

Sustainable Health

By Judy Stone, CN, MSW



Pardon Me, Your Paradigm is Showing – The deception of evidence-based medicine

I am a nutritionist and a few months ago I received a call from a physician about a client we have in common. He was curious about my treatment protocol for this person because the client no longer had the condition for which she had seen that doctor (and a few others). After more than a year of a variety of medical interventions which had not produced the desired result, the client discontinued the medical regimen and began nutritional work with me. The doctor told me he had never in his career seen or known this condition to be cured.

As I began to describe my work with the client, I could feel what had been the doctor's initial enthusiasm and interest wane. He told me that although he could refer people to me, he couldn't support what I was doing. "What does that mean?" I asked, given that he just told me the client was free from a supposedly incurable condition. What's not to support? "It's not evidence-based" was the response.

I frequently recommend lab tests to clients to help evaluate how the body is functioning (or dysfunctioning) so that I can offer appropriate nutritional guidance. Most of the time, the doctors, who are the gatekeepers of lab tests (if you want insurance coverage), reject any but the most commonplace of tests. Sometimes I even write a letter explaining my (evidence-based) justification for wanting a specific test. But it's not evidence known to the doctor, he or she is worried about cost containment, and many MD's take great umbrage that a client or their nutritionist would assume that they have a right or the knowledge to request medical tests. So, despite it not being, in my clinical judgment, in our mutual patient's best interest, the answer is usually no.

For a client who wants to utilize non-traditional care as part of their health care, they are put in a very difficult position when their medical (or any other) practitioner is not open to working collaboratively with either the client, or other members of the client's chosen health care team. The client has to find a doctor who is sympathetic or at least open to a different point of view, but is often thwarted in that effort by insurance plans, and more importantly, by the sense of powerlessness that has been bred into the doctor-patient relationship.

To me, the use of the evidence-based medicine (EBM) defense to reject or condemn the unfamiliar is crazy-making, and, unfortunately all too prevalent when I have to bridge to the medical world as either clinician or patient. Although evidence-based medicine originated in the 1980's to develop "best practices" and effective patient care, my experience is that the accusation "it's not evidence-based" is frequently a weapon used to protect turf. I doubt this is a conscious intent; I think it is something that is so endemic to the medical paradigm that the assumptions underlying it go unexamined. By not examining EBM's presumed authority, however, we often miss opportunities to move health care forward and we deny people access to potentially safe, effective, lower cost, high-quality care.

Who wouldn't be for basing health care on protocols that we know are safe and effective? As both a clinician and a health care consumer, I always want to know about the evidence and risks of any intervention I'm considering. I decided to explore how evidence-based medicine – something that sounds like such a good thing – went so wrong.

I began by doing research on the origin of the term "evidence-based medicine." According to EBM pioneer and medical doctor, David Sackett, EBM combines three components: good external evidence (the study), clinical expertise and judgment, and thoughtful use of patient rights, predicaments, and preferences. Really? I was both surprised and relieved to read this definition. Because to hear how people talk about EBM, we all seem to have forgotten that clinical expertise and judgment and the thoughtful use of patient rights, predicaments and preferences are essential. It seems to me that we've all been lulled into group-think, that the Randomized Controlled Trial (RCT) is the be all and end all of EBM. How is it that the medical profession has abandoned its own definition of evidence-based medicine?

I spoke with Rita Benn, PhD, the Director of Education for University of Michigan's Integrative Medicine and also an investigator for the research arm of the program. I was curious at what point "clinical expertise and judgment" carried enough weight to translate into a funded study. Dr. Benn explained to me that if a clinician had 50-200 cases of using a protocol to help a particular condition, they could try to find an academic researcher with an interest in that condition and try to interest him or her in doing a pilot study. That researcher would then look for funding for the study from the University, from National Institutes of Health, or from a private source.

...Those who hide behind the evidence-based medicine defense would do well to examine the limitations and biases of their own evidence, and open to the possibility that perhaps they just haven't had the curiosity or taken time to look at other evidence that exists.

Here is where things take a twist. Typically, in my practice, and in many other holistically- or functionally-inclined practices, the same condition in 5 different people will have similar, but not the same, protocol; every body is individual. Different pathways gone awry can produce the same symptom, and part of the art and the science of healing is taking that uniqueness into account. So, I asked Dr. Benn how can we get to a pilot study when we don't have 50 identical protocols for the same condition? Her response revealed a major chasm between holistic and conventional medicine, "It's a challenge because conventional medicine has taken the approach that one size fits all with a variation of dose."

It becomes difficult to do a study for an approach to healing that doesn't seek to link one disease, one drug or even one herb – which is how most funding is set up. And, Dr. Benn explained, National Institutes of Health is organized into organ-specific units: cardiovascular, lung, kidney, etc. In my experience, unless you're talking about a broken leg, it is rare to have a condition that wouldn't involve multiple organs and systems. Because conventional medicine has divided your body into territories owned by particular specialties, getting funding for studies that consider you as a whole organism is not in today's EBM paradigm.

My inquiry into why the Randomized Control Trial has become the king of evidence-based medicine led me to Barb Scholz, a practitioner and instructor of

Energy Healing. "Every choice or action produces data and evidence," says Scholz. "To throw away data from small sample sets because it hasn't been studied as a Randomized Control Trial is to throw away the leading edge. If we're good scientists we don't throw away data." Scholz's experience includes math, engineering, and medical instrumentation software design and I know her to have a keen ability to work with both sides of her brain, straddling both the intuitive and rational. This is an attribute I believe is sadly lacking in medical science.

How is it that the medical profession has abandoned its own definition of evidence-based medicine?

Scholz and I talked about the defensive parry – "where's the evidence?" – often used in response to less conventional healing approaches. "We're fully willing to run experiments on our whole society – cell phones, 24/7 daylight, electromagnetic radiation. We don't wait for the evidence because we're already invested in going ahead. So we have a green light on certain things and red lights on others. We use 'where's the evidence?' as a protective mechanism rather than a way to do good science," says Scholz. "In most studies, researchers are content with relatively short study times – 6 months, a year, maybe two," Scholz goes on, "but how about generational?" Often adverse effects show up in places we weren't even looking, or in time frames that far exceed what regulatory bodies consider adequate.

One major problem with relying on the RCT as the ultimate verification of truth in the world of medicine, healing, or anything else, is the reality that any study is limited by the assumptions it makes. For example, the assumption that 6 months or a year is long enough to verify the negative effects of a drug has been proven time and time again to be false, yet we act as if it were true. Another is that there will always be evidence we don't have a reasonable way to gather, or because of our particular bias, don't believe is important to gather. "We think science is based on universal evidence," says Scholz, "but it's based on a specific set of assumptions."

So although the EBM accusation is often hurled in the direction of non-traditional practices, those who hide behind the EBM defense would do well to examine the limitations and biases of their own evidence, and open to the possibility that perhaps they just haven't had the curiosity or taken time to look at other evidence that exists.

In my own field of nutrition, this wielding of EBM to discount the holistic perspective plays out in the American Dietetic Association's position that only RD's, among all nutritionists, are science-based and should be considered *the* nutrition experts (in fact, they have actively tried to legislate this to be the case). Recently, a colleague of mine was inquiring into a university program in Dietetics. She asked how much holistic or integrative nutrition content she would get if she were to enroll in this particular university's program. The answer? "We're not holistic, we're evidence-based."

Say what? When did evidence-based become the opposite of holistic? Good external evidence, clinical expertise and judgment, and thoughtful use of patient rights, predicaments, and preferences are the textbook definition of EBM. Holistic or conventional, how do you think your practitioners are doing?

###

(Judy Stone can be reached at 734-994-5549 or at: cfninA2@gmail.com. Her website is: CenterForFunctionalNutrition.com.)