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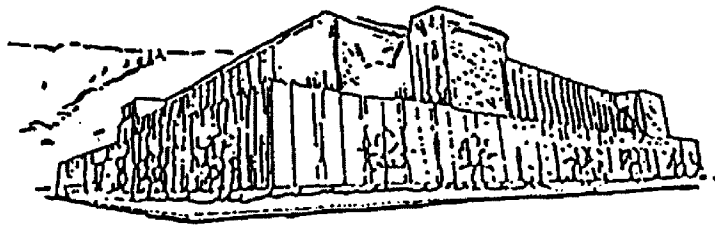
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8/31/98

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ALTERNATIVE MEDICINE IN MONTANA IN 1998:

A JOURNALISTIC EXAMINATION

by

Robert A. Lubke

B.B. Ad. Gonzaga University, 1990

presented in partial fulfillment of the requirements

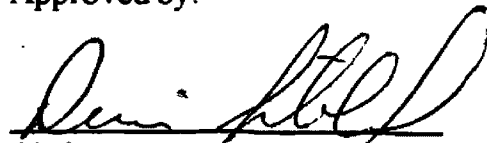
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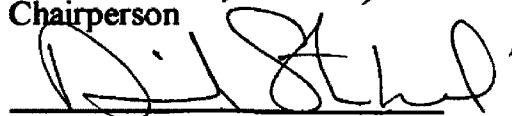
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Alternative Medicine in Montana in 1998: A Journalistic Examination (55 pp.)

Director: Dennis L. Swibold



Signs that alternative medicine is growing in popularity abound. While coverage of the topic has been prominent in national media, there has been only limited coverage of what is happening with alternative medicine in Montana.

Through a series of journalism articles, this professional project looks at the current state of alternative medicine in Montana, with particular emphasis on its level of acceptance by the public and the medical community, on safety issues that consumers of alternative medicine should be aware of, and on alternative medicine's effectiveness.

A series of sidebar articles help illustrate specific examples of how alternative medicine is impacting Montana. These articles cover how some nurses in Montana are incorporating the controversial treatment of therapeutic touch into their traditional practice; how the popularity of herbs such as St. John's wort, a plant classified by Montana as a noxious weed, is providing economic opportunities for Montanans while also raising some difficult questions, and how the tension between conventional and nonconventional health care providers is illustrated by the efforts of massage therapists and somatic practitioners to be licensed by the Board of Alternative Health.

ACKNOWLEDGEMENTS

Special thanks to those men and women who took the time to explain to me their thoughts about the current and future state of medicine in Montana; to my committee members, Carol Van Valkenburg and Rustem Medora; and to Dennis Swibold, my committee chairperson, from whom I have learned much about the art of being a journalist.

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Two systems converge Alternative medicine struggles to go mainstream in Montana

For Cheryl Turner, feeling good is kind of like flipping a coin. It's a matter of heads and tails.

Turner is a Missoula County employee who is a believer in craniosacral therapy—an alternative, or nonconventional, medical treatment involving manipulation of the fluid that flows between the skull (the cranium) and the sacrum (the tail bone area). She says a one-hour treatment “gets her in synch,” relieves her aches and pains and makes her ready to face the day. In the long run, she says, it cuts down on trips to other medical providers.

At 60 bucks a pop, though, it isn't cheap.

Earlier this year, Turner and three other county employees lobbied to get coverage of the therapy on their health plan.

Without solid evidence of its effectiveness, however, an employee committee voted their proposal down. But the committee did give approval for coverage of biofeedback and light therapy boxes—two other forms of alternative medicine.

Those treatments join chiropractic, acupuncture and naturopathy in making Missoula County's health plan one of the most alternative-medicine-friendly in Montana.

Turner may not have gotten her way this round, but she's sure to be back. After all, she says, treatments like craniosacral therapy are the future of health care and it won't be long before their benefits are widely known.

Alternative therapies like craniosacral therapy are growing in the United States and

in Montana. While the public is on the alternative medicine bandwagon, the medical community is slower to embrace this phenomenon. Conventional health care professionals say they worry that patients may be forgoing “quality health care” in favor of ineffective treatments. Proponents claim the conventional practitioners are threatened by change.

Despite the opposing viewpoints, members of the public and some health care providers say it’s a matter of time before treatments once viewed as quackery are widely accepted.

Alternative medicine is defined by researchers as “medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals.” The Office of Alternative Medicine, an arm of the National Institutes of Health, counts at least 70 forms of therapy that may be classified as alternative—treatments ranging from acupuncture and chiropractic to diet and herbal remedies, art therapy, prayer and therapeutic touch. (see related sidebar)

There are many signs that alternative medicine is becoming popular in Montana:

- Phone books for nearly every community in Montana, large and small, contain local listings for chiropractors, professionals long viewed as quacks in the past.
- *Inspiring Times*, a new bimonthly newsletter “dedicated to physical, mental, emotional and spiritual well-being,” began publication in the state in the fall of 1997 and has increased its circulation from 2,000 to 8,000 with just a few issues. The paper’s advertising base is largely alternative health care providers.
- The Medicine Tree Clinic in St. Ignatius is blending conventional medicine with alternative therapies. A chiropractor, acupuncturist, naturopath, massage therapist and

several physicians who either practice an alternative therapy or are willing to make referrals to the clinic's other alternative practitioners are on staff. Alternative treatments make up about 15 percent of the clinic's business, and patients receiving those treatments continue to increase, said Nancy Ball, the clinic's administrator.

- Montana students getting medical training are gaining more exposure to alternative therapies. Nursing students at Carroll College in Helena must research alternative medicine during their senior year. Medical students attending the University of Washington, the school that serves as Montana's "in-state" medical school through a special program, may now choose an elective class offering an overview of alternative healing. About one-third of the nation's 125 medical schools now offer classes covering alternative medicine.
- Montana established the Board of Alternative Health Care in The Department of Commerce in 1991 to oversee naturopathic physicians and direct-entry midwives. They join chiropractors, who have had their own board in Montana since 1918, and acupuncturists who have been licensed under the Board of Medical Examiners since 1974. As of March 1998, there were 33 naturopaths with active licenses living in Montana, 10 direct-entry midwives, with at least three more expected to be licensed this year, 58 acupuncturists and 227 chiropractors. Licenses issued in all four professions have had double-digit percentage growth since 1992.

These signs that alternative medicine is growing in Montana fit a national trend.

A study published in the New England Journal of Medicine in 1993 found that 34 percent of Americans use alternative therapies. The study estimated that in 1990 some

425 million patients visited alternative providers in the United States, compared with 388 million visits to primary care physicians. Patients spent \$14 billion on alternative medicine, and about \$10.3 billion of that was paid for out-of-pocket.

A November 1997 study completed by a Michigan-based consumer research firm for Landmark Healthcare Inc. provided similar results. That survey found that 42 percent of the U.S. population had used some form of alternative therapy in the last year. It also found that 40 percent of the population has developed more positive attitudes about alternative care in the past five years and about 71 percent felt future consumer demand for alternative care would be strong or moderate.

Why is alternative medicine experiencing such a boom?

Practitioners and patients offer various reasons:

- People are not getting relief for chronic conditions such as arthritis, allergies or depression when they use conventional medicine, and they see alternative medicine as a way to take control of their health care.
- Many people are dissatisfied with the cost of conventional medicine and frustrated when drugs or treatments they pay for cause side effects that sometimes create greater problems.
- Still others like alternative medicine's practice of treating the whole person—physically, mentally, emotionally and spiritually.

Hoping to get some solid answers about the state of alternative medicine in rural states such as Montana, faculty at Montana State University's College of Nursing and the University of North Dakota are seeking a \$50,000 grant from the Institute on Aging at the National Institutes of Health to study the topic.

Besides learning what leads people to alternative care providers, the study will explore whether patients tell their medical doctor about their alternative therapy, how people pay for alternative care, whether alternative therapy works for them, and how they know it works.

“We need to know what kind of health care practices and beliefs our clients have so we can help meet their needs,” said Dr. Jean Schreffler, assistant professor of nursing at MSU.

As public interest increases in alternative medicine, so has the interest of some physicians. Even so, many are cautious.

Robert McNary, a former physician now living in Lavina, a small town north of Billings, abandoned traditional medicine altogether in 1984. He recently opened the Rocky Mountain Remedy Shoppe where he sells herbal remedies and offers customers a “New Age” approach to health.

Healing encompasses more than medicine, he writes on his web page. “When we change our consciousness...we can prevent much illness and trauma coming into the body and live more productive, creative and wholesome lives.”

McNary isn't making much money now, but disillusioned with some aspects of traditional medicine, such as patients being referred for unnecessary surgeries, he says he's happier today.

“I'd rather be poor or broke than to have to look myself in the mirror and say ‘You're not doing what you believe in,’” he said.

Other physicians are blending conventional medicine with nonconventional.

Missoula neurologist Dr. Ethan Russo often prescribes herbs for his patients and is involved in herbal research. He also believes in the value of alternative therapies such as yoga and relaxation and is willing to refer his patients to acupuncturists and chiropractors.

“If somebody takes the initiative to ask me, I’ll say, ‘Yeah, that’s a reasonable thing to do,’” he said.

Russo said when he was in medical school, he received no information about alternative therapies. Now that there are signs that alternative medicine can help patients, doctors need to be open to new possibilities, he said.

Today when he speaks of alternative therapies, he says he is generally greeted with acceptance by colleagues. Many physicians who have been skeptical of alternative medicine in the past are changing, he says.

“People should be interested in whatever works and is safe,” he said. “The basic thing is lack of familiarity and comfort. It’s just a basic ignorance. It’s not to say that every alternative method is good, safe, reasonable—it isn’t. But there’s good stuff out there and it’s incumbent on us to learn something about it.”

Dr. Edward Allen, a family practice doctor in Bozeman, agrees. “I still think the vast majority of the profession are – they’re either afraid to, or they’re just too died-in-the-wool conventional to experiment,” he said.

Like Russo, Allen also recommends herbs to treat some conditions, such as echinacea for symptoms of a cold, for instance. His interest in alternative medicine developed when women approached him asking him to offer out-of-hospital births, a practice he originally thought was a “harkening back to the caveman days.” He took on

the challenge, however, and credits his “exposure to intelligent people” with opening his mind to creative possibilities in medicine.

When he first started his alternative-birthing practice he said the reaction of colleagues was “vicious,” with plenty of “bad-mouthing and behind-the-back-things.” But having been in practice in Bozeman for a number of years before that, he said, he had enough credibility to withstand the storm.

Still, he thinks it will take some time to blend alternative medicine into conventional medicine.

“I think it’s going to be a long time coming before there’s an easy relationship,” he said.

Russo and Allen are more vocal in their support of alternative medicine than most physicians, many of whom choose their words carefully when describing the relationship between the conventional and the unconventional medical worlds.

“It is sort of—how should I phrase it—an atmosphere of mutual respect, but not an entire tremendous enthusiasm,” said Dr. Roger Williams, a Billings neurologist who is president of the Montana Medical Association, an organization made up of approximately 1,000 Montana physicians.

Although doctors recognize the value of alternative therapies that benefit patients, he says they worry about the qualifications of the people providing the care. So much so, the MMA was “100 percent opposed” to Montana licensing naturopaths and direct-entry midwives earlier this decade.

Practitioners say being licensed by the state should lessen those worries, but Brian Zins, the MMA's executive vice president, says a piece of paper means nothing. It's the practitioner's knowledge that makes a treatment safe, he says.

"I think it's really important to educate competence, not legislate competence," said Zins.

Perceiving the attitudes of their colleagues to be hostile toward alternative medicine, some conventional health care providers with ties to alternative medicine chose not to speak on the record for this article. They cited fear of retribution and concern about losing their jobs if others learn they are stepping out of their traditional, science-based roles.

Their silence may speak volumes about the real level of acceptance among the medical community, and it may be understandable.

Nationwide, many physicians supportive of alternative medicine have faced harassment, suspended licenses and raids on their offices.

In one such case reported last year in *Psychology Today*, armed agents representing the Food and Drug Administration stormed the office of a Washington state physician, taking office equipment, patient files, bank records and supplements the doctor distributed to patients. Although no charges were ever brought against the doctor, in his defense, he spent more than \$100,000 during grand jury hearings and for court petitions.

Just as there may be no simple reason for why the public embraces alternative therapy, there may be no easy answer to why some members of the medical community do not.

Doctors say it could be a result of an education heavily influenced by science and pharmaceutical companies, and lacking in non-Western philosophy, where many alternative therapies have their origins.

Some doctors and alternative practitioners also mention the financial threat to doctors and hospitals if patients leave the conventional medical model.

Doctors are concerned that endorsement of alternative therapies could lead patients to abandon what are sometimes necessary conventional therapies such as antibiotics or surgery.

Brian Zins of the MMA said doctors are slow to embrace alternative medicine for one reason—there's just not enough scientific evidence to support many alternative therapies' claims. And he doesn't believe doctors should have to apologize for basing their work on science.

As for the notion that doctors fear a financial threat, Zins said it's simply not true. As far as he knows, that's never been discussed. When proponents of alternative medicine can't argue scientifically, they argue economically, he said.

"We're not against these people," Zins said. "All I'm saying is the patient is our prime concern. Period."

Doctors are not the only ones slow to jump on the alternative medicine bandwagon, however. The state Medicaid system, hospitals and insurance companies are also reluctant.

Medicaid in Montana covers chiropractic only for people under age 21.

Most Montana hospitals refuse to allow alternative care providers who aren't licensed physicians to treat patients within hospital walls. If the patient's physician gives approval, however, they may consult on a case-by-case basis.

Dr. Williams of the MMA said that hospitals have no way to oversee alternative care providers and because they do not believe their treatments have been proven to be safe or effective, the hospitals are unwilling to grant the practitioners hospital privileges.

Although they may not be able to admit patients to the hospital, the role of alternative providers in their patients' care while they are hospitalized can be important.

In recent years Williams has had several patients request that naturopaths or medicine men take part in their care while hospitalized, and he says allowing it often gives comfort and relaxation to the patient and his family. Within reason, it's wise for doctors to respect patients' wishes regarding alternative therapies, he said.

"You'd be silly not to," he said. "It creates animosity and a barrier to the healing process to be unnecessarily arbitrary and rigid about it."

Although some insurance companies across the nation are offering coverage for alternative therapies, Blue Cross Blue Shield of Montana, by far the state's largest single provider of health care insurance, is taking a wait-and-see approach. The company offers coverage for acupuncture and chiropractic on most group plans, but has yet to accept naturopathy, said Mick Hamilton, marketing agent for the company.

But that could change. "It's like any business," he said. "You get enough people asking for a service, eventually the business is going to produce it."

Some alternative providers encourage their patients to submit bills to Blue Cross even though they know the company will not pay at this point. A combination of

consumer demand and recognition by insurance companies that alternative therapies can save them money will bring about change, they say.

“If conventional doctors are choosing to ignore this movement, they’re going to suffer because patients want something different,” said Nancy Ball of the Medicine Tree Clinic in Ronan, where alternative medicine is booming.

Wanting something different is exactly what led Missoula County employee Cheryl Turner to support alternative medicine. And it’s something she believes other people will support in the future. Before long, she thinks craniosacral therapy will be covered by her insurance, and it may even be supported by her doctor.

It’s a matter of two different systems learning to coexist. What it boils down to, said Missoula acupuncturist Jean Logan, is not supporting one system over the other, but taking the best of both conventional medicine and alternative medicine and putting them both to use to benefit the patient.

“I think people just need to ... say, ‘Okay, we have some valid stuff, you have some valid stuff. How can we work together?’”

Classifications of complementary and alternative medical treatments and a sample of various practices

Alternative systems of medical practice

Acupuncture - The insertion of fine needles into the body at specific points shown as effective in treating certain health problems.

Homeopathy - A medical system that strengthens the body's immunity by treating the symptoms of disease with tiny doses of a plant, animal, or mineral substance. In large doses, the compound would produce the same symptoms as the disease or disorder being treated.

Naturopathy - A medical system that treats disease and restores health using therapies from the science of clinical nutrition, herbal medicine, homeopathy, physical medicine, exercise therapy, counseling, acupuncture, natural childbirth and hydrotherapy.

Electromagnetic applications

Electropuncture - Electrical stimulation via acupuncture.

Diet, nutrition and lifestyle changes

Lifestyle changes - Examples include reduction of stress as a method for promoting wellness, or exercise.

Nutritional Supplements - The ingestion of vitamins or other substances to provide the body with nutrients believed to be important in fighting disease and promoting health.

Herbal remedies

Echinacea - Shown by some studies to be useful in strengthening the body's immune reactions.

Ginkgo biloba extract - Believed to stimulate circulation and oxygen flow to the brain, allegedly improving problem solving and memory.

Manual Healing

Chiropractic - Adjustment and manipulation of the alignment of the spine to relieve pain and treat other medical conditions.

Aromatherapy - Inhalation or contact with the skin of certain scents or essential oils for the promotion of health or treatment of illness.

Bodywork - Ranges from simple touch to complicated massage and manipulation for physical and psychological improvement.

Craniosacral Therapy - Gentle detection and correction of the flow of cerebrospinal fluid from the area of the skull (cranium) to the tailbone area (sacrum) to treat a medical problem.

Shiatsu - Japanese method of healing similar to acupuncture, but involving manual pressure on certain points of the body rather than insertion of needles.

Reiki - The practice of laying on of hands to channel “universal energy” to balance the body’s rhythms and promote health.

Mind/body control

Biofeedback - The process of conditioning a person to learn voluntary control of certain involuntary body functions such as heart rate or blood pressure to reduce stress and promote healing.

Yoga - A technique designed to strengthen and relax the body through posture, breathing and meditation.

Humor therapy - The use of humor to promote health. Research has indicated humor may help activate the immune system and decrease stress hormones.

Pharmacological and biological treatments

Chelation therapy - The use of an intravenous amino acid complex to remove metals and other substances such as lead, iron and calcium from the blood. The treatment has been used to remove plaque from the arteries.

Cell therapy - The injection of cells from animals to humans to enhance the function of their human counterpart organs.

Herb craze brings cash, questions for Montanans

They're the targets of state-sanctioned search-and-destroy missions on a regular basis in Montana. But now, at least one amongst their numbers is enjoying a new popularity and respect.

The culprits are noxious weeds. The newly crowned "cream of the crop is St. John's wort, a weed/herb that has become popular in the United States in recent years as a treatment for depression.

While St. John's wort may be classified by Montana as a noxious weed—meaning that it may "render land unfit for agriculture, forestry, livestock, wildlife, or any other beneficial uses, or that it may harm native plant communities"—many people are saying the plant is anything but "*ob-noxious*" and may deserve a reprieve.

Its prevalence in Montana and newfound usefulness is leading a number of state residents to explore options for turning the weed/herb into profit. It's also raising some interesting questions.

Earlier this year, Sanders County resident Randy Garrison sought permission from the Sanders County Weed Board to grow St. John's wort on 50 to 150 acres of his family's property. Garrison said after extensive research, he determined he could make money growing the crop and that it fit well with his land's dried flower and herb operations.

Following public hearings attended by about 50 people, the Sanders County Weed Board denied the Garrison's request, even though it had strict conditions for how the plant

would be grown.

John Halpop, MSU Extension Service agent for Sanders County said the decision was not surprising. For decades, the message of weed boards has been to control and eliminate weeds, he said. Now, all of a sudden, they'd be giving approval to plant and grow them.

He said harvesting existing St. John's wort may help mitigate the weed problem, but growing it is not a simple issue.

For example, he said, hybrid plants could form and spread to neighboring lands. If the new plants cannot be controlled by the beetles that currently help keep St. John's wort in check, an even bigger weed problem could result. Any county weed board that approved that kind of decision could face a lawsuit.

Still, harvesting weeds for profit is an interesting concept. State law that allows individual counties to make exceptions to the weed law is gray, and now that there could be some economic benefit involved, people are questioning the fairness of how those decisions are made, Halpop said.

County attorneys in Sanders, Lincoln and Flathead counties were contacted for their interpretations on the law before this particular decision was made. And now the state attorney general's office is being asked to rule on whether noxious weeds may be cultivated under Montana law. That decision could take six to nine months.

Not everyone is waiting, however. Plains resident Doreen Stokes, who is vice president of the Great Northern Botanical Association, is turning to public lands for her supply. This summer will mark the second year she has harvested St. John's wort from the National Bison Range north of Missoula.

Bill West, assistant manager of the National Bison Range Refuge Complex, estimates that Stokes and a group of about 10 associates removed nearly two tons of St. John's wort last year. West charged Stokes \$125 for a special-use permit to collect the herb.

Stokes said she recognized St. John's wort was "the herb of the future" and approached West to discuss experimental harvesting on the Bison Range. She serves as a type of "middleman," picking the crop before turning it over to be dried and then shipped out for processing..

Stokes said the finished product can be sold for about \$80 a pound, but that amount may be misleading to anyone who sees St. John's wort as an opportunity to strike it rich. She said it can take up to 32 pounds of fresh St. John's wort to produce one pound of extract that ultimately makes its way to consumers. And there are also expenses to consider.

West said the Bison Range views the harvest as an experiment to see if it can be a weed-control measure. He stresses, however, that the land was never intended to be multiple-use, and although he has received calls from companies interested in harvesting St. John's wort on an even-more-commercial level, he has turned them down. He prefers to keep the operation small and local and believes he has the authority to make decisions about who gets access to the Bison Range.

"We will continue to do it, but only with more of a community enhancement, nonprofit kind of direction," he said.

So far, no one has challenged West's authority legally, and he hopes it stays that way. "It's one of those things you know you can win, but who wants to go through the battle," he said.

This year West expects Stokes to work with local high school students who will use profits to fund a trip to Washington, D.C. Although a final financial agreement has not been reached with Stokes, West would like the Bison Range to receive about 30 percent of the gross proceeds—an amount which should be significantly more than the \$125 the Bison Range received last year for the permit it granted Stokes.

For her part, Stokes said she has studied St. John's wort carefully and thinks it may be misclassified as a noxious weed. "I'm not saying I advocate growing it at this point, but we need to relook at it, along with some other plants that are on the noxious weeds list, because they can be medicinal," she said.

That's a sentiment that worries West because he fears people may waver in their support for controlling exotic plants. He said the Bison Range is made up mostly of Palouse Prairie, one of the most endangered ecosystems on the continent. Any decision about changing the noxious weed list could have consequences for the land.

"To simply embrace exotic plants because they may have a medicinal value, and lose the native landscape, is just unacceptable to a lot of us who know the value of the native-plant diversity here," he said.

Yet another question raised by the situation is what continued harvest of the plant may mean for its future if it's not cultivated. The potential loss of an herb is a situation already being faced in eastern Montana. University of Montana environmental studies graduate student Monique Kolster has found that echinacea, an herb popular for fighting

colds and flu, may be completely eliminated in Montana within two to three years because harvesters see the opportunity for financial gain.

Debate about these issues is likely to intensify in the future if St. John's wort and other herbs continue to grow in popularity. And people suspect they will.

“(St. John's wort) is just being discovered in the United States,” said Stokes.

“It's not even mainstream yet. I think it's going to continue to be in demand.”

New therapies add a touch of controversy to traditional nursing

Standing over her patients waving her hands, Joanne Green has the look of a magician. If she were to don a black top hat and utter the word “abracadabra” there would be no doubt.

Some say Green *is* a magician. Patients claim she can make their pain disappear and they believe she has a special power.

So, is what she does magic?

“No,” says Green.

Is it medicine?

“Absolutely,” she says.

Green is one of thousands of nurses across Montana and the United States who have incorporated therapeutic touch, a relatively recent, often controversial complementary treatment, into their work.

Pending the results of the family nurse practitioner exam she took earlier this year, she plans to open a health care clinic in Butte emphasizing holistic health and therapeutic touch.

Therapeutic touch was introduced in 1972 by Dr. Dolores Krieger, a nursing professor at New York University, and clairvoyant Dora Kunz. It involves the manipulation of the energy field practitioners say surrounds all people.

Believers in the treatment say when a person is ill, in pain or experiencing anxiety,

his energy field is imbalanced. Practitioners believe they can redistribute the energy by moving their hands in a sweeping motion over the area of the body where they sense there is a problem. Touching isn't actually necessary. Practitioners claim they can sense changes in temperature and often get a tingling or pulsating sensation over affected areas.

Although proponents say the treatment can work wonders, critics say it's ridiculous and has no place in medicine. Some even go so far as to claim it is rooted in witchcraft.

Those claims don't bother Green, who has been a hospital nurse and nursing instructor in Montana for more than 40 years. She says her years of experience have shown her that real health has many components, not just those that everyone understands or believes in.

Green's new vision of health care began in the late '60s when she noticed patients coming into the hospitals were getting better, but they were not really getting well, especially those with chronic conditions.

"It just seemed to me that as a nurse, there was a lot more that I could do than just medicine and treatments that were ordered by the doctor," she said.

For 12 years, she studied books that covered everything from meditation to special diets. But it was in 1981, while attending a workshop on holistic health and healing energies offered by a Chinese nurse, that she realized her professional potential.

She now performs therapeutic touch on patients, teaches it to nursing students at the College of Technology in Butte, offers public workshops that draw from 50 to 100 people at a time and teaches classes in holistic health at Western Montana College and Montana Tech.

Green believes she's a pioneer in Montana, in terms of traditional health care workers who have become involved in holistic health. She remains a strong believer in science and the fact that western medicine is "the best there is—no question about it" in many cases. She just doesn't believe it's the only answer in all cases.

"You have to make the mold fit the individual," she said. "Traditional medicine makes the individual fit the mold."

Green has used therapeutic touch to treat patients with a variety of problems. She refuses to take credit when they improve, however. Most therapeutic touch practitioners believe they simply help their patients develop and adjust the emotional, spiritual, physical and mental energies that will allow the body to heal itself.

While the concept of therapeutic touch may seem to be a bit odd, its potential effectiveness is receiving considerable attention from well-respected people in the health care field as well as the federal government.

In 1994, the U.S. military awarded a \$355,000 grant to the University of Alabama at Birmingham to study the effectiveness of therapeutic touch on burn victims. Although challenged by skeptics, the study's conclusion was that therapeutic touch can be used to decrease patients' perception of pain.

Other studies have shown therapeutic touch can help patients as well, but they're not all positive. The April 1, 1998, issue of the *Journal of the American Medical Association* included a study resulting from the science experiment of a 9-year-old Colorado girl who determined that therapeutic touch is a hoax.

In her experiment, Emily Rosa asked therapeutic touch practitioners to place their hands through a cardboard screen and by sensing the energy, determine which of their hands was near one of hers. They identified the correct hand only 44 percent of the time.

Proponents of therapeutic touch say that study was flawed because practitioners must feel over a patient's entire body to sense the energy. At most, some say, studies on both sides are inconclusive.

Many Montana nurses think the treatment deserves consideration, however, even if its effectiveness is only the result of increased attention that practitioners give their patients. They also think there may be more to the idea of a human energy field than we know at this point.

Donna Greenwood, associate professor of nursing at Carroll College, said she has had therapeutic touch performed on her, and she's a believer. On one occasion, she felt an intense sensation in her leg during treatment. "To me, it was like this was the experience I had to have to truly believe that it's real and that it works," she said.

At the same time, she acknowledges that the thought of performing therapeutic touch on patients is a nerve racking still because she's not sure how they would react.

Green said, eventually, more people will believe in the effectiveness of therapeutic touch and be open to the possibilities that seem strange today.

"I don't think people see me as a weirdo; I work very hard to make sure that they don't," she said. "There's a lot out there that we can't put into our science because our science can't measure it yet. As soon as it can measure it, then it's going to become part of the traditional system."

**Message to consumers: Beware!
Alternative medicine is not without risks**

Patients went to Dr. Donald L. MacNay in Virginia seeking an unconventional cure for terminal cancer. It never came.

Instead, three of the patients died earlier than expected, possibly at least in part because of the injections of aloe vera they received from MacNay, the Virginia Board of Medicine ruled earlier this year.

MacNay's license was revoked. Prosecutors filed criminal charges against him and the man whose company marketed the product. And patients clinging to the possibility of a miracle had their hopes shattered.

Although the case took place thousands of miles from Montana, it illustrates an important point: Just because an alternative treatment exists, it isn't necessarily safe.

That's not to say that every alternative treatment is as dangerous as intravenous aloe vera or that all providers pose a risk to their clients. Many treatments that seem to be effective are promoted by honest practitioners. Others, however, many be unsafe or ineffective, either with or without the practitioners' knowledge.

Statistics on people harmed by alternative medical practices and the financial impact of bogus therapies are difficult to determine since there is no single agency that collects and monitors that information. Tracking incidents of quackery is also difficult because consumers frequently don't report them out of embarrassment.

The National Council Against Health Fraud, a private, nonprofit agency that

focuses on health misinformation, fraud and quackery, estimates that the total cost to Americans of quackery is between \$25 billion and \$100 billion, depending on how the problem is defined.

According to a report issued by that office, “soft core” quackery—or ineffective, but nondangerous therapies involving only wasted money—is “huge” if cosmetic items are included. “Hard core” quackery—that which costs lives and health—is “far less in dollar value,” although very significant in terms of human suffering.

Regardless of how the problem is defined, the numbers should make patients think before jumping into a particular therapy.

“I think if I had any advice to give patients, it’s ‘caveat emptor’ (let the buyer beware),” said Dr. Roger Williams, president of the Montana Medical Association. “Folks have to know what they’re getting into and realize that they’re totally dependent on the salesmanship of the individual who stands to benefit financially from their embarking on these therapies.”

In Montana, alternative health care providers currently licensed by the state include acupuncturists, chiropractors, naturopaths and direct-entry midwives. Physicians and nurses who sometimes incorporate alternative therapies into their conventional practices are also licensed.

Licensing implies standards for character and education for providers and defines the services they can offer. Being licensed, however, is no guarantee the providers will operate within the scope of their practice.

At best, it means they are held accountable for their actions. If they break rules established by their profession to protect consumers, they may face fines, probation or suspension or revocation of their licenses.

But formal complaints against licensed alternative care providers in Montana are rare, a sign that practitioners offer quality care that is safe, say some in the field. Others say the numbers are low because there are few practitioners.

The latest biennial report from the Professional and Occupational Licensing Bureau of the Montana Department of Commerce shows that in 1995, the Board of Alternative Medicine received only one complaint. It resulted with the practitioner being placed on probation. During that same year, the Board of Chiropractic received five complaints. All five of those cases were closed with no disciplinary action taken.

Complaints are investigated fully by a screening committee consisting of senior practitioners and at least one medical doctor. The panel reviews official complaint forms filed by the patient and other pertinent information, as well as testimony from the parties involved and any witnesses. Trained investigators are also on staff at the Professional and Occupational Licensing Bureau of the Montana Department of Commerce should the panel feel more information is needed to determine if a complaint is justified.

If the committee concludes that a practitioner did violate rules, a separate panel imposes a penalty. However, there are no formal "sentencing guidelines," and people facing complaints have the ability to negotiate with their respective board in much the same way that a defendant plea bargains with the courts.

Final disciplinary actions taken by boards within the Professional and Occupational Licensing Bureau are made public, but complaints filed in which no disciplinary action is taken are not.

In theory, viewing these public records should be easy, but unless you ask about cases involving specific practitioners, board staff hesitate to offer examples of cases that have been settled without first conferring with board attorneys.

Getting information is also made difficult by the fact that the boards are often understaffed. The Board of Alternative Health Care, for example, is a one-person office. Its current administrator also oversees licensing of all Montana psychologists and veterinarians.

While there's a formal process for dealing with licensed professionals in Montana, people who have complaints about unlicensed alternative care providers—massage therapists, herbalists or psychic healers, for example—have no formal recourse beyond the courts.

Hoping to identify information which could help patients to stay clear of unsafe and bogus therapies, Rocky Mountain Skeptics, an organization dedicated to using science to evaluate often unscientific subjects such as alternative medicine, started a web page earlier this year that encouraged patients to record bad experiences with alternative care. In its first two months, however, it received less than a dozen posts, none of them seemingly significant to others, said the group's president, Bela Schreiber.

Some alternative care providers say Schreiber won't get any responses because there aren't any serious consequences of using alternative therapies.

That statement is not accurate though.

One of the biggest safety concerns of people in the conventional medical system is that patients who are in need of treatments such as drug therapy or surgery may abandon them in favor of an alternative therapy, and thus, put themselves in grave danger.

Alternative health care practitioners generally don't lead their patients in that direction, however.

Although some alternative practitioners completely discard conventional health care, no one interviewed for this series suggested that their patients would be better off without conventional medicine. Most alternative care providers believe the systems should work together, each compensating for the other's shortcomings.

An accident victim, for example, may need a blood transfusion in a hospital. But, if during his recovery, drugs do not lessen his pain, acupuncture should be an option.

"If I've got certain health problems, you bet I'm going to see a doctor," said Virginia Rutherford, a practitioner of Shiatsu, a therapy similar to acupuncture but involving manual pressure on certain points, rather than insertion of needles.

Beyond receiving appropriate care for their ailments, patients should know that certain risks are associated with individual treatments. Although studies indicate serious problems are rare, they can occur with almost any type of alternative therapy just as they can with conventional medicine.

Like it is with conventional medicine, death is even a possibility. There have been cases of patients suffering punctured lungs during acupuncture, or strokes during the spinal manipulation of chiropractic.

In one acupuncture case, a woman in Great Britain died when her heart was punctured by a needle. The woman had a hole in her sternum, a birth defect of which the acupuncturist had no knowledge. Practitioners say problems like these are very rare, but possible, when providers aren't trained correctly.

Other potential dangers exist from herbal therapies. People assume that natural medicine is always safe, just because it's "natural," but that isn't true, said Missoula naturopath Dr. Jamison Starbuck, a past president of the American Association of Naturopathic Physicians.

Herbal therapies combined with some prescription drugs can lead to unintentional poisoning. Patients may also take incorrect dosages or suffer allergic reactions that could be life-threatening. And taken by pregnant women, the remedies have sometimes caused miscarriages.

These problems are compounded because no national quality control standards exist for herbal products, and unregulated by the FDA, they can be purchased over the counter. Legislation passed by Congress in 1994 gives dietary supplements such as herbs, a unique definition under the Federal Food, Drug and Cosmetics Act and affects the rules that govern them.

Unlike drugs, which must be proved to be safe before the FDA allows them to be marketed, herbal remedies are allowed on the market until someone can prove they are unsafe. Manufacturers are allowed to make truthful statements about how a product can affect a person, but statements must include a disclaimer that the statement hasn't been evaluated by the FDA and the product isn't intended for the prevention, cure or treatment of disease.

Before taking any herbs, patients should contact their doctor, read labels carefully and follow directions.

Whatever treatment a person undertakes, if being treated by a responsible practitioner, the practitioner will discuss possible side effects with you in advance of the treatment. If they don't, providers say, patients should inquire themselves, either from the practitioner or their medical doctors. Pharmacists can also offer assistance, but their personal knowledge of herbs may be limited.

Dr. Rustem Medora, professor of pharmacy at The University of Montana, said instruction on herbal remedies started to decrease in the 1970s and was removed from the curriculum in most pharmacy schools by 1980, when synthetic and semisynthetic drug research came to the forefront. Now that herbal remedies are experiencing a resurgence of popularity, he expects herbs to work their way back into the curriculum.

In the meantime, he said, most drug stores have computer databases that can help the pharmacist identify interactions with prescription drugs. If a patient hasn't told his doctor about the herbs he is taking, he should tell his pharmacist. Many are recognizing the need to brush up on their knowledge of herbs.

Dan Severson of Family Pharmacy in Stevensville, is making a special effort to learn about herbal remedies. Right now he's like his customers—learning about herbs as he goes, he says. But he's attending courses and seminars and plans to purchase a software program with the most up-to-date information about herbs and how they react with other drugs. He intends to make the software available to other medical professionals

in the Bitterroot Valley because he thinks the trend toward herbs is here to stay and the safety of his customers is very important to him.

As for treatments like the aloe vera injection in Virginia, laws on the books in Montana prevent people from marketing their products as cures or claiming they can affect certain disease. It is illegal to make any false or misleading claim about a product, or to fail to tell people of known consequences of its use.

As another protection, the Food and Drug Administration prevents specific health claims for products unless they can be validated. The agency must also approve most types of medical treatment, but it's possible a new law could give patients greater access to treatments that haven't received FDA endorsement.

Concerned that the FDA approval process, which can take more than 10 years and cost hundreds of million of dollars, eliminates some alternative treatments that may help patients, Sen. Tom Daschle of South Dakota and Rep. Peter DeFazio of Oregon introduced the Access to Medical Treatment Act in Congress last year. Montana Sen. Max Baucus was a co-sponsor of the bill in the Senate.

The Access to Medical Treatment Act would allow an individual to be treated by a licensed professional in whatever manner he requests, provided the practitioner acts within the scope of his practice and the treatment is not known to endanger a person's health. Under the proposed legislation, patients must be told the treatment has not received approval from the FDA, and they must consent to be treated at their own risk. The idea is to let consumers take more responsibility in choosing their health care.

The bill was referred to committee last year but no action was taken before Congress recessed. In a letter to the author, Sen. Daschle said he has recently received word that President Clinton would veto any legislation that includes his proposed bill.

Roger McClung, deputy director of the Health Legislation Office in Washington, D.C., says the administration opposes the bill because it amounts to a loophole that enables people to bypass the Food and Drug Administration. McClung said the bill would allow people to create concoctions in their garage. That isn't safe, he said.

Daschle plans to meet with Health and Human Services Secretary Donna Shalala, who has jurisdiction over the FDA, to hear the administration's specific concerns with the bill. He hopes an agreement can be reached in the future so access to alternative medicine can be expanded.

Access to the Medical Treatment Act withstanding, growth of alternative medicine and conventional health care's acceptance will depend largely on how well supporters can prove its effectiveness and safety.

"If there is an alternative that really does help someone ... there's absolutely no reason not to support it, said Brian Zins, executive vice president of the Montana Medical Association. "You just don't want someone to embrace something to their detriment."

Guidelines for selecting an alternative health care provider

- 1.) Tell your doctor what you plan to do.** Although studies indicate the vast majority of people who use alternative therapies do not inform their physician of their actions, physicians agree your doctor may have knowledge of the therapy you are interested in, how it may interact with your conventional therapy and what you should consider before spending money on treatment. If you're seeking alternative care in response to a specific medical condition, your doctor may also advise you to view your therapy as a complement to your conventional treatment, not as a substitute. Remember, don't diagnose your own problem; only your doctor can do that.
- 2.) Read as much as you can about your treatment.** Doctors and alternative care providers say you should find out what to expect, how successful treatment has been for other patients, what problems may arise as a result of the treatment and what scientific evidence there is of the treatment's effectiveness. Libraries are good sources of information. Doctors say you should be cautious about retrieving information off the Internet unless you can be sure it comes from a verifiable source. Although it does not make referrals, the Office of Alternative Medicine operates a clearinghouse which can help you locate information. For a small fee, the National Council Against Health Fraud Inc., can also provide you with extensive information about most treatments.
- 3.) Talk to other people who received the same treatment.** People who have been treated by alternative care providers say you should ask about the treatment, its effectiveness, and the practitioner. Try to locate people on your own through friends

or relatives. Asking your provider for references is probably not a good idea, since he will not knowingly refer you to a patient who has been dissatisfied.

4.) Ask your provider about his education, experience, licensing and certifications.

Many alternative treatments have national associations that could provide you with standards for people who practice in their field. If your provider is licensed by the state, the Professional and Occupational Licensing Bureau of the Montana Department of Commerce can tell you if you if he has ever been disciplined by his respective board. Nationally certified practitioners say you should keep in mind that the term certification may be used broadly. A person who has attended a one-hour training session and received a certificate may consider himself certified. Don't be afraid to get specific in your questioning.

5.) Pay attention to what your practitioner says and promises. Anything that sounds

too good to be true, probably is, says Dr. Isadore Rosenfeld, in his book, *Dr.*

Rosenfeld's Guide to Alternative Medicine. Be especially skeptical of treatments that might be emotional hot spots for you—such as for weight loss, baldness, or increasing sexual performance. Try to get specific information about how long providers think it will take to help you and how much it will cost. Don't continue going if you're spending money without getting results. You may want to check with several providers to see if costs are appropriate. Ask yourself if what the practitioner says is logical and think carefully. Many are very good salesmen. Because a provider may provide one news article that may support his course of treatment, don't assume it negates 10 previously published articles you have seen that state the opposite. Dr.

Rosenfeld says you should proceed carefully with any practitioner who is overly critical of “established” medicine.

Does it work?
Measuring alternative medicine's effectiveness is necessary, but no easy task

Phyllis Benbenek lived a health nightmare between 1980 and 1990.

In the 11 years before she moved to Montana she had four operations for hip and disc problems and spent much of the decade in constant pain. Doctors offered her drugs, but one after another the medications caused side effects that made them impossible to take. Vision problems. Numbness in the fingers. Heart problems. It became frightening.

Frightened and unsure where to turn next, she tried acupuncture at the suggestion of a neighbor. To her pleasant surprise it worked.

“Acupuncture is the only thing that relieved me,” she said.

Today, she willingly refers others to acupuncture and continues to use it herself to treat everything from the common cold to an eye disorder her doctor told her would require a cornea transplant. After acupuncture treatments designed to improve the circulation to her eyes, she says her vision has returned to the point it was before she began having trouble reading small print.

Benbenek is a believer. And she's not alone.

Countless people claim they have been helped or cured completely by acupuncture and other forms of alternative medicine. But although the anecdotal evidence is strong, scientific proof of the effectiveness of alternative medicine is often lacking.

As alternative treatments enjoy an increase in popularity, some people are leading a push to prove their effectiveness. Others say we may need to change the way we

determine effectiveness altogether.

Experts agree it's unwise to measure alternative medicine's effectiveness solely by patients' testimonials. Unless it can be scientifically proved, there's no guarantee a particular health problem has responded to a specific treatment, they say.

A patient may believe, for example, that his illness was cured by the herbs he was taking, but any number of explanations could be at play. The disease may have run its natural course. There could have been a spontaneous remission, as has sometimes been documented in conventional medicine. Perhaps the herbal treatment was a complementary treatment to traditional medicine that was actually responsible for the cure.

Some say that if a patient gets better it doesn't matter what caused the improvement. But for alternative medicine to gain the acceptance of conventional medicine, it will have to be supported by credible scientific evidence.

"We want to know what evidence they have," said Bela Scheiber, president of the Colorado-based Rocky Mountain Skeptics, a group with a Montana branch, that is often critical of alternative medicine's nonscientific nature. "It doesn't mean they're wrong or right. We ask them to prove it."

In 1992, Congress said the same thing. Through the 1992 National Institutes of Health Appropriations Bill, it created the Office of Alternative Medicine to help evaluate alternative medical treatments and determine their effectiveness. Iowa Sen. Tom Harkin, who claims his allergies were cured by bee-pollen capsules, led the controversial effort to establish the office.

Today OAM supports 11 centers for research into complementary and alternative medicine at universities across the country. The centers examine treatments for cancer,

stroke and neurological disorders, HIV and AIDS, pain, aging, addictions, internal medicine, asthma and allergies, and chiropractic.

OAM's budget last year was \$12 million – a mere fraction of NIH's proposed \$14.8 billion budget for fiscal 1999.

OAM sponsors a clearinghouse for information about alternative medicine and provides technical assistance to promising research projects in this country and abroad. It also identifies issues that will determine safety and effectiveness of various treatments.

Studies measuring effectiveness usually involve a double-blind trial, in which test subjects are randomly divided into two groups. One group gets the experimental treatment; the other gets a "sugar pill," or placebo—a treatment that by definition should neither benefit nor harm the patient receiving it.

Patients aren't told whether they have received the "real" or fake treatment. In an effort to keep their doctors' attitudes and expectations from influencing the outcome of the treatment, the doctors are not told either.

Sometimes patients who get the "fake" treatment respond as well, or better, than those who get the real treatment. The fact illustrates a strong connection between mind and body when it comes to healing. And it shows there's a chance that people who receive alternative treatments and claim they have been helped, improve just because they believe they will improve.

Alternative medical providers appear to be split on whether the patient must believe a treatment will work to get good results, but many agree that if patients believe a treatment will make them better, it probably will.

Some health care providers say that the placebo effect may be underused in medicine.

“I think that one of the things that we have discounted in our so-called civilized, or industrialized world, is the belief system that people have, and I think that makes a tremendous difference,” said Dr. Rita Cheek, interim assistant dean and Bozeman campus director of the MSU College of Nursing. “My perspective is the placebo effect is very important.”

That doesn't mean health care workers endorse treatments that really don't work just because patients think they do. A number of ethical issues come into play, especially if a patient spends money on a treatment that has no basis in fact. Because of that, the double-blind studies have even more importance.

In theory, the double-blind process should work well, but that's not always the case with alternative treatments. Often, the nature of the treatment makes it difficult for both the patient and the practitioner to be unaware of whether the treatment is “real” or fake.

In acupuncture, for example, the person doing the treatment would know whether he was actually doing a legitimate treatment. Even if he tried not to let on to the patient that the treatment was not real, there would be no way to make sure he didn't unintentionally influence the results.

Consequently, some supporters of alternative therapy say standards for effectiveness need to be re-evaluated for some types of alternative medicine. They argue that practices that have been in existence for thousands of years have already established credibility.

Even some traditional health care providers wonder how far to carry the burden of proof standard for effectiveness with some therapies.

“(Far) Easterners say if works, you use it; you don’t need all the proof,” said Carroll College Associate Nursing Professor Donna Greenwood. “In our society, people have to decide if we have to have proof of everything.”

And not everyone does believe you always need extensive proof. The World Health Organization, for example, recommends that regulatory agencies relax their standards for proof of effectiveness of “traditional medicines” used to treat minor problems.

But the question of how much proof is necessary isn’t the only debate. Another issue related to proof of effectiveness is the nature of the alternative treatment itself. Some alternative practitioners say conventional standards for determining effectiveness are designed to measure what effect some product, such as a drug, has on the body.

At a certain dosage, for example, a drug may help reduce a patient’s pain, even though it may not actually be treating the problem that’s causing the pain. The treatment’s effectiveness will be measured by how well it masks the patient’s symptoms.

Many alternative treatments, however, are designed to enable the body to heal itself, rather than introducing something into the body that will simply cover up symptoms, such as pain. It’s harder to measure the impact of that type of internal treatment, practitioners say.

Some say effectiveness of conventional treatment is a measurement of how much disease remains, while effectiveness of alternative medicine is a measurement of how

healthy a body is. Comparing the two, and holding them to the same standard, is like comparing apples and oranges.

Chiropractic is one example of an alternative treatment intended to make the body better able to deal with internal problems. Dr. Steve Mazur, a Missoula chiropractor, explains his profession like this: “It’s almost a philosophical belief that ... the body knows how to take care of itself. We’re not trying to force the body to do anything. We’re just trying to take any interference or obstruction out of the way so the body can do what it knows how to do naturally.”

For other alternative care providers, there’s a spiritual component to healing as well. Bruce Vish, who performs Reiki—the practice of laying on of hands to channel “universal energy” and promote health—says the component is a strong force in healing.

Some people, himself included, call the force God. Vish said he sees his job as helping people recognize that force. “It’s helping them to be able to open up to that, to be able to know that force,” he said. “I believe that that force is within ourselves. ... If we can tap into that, we can cure anything.”

The concept of God curing disease is beyond the realm of most science-based researchers. In fact, it’s scorned by some. For people who believe, however, it’s another example of how research standards for effectiveness are difficult to use in some types of treatment.

But beyond the theory of “if it works for you, it’s effective,” no one seems quite sure what new standards could be developed.

Still, as alternative therapies increase in popularity, studies on their effectiveness using current standards are becoming more common. Consumers should be able to find

objective evaluations of many treatments and they should ask their practitioners about proof of effectiveness before beginning treatment. But when looking at the studies, or lack thereof, and other information which may be offered in support of a treatment, it pays to have a healthy dose of skepticism.

For example, in November 1997, the NIH announced that an independent panel of experts had determined that acupuncture was a safe and effective treatment for nausea and pain. Some people thought the acceptance of one alternative therapy would raise the credibility of the field as a whole.

The following month, however, it was reported that critics felt the 12-member panel was biased. They said the panel included at least four members who already had strong ties to various types of alternative medicine and might personally benefit by endorsing nonconventional therapies.

Representatives of NIH stood by the panel's original findings and denied that bias came into play, but not everyone was convinced.

The controversy shows that debates about the effectiveness of alternative medicine are not easily resolved. Even money comes into play.

Despite OAM's funding for research into alternative therapies, many people with an interest in proving a particular therapy's effectiveness say money isn't widely available to fund studies. But sometimes, the money problem is even deeper than that.

The Food and Drug Administration, for example, requires that specific claims about a product's effectiveness in curing or prevent disease receive the agency's approval. Getting FDA approval can take more than 10 years and cost hundreds of millions of dollars, however.

If the product is made from natural ingredients, such as herbs, approval probably won't be sought. Since natural substances cannot be patented, companies are reluctant to prove effectiveness simply because of the cost involved and the fact that that cost cannot be recouped through patent rights.

Consequently, relatively few studies on the effectiveness of herbs are completed in the United States. Much of what is known about herbs has been learned through studies done in Europe.

Regardless of how much importance clients and practitioners place on proving effectiveness, they agree on this: As long as people think they're getting better from alternative medicine, the practice will continue to grow.

Therapists demonstrate strain between traditional and nontraditional medicine

To view the tension between conventional and alternative medicine in Montana, look to physical therapists and somatic practitioners, a broad category of alternative care providers that includes massage therapists and others who practice healing methods involving touch.

The two groups are attempting to test each other in the Legislature in what appears to be a turf battle. Although each side hesitates to be openly critical of the other, the controversy boils down to this: Somatic practitioners hint that physical therapists are threatened by competition from them that provides less expensive, alternative treatment, while physical therapists express concerns that somatic practitioners may be providing care they're not qualified to deliver.

Worried about cases in other states where massage therapists were accused of doing physical therapy without a license and ordered to end their practice, somatic practitioners want the Legislature to license them under the Montana Board of Alternative Health Care, a move they say will guarantee their right to practice in Montana.

"We're not really hyped on the idea of having regulation as a whole," said Deborah Kimmet, legislative spokesperson and lobbyist for the Montana Association of Bodywork and Massage Therapy. "What we are concerned about though, is our clients' right to come see us."

Physical Therapists say to protect the public, massage therapists should be

licensed. But the bill the somatic practitioners propose, making licensing voluntary and defining the scope of practice very loosely, doesn't do that. They say they opposed the bill because they were acting in the public's interest.

To understand the controversy, it's necessary to recognize the difference between the two professions. Physical therapists generally earn post-graduate college degrees following a course of study heavy in the sciences, particularly biology, chemistry and physics. Once in practice, they have been trained to evaluate neurological, musculoskeletal, cardiovascular and respiratory disorders. They use a variety of agents, including exercise, heat, cold, electricity and massage to promote health, relieve pain and maintain or restore strength.

Massage therapists generally don't have a degree specifically related to massage. Although some may have considerable training and employ some of the same practices to treat patients, their education usually isn't as structured and the scope of treatments they offer isn't as extensive.

Efforts to license somatic practitioners began in earnest just before the 1997 legislative session. Kimmet said massage therapists were licensed in the state between 1967 and 1981, but licensure was discontinued when the anti-regulation mood of the '80s left legislators feeling licensing massage therapists was unnecessary since they posed no danger to the public.

Under the proposed bill, licensing would be voluntary, meaning those who didn't want to be licensed wouldn't have to be.

There would also be two levels of licensure: State-licensed practitioners would be required to have more training and education and would be authorized to do more in-

depth medical work such as treating someone who had been injured in an accident; state-certified practitioners would have less training, but their work would be limited to treatments that are wellness-related and preventative, such as giving massages to increase oxygen and blood to the body's tissues to help eliminate stress.

Part of the problem with the system however, critics charge, is that when certified therapists overstep the boundaries of their certification and do work only licensed therapists should do, since a license is not required, there would be no way to discipline them. Their certification could be stripped, but that wouldn't stop them from practicing, only from being certified. As a result, they say, licensing doesn't protect the public the way it does with other professions.

Kimmet's group pulled its bill from consideration when it became apparent it did not have the support to pass. She said it was clear that the mainstream medical community, which opposed the bill, carries more weight with lawmakers

"To be real honest, we don't have very much political clout," Kimmet said. "The other professions that have been there for a while have had their own lobbyists for a while. We don't have the money to do that."

Citing concerns that he would be misrepresented, Richard Smith, president of the Montana Chapter of the American Physical Therapy Association, declined to be interviewed on the record about his group's involvement with the Somatic Practices Act. Instead, he requested that any questions be submitted in writing.

In an April letter, Smith was asked to address his association's specific interests in the Somatic Practices Act and whether his association viewed somatic practitioners as business competition. He was also asked to identify what specific concerns his group had

with the proposed legislation; specific criteria future legislation must have to meet his association's approval, and if physical therapists had any interest in limiting the number of somatic practitioners who could be licensed.

Smith later replied with a letter. Although the letter did not specifically address each question, it read in part:

“We feel that foremost, licensure should be mandatory, as it is with all professions in Montana, and not optional, as proposed by the somatic practitioners. Their proposal must include a defined scope of practice with educational standards which support that that scope. The public must be protected, and legislation must ensure that care is delivered safely and responsibly.

“While physical therapists and somatic practitioners have things in common, there are significant differences. Legislation must address these differences including educational requirements, scope of practice and standards of competency.”

Ann Williams, professor of physical therapy at The University of Montana, said there's no question that tensions between the two groups amount to a turf battle. But in her opinion, there are some legitimate issues involved.

Williams has no problem with people going to massage therapists if they're seeking to improve circulation or relieve stress. But she draws the line with conditions that require some medical knowledge to treat effectively.

She worries when people might go to a massage therapist following knee or shoulder surgery for example. If the massage therapist knows nothing about the condition he's treating, he may do more damage than good, she said.

Williams thinks roles need to be properly defined and massage therapists need to recognize their limitations.

Kimmet said the physical therapists offered their assistance in drafting a bill which would regulate massage therapists, but that bill would not have addressed other somatic practitioners, in effect, leaving them on their own in the battle for recognition. The somatic practitioners are committed to sticking together, she said.

She also said that although she cannot blame physical therapists for wanting to protect their profession, their desire to be involved in regulating another profession must be looked at critically. She speculates their real interest may be in developing a law which will assure somatic practitioners pose no competition for physical therapists.

Although she declined to comment on the role physical therapists may play in future legislation, her association intends to pursue a somatic practice bill in the 1999 Legislature. She anticipates it may take from four to 10 years to get an acceptable bill passed, so the group doesn't necessarily expect success next year. But Kimmet says they don't intend to give up because they want to protect the public's right to choose.

"Our expectation that we will get what we want is there," she said.

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