their care delayed or denied on the basis of unwarranted obstacles. Open communication among professionals and between patients and those who provide their care is among the most important elements supporting patient safety.

The College of Homeopaths of Ontario (CHO) was established to govern the self-regulation of the homeopathy profession within the framework of the *Regulated Health Professions Act, 1991 (RHPA)* and the *Homeopathy Act, 2007*. The College has a specific duty to protect the public interest.

Increasingly, it has become apparent that the public interest -- public safety -- is at risk not because of shortcomings in professional competency or patient compliance but rather because Ontario's health-care system is plagued with obstacles to high quality, continuous care. These barriers not only undermine patient choice but prevent highly trained professionals and highly motivated patients from addressing health concerns efficiently and effectively and, in turn, increase the burden on an already overtaxed system.

There is cost duplication, because alternative health practitioners do not have access to tests, and have to navigate between alternative health practitioner, patient and GP. And sometimes there are significant impediments, as when the GP disagrees with the need in the first place, or with the interpretation of the test result. No one benefits when care has to be duplicated or when patients have to seek alternatives to their long-term providers.

Other situations have to do with patient's feelings and vulnerabilities. For example, patients who may be seeing alternative health practitioners may not reveal this to their GPs, and sometimes vice versa. Reasons may be that patients feel vulnerable. They may believe that their GP is opposed to alternative therapy and have threatened to break the relationship because of this, and if this happened, they would lose their connection to conventional medicine. Once a patient loses their GP, it may prove difficult to get another one. This, too, threatens continuity of care and requires both patients and their providers to have to build new relationships. Risk extends beyond threats to continuity of care. Disjointed, often conflicting advice may impact the patient's health directly. No one really gets to know the full picture. The absence of patient-centred collaboration and communication is proving to be a major patient-safety issue.

Homeopathy is one of the 29 regulated health-care professions in Ontario. It is a complete system of medicine preferred by hundreds of millions of patients worldwide to address both chronic and acute health-care issues. In Ontario, this is a choice that patients make despite financial disincentives, as homeopathy is outside the publicly funded provincial health insurance system and patients must cover their own costs for homeopathy treatment. (Only about 10% of homeopathy patients are covered by third-party insurance benefits.) Homeopathic remedies have drug identification numbers (DINs) and labelling requirements.

Despite the regulation of homeopathy and the fact that homeopaths are subject to the same level of scrutiny as all other regulated professions, patients who choose homeopathy are often met with the sort of dismissal or disdain that makes them

unwilling to communicate with members of their conventional medical team about their care. This is particularly relevant to items 4(b) and 4(e) in the draft policy. It is laudable that physicians must attempt to obtain comprehensive information; however, it is unwise to assume that such information will be forthcoming if patients feel unsupported in their legitimate choice to see a regulated practitioner other than a physician. The potential for unsafe care due to incomplete information is both dangerous and unnecessary.

In a recent study by Hill & Knowlton, 4.9 million Canadians choose homeopathy on a regular basis. This translates to almost 2 million Ontarians regularly using homeopathy. The fact that so many people choose homeopathy, despite “free” alternatives available elsewhere, underscores the strength of their desire to be treated by a homeopath. It is important to remember that every time a patient chooses to see a homeopath instead of a general practitioner (or an emergency room team) pressure on those publicly funded alternatives is reduced. Further, if the homeopath is able to resolve the health issue, additional referrals for tests and/or specialty care (and their related wait times) may be reduced or averted.

Thousands of studies demonstrate the efficacy and cost-effectiveness of homeopathy in a wide range of settings. Homeopaths can reduce health-care costs, improve clinical outcomes, and enhance patient satisfaction. However, to do so, homeopaths must be recognized by policymakers and other health-care providers as the regulated professionals they are. This requires recognition of barriers that currently hinder the quality, timeliness and continuity of care, and a real commitment to seamless and efficient service provision.

This leads to questions about the importance of interprofessional collaboration which is a principle embedded within the RHPA. What does this really mean and to whom does it apply? Physicians have long been the gatekeepers to publicly funded care, but is it reasonable for a single profession to control access to important components of care for patients who choose other professionals, regardless of who funds them? Why, for example, does a homeopath’s patient have to engage with a physician to order and then provide results for a test when the recommendation comes from the homeopath, the results will be used by the homeopath, and the only public funds involved are those paid to the physician? This will lead to a bigger discussion, but it does have an impact on the patient, health-care professions and the Ministry.

The CPSO’s draft policy on complementary and alternative medicine (CAM) includes many recommendations that support the safe and appropriate inclusion of CAM for those patients who choose treatment from regulated professionals other than physicians, or who opt to consult physicians whose knowledge, skills and judgement include alternatives to what might be described as conventional medicine.

While these recommendations are in many ways a step forward, it is important to recognize that they assume a great deal about the willingness of patients to share information if they perceive that their choices are not respected. This is a dangerous assumption, leading to consequences including unnecessary cost to the public system, unnecessary stress for the patient, and – perhaps most significant – unnecessary impediments to continuity of high-quality care.

Further, the recommendations assume that physicians are fully versed in professions other than their own. While many homeopaths are fully trained in medicine, very few – if any – physicians are fully trained in homeopathy. How, then, can physicians provide patients with the level of understanding recommended in the draft policy? (See policy recommendation 13, for example.)

Regulated health professionals have demonstrated competence in their respective fields and are subject to ongoing requirements with respect to continuing education and professional conduct. They cannot and should not be expected to have mastered every other

Obstacles

A Few Real-life Examples

- 1) Long-term patient of homeopath successfully managing a number of chronic conditions has to move to a care facility. In-house physician denies access and prevents homeopath from continuing effective treatment. Family is distraught and patient’s condition declines, resulting in considerable stress on both the patient and the public health-care system.
- 2) Patient sees homeopath for routine care. Symptoms suggest thyroid issues. In order to get a simple blood test done, the patient must be referred to and examined by a GP, have tests ordered by the GP, see the GP for a second visit to get results, all in order to return to the homeopath for appropriate continued treatment.
- 3) Dismissiveness expressed by physician makes patient reluctant to share successes achieved using homeopathy, leading to a lack of communication that eventually results in less-than-optimal care and an undesirable outcome at great cost to both the patient and the system.

profession in order to provide patients with the level of direction suggested in the policy. Sharing in the development of interprofessional competencies would help to educate health professionals as to the attributes of each participating profession and the part that it can play in a collaborative environment.

Respecting patient choice and the competence and contribution of other regulated professionals is key. For some physicians, this might require being open to further education about why homeopathy works and why hundreds of millions of people around the world rely on it. There are abundant examples of professionals from multiple disciplines working together to benefit patients, particularly in countries where complementary therapies are deeply and harmoniously integrated into their health-care systems. Making it work requires regulated professionals to demonstrate a willingness to collaborate in the best interest of patients, and to eliminate barriers that interrupt continuity of care and/or frank communication. It can be done if regulators and professionals are dedicated to putting patients first, thereby optimizing patient safety and outcomes.

With change underway and a renewed commitment to improving patient care, now is the time to rethink and reshape using all the tools at hand. Homeopaths and other non-physician regulated health-care providers are already a vital part of health care in Ontario, and their patients represent every walk of life. It is our duty as regulators to focus on what can be achieved when providers work together in an inclusive system unimpeded by avoidable obstacles.

Thank you for the opportunity to comment. Patients will be safer when their chosen practitioners work together in an atmosphere of mutual respect and effective communication.