

Snake oil resurgence

Not since the 1930s, has the Nation witnessed such a repudiation of allopathic and osteopathic medicine and embraced snake oil salespersons of all sorts. The irony is that this occurs as there is tremendous support for accelerated investment in genetics, immunology and precision medicine - as witness by actions such as a passage of the 21st. Century's Cures Act.

Over the objections of physicians, government has been extending medical practice to those with less "precision" training as evidence by the expansion of the clinical scope of practice of nurse and other, e.g., optometrists, practitioners in the Veterans Administration and many states.

Lincoln Memorial University's DeBusk College of Osteopathic Medicine has initiated a two year, \$48,000 program for Physician Assistants whereby they will graduate with a "Doctor of Medical Science" – not a "doctor" but an "alternate doctoral level clinician" who will practice primary care in Appalachia and other underserved areas. If successful, they plan to explore specialty tracks. Rather than a state Board of Medicine deciding how to use and oversee medical clinicians, legislatures have begun to directly define their scope of medical practice. Under the ACA, once independently designated by states, federal reimbursements must be made.

Many state legislatures have declared raw cannabis a medicine and legalized its use over physician objections. Anti-vaxers have been successful in weakening non-medical vaccine exemptions in eleven states according to CDC, as recently reported by *STAT*. Government and insurance companies will reimburse non-physician "practitioners" for care physicians find of little scientific value with little oversight but require extensive preauthorization, second-guessing, review and disallowance of physician care services.

As reported by Julianna LeMieux in the January 19, 2017 edition of the *American Council of Science and Health*, Massachusetts has become the 20th state to legitimize naturopathy by forming a five member board (two naturopaths, one physician who works with them, one pharmacologist and one public member) to determine their "role" and define their abilities and limits. As the author avers, that is like appointing a cigarette regulation board with two smokers, a cigarette salesperson, a nicotine researcher and a random public member. Furthermore, the state defines their scope of practice by describing the types of exams, procedures and potions naturopaths can use "to return the body to normal physiological state".

I understand how a poorly trained physician shyster, Dr. John Brinkley, in the 1930's became a rich celebrity and politician (who lost the governor's race in Kansas by a few votes) by maiming gullible and hopeful men through replacing their testicles with those of young goats. Modern medicine was in its infancy and there were few private or government initiatives to protect the public, as Pope Brock describes in "*Charlatan*". Brock describes medicine's struggle to seek enactment of such patient protections but cautions that the same factors resulting in such harm nearly a century ago could happen again.

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As scientific knowledge expanded exponentially in the 1900s, medical societies became the major force behind creating public and private entities to safeguard the health of the public from the local to central level. This went far beyond defining rigorous education, maintenance of performance skills and the regulation of drugs and devices. With the vast expansion of science, ancillary service providers and skills, it also focused upon a population “system” for assuring access to timely, high quality, continuous integrated patient care - and eliminating and containing environmental and behavior stressors and threats - within communities.

Like a horror movie, in the last several decades these entities have not only expanded massively in number and complexity but often have turned on their creators, espousing from a central level – often linked with new public and private payer/reimbursement institutions – that they can assure the “system” functions as described. They cannot and do not but instead place costly – often duplicative – non-patient care demands upon practitioners while decimating the medical/ community arrangements that can assure “system” integrity. The result is “system” dysfunction and gaps. In turn, legislators often turn to any flimflam artist and huckster that promises to improve health status and delivery.

Each year Medscape publishes a survey of physician lifestyles. The 2017 edition centers on burnout and bias, broken down by age, ethnicity, specialty, and gender. Burnout in physicians has increased by 25% over the last four years. Over 55% of physicians in Emergency Medicine, family medicine, internal medicine and ob-Gyn (primary care) – young and old - report burnout and lead the list. “Too many bureaucratic tasks” is the leading reason for such burnout; moreover, these physicians are happy “outside work”, just not at work.

The unhappiness is expressed in terms of administrators and payers demanding enormous non-valued added paper work and challenging/ dictating patient care decisions. As a physician recently expressed on SERMO, a physician internet site, physician should not use the term burnout; it is a term used to blame individuals for deficiencies rather than looking at how the ‘system’ is deficient, dysfunctional and harmful.”

E.O Wilson in his book Consilience, describes how society moves forward in a circular process, noting that at times science gets too far ahead of public policy and it takes time for society to catch up. That is a possible explanation but there has been a constant escalation of our investment in science exploration and many individuals are rushing to try out new drugs, devices and diagnostic/therapeutic techniques before safety and efficacy has even been established. Lay – versus medical scientific -testimony (for instance, raw cannabis is harmless and cured my malady, a naturopath cured my Lupus after physician treatment failed) appears satisfactory for many legislators and citizens.

A group of self-anointed, wise ones have defined an alternate medical science reality and successfully enlisted the press and politicians to embrace their alleged wisdom. To promote the health of the public this needs to change.

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