

March 26, 2021

Dr. Nancy Whitmore
Registrar and CEO
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON, M5G 2E2

Dear Dr. Whitmore:

The Ontario Lyme Alliance represents countless numbers of Ontarians who suffer with disabling and persisting symptoms of tick-borne illnesses. As is addressed in the Ontario 2018 Report of the Lyme Disease and Tick-Borne Illnesses Task Force,¹ many members of this patient cohort find themselves forced to “seek care outside the traditional biomedical model.” The report reads:

“The integrative approach to care focuses on the whole person and the relationship between regulated health professionals and patients. It offers a personalized approach to care that considers each person’s needs and circumstances and provides options to treat illness, and regain or maintain optimal health. Increasingly, integrative practitioners are overseeing the management of persistent symptoms attributed to Lyme disease among individuals in their practice.”

Ontarians who are living with late-stage Lyme disease and co-infections have suffered for decades due to the status quo endorsement of the highly contentious Infectious Diseases Society of America’s Lyme Disease Treatment Guidelines which curtail treatment and endorse outdated and unreliable diagnostics. As a result, the healthcare needs of Ontarians with persisting symptoms of Lyme disease/co-infections are not being met. They fall into the ever-growing cohort of chronically ill patients who look to alternative therapies to complement conventional medicine in order to improve their quality of life.

We disagree with the CPSO’s CAM draft policy in that it implies that it is largely integrative practitioners who discuss, recommend and/or provide alternative therapies to their patients. In reality, a recently published US federally-funded study found that in 2012, 53.1% of US physicians over several disciplines had recommended complementary healthcare alternatives to their patients in the previous twelve-month period.³

Suppressing the ability of physicians to recommend and/or provide alternative healthcare therapies that are not backed by what the CPSO rigidly identifies as “strong scientific evidence” will have drastic results for patients. When conventional medicine fails to meet the needs of patients, they naturally seek out alternative therapies and it is their right to do so. In the end, it is the individual patient who determines whether the risks and benefits of a given treatment/therapy are acceptable to them. Restricting patients and physicians from discussing the value of all possible alternative treatment options will cause desperate patients to seek solutions on their own, thereby making patients truly vulnerable to exploitative practices and risky treatment.

This revised policy will severely restrict physicians from recommending any therapies that have not been rigorously studied, or as the proposed policy states, are not “supported by evidence and scientific reasoning.” The 2011 CAM policy was more reasonable because it allowed for innovation. The 2011 policy is also consistent with current CAM policies in other Canadian provinces that state assessment, diagnosis and therapy “must be informed by evidence and science.”

In 2019, the Medical Board of Australia also put out a call for input on a proposed draft policy on complementary alternative medicine which caused public alarm as it was seen as far too restrictive—similar to public opinion currently being expressed about the CPSO’s draft CAM policy. The Board signalled it would shift to a risk-based approach in identifying risky therapies across all areas of medicine, rather than one focused on areas of practice. To quote Dr. Anne Tonkin, Chair of the Australian Medical Board, in an interview² with newsGP: “We realised that unsafe or high-risk practices exist across lots of areas of medicine. So, the best thing was to rely on the Code of Conduct.”

The CPSO CAM draft policy says that “a concerted effort was made to strike the right balance between protecting patients from harm, while respecting patient autonomy to choose non-traditional medical treatments.” We strongly feel that the 2021 draft policy fully misses the mark on this. Patient autonomy will be impacted by the proposed restrictions. The 2011 CPSO Policy on Complementary Alternative Medicine needs to be re-instated as it meets the needs of patients and does not restrict their right to choose non-traditional medical treatments as the revised policy clearly will. Again, the 2011 CPSO CAM Policy aligns with CAM policy in other Canadian jurisdictions while the proposed CPSO CAM policy does not.

In addition, we are concerned about the omission of Section 5.1 of the Ontario Medicine Act in the revised policy.

Finally, the timing of the CPSO’s call for public input on proposed revisions to the CAM policy is highly inappropriate. Even if the CPSO undertakes policy reviews every ten years, as may be the case, the current international health crisis should be justification for a postponement. At present, our front-line healthcare providers and medical researchers are over-extended due to COVID-19 and every Ontarian is pre-occupied with the impact COVID-19 is having on our lives. We urge the CPSO to take a more responsible approach and postpone the CAM policy review until such time as a fair assessment of the proposed revisions can be undertaken by health professionals and the public alike.

Yours truly,

E: OntarioLymeAlliance@gmail.com

cc Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health
Dr. Adalsteinn Brown, Dean, Dalla Lana School of Public Health
Matthew Anderson, President and CEO of Ontario Health
Raj Dhir, Executive Director, Ontario Human Rights Commission

¹ Report of the Lyme Disease and Tick-Borne Illnesses Task Force found at https://www.health.gov.on.ca/en/common/ministry/publications/reports/lyme_18/

² *NewsGP, February 21, 2021. **Why the complementary medicine regulatory push was shelved.** Medical Board oversight will return to a broader risk-based approach rather than singling out areas of medicine.* Found at <https://www1.racgp.org.au/newsgp/clinical/why-the-complementary-medicine-regulatory-push-was>

³ U.S. Physician Recommendations to Their Patients About the Use of Complementary Health Approaches. Barbara J. Stussman, Richard R. Nahin, Patricia M. Barnes, and Brian W. Ward. *The Journal of Alternative and Complementary Medicine* 2020 26:1, 25-33.