

Third Session - Thirty-Eighth Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Social and Economic Development

Chairperson
Ms. Marilyn Brick
Constituency of St. Norbert

Vol. LVI No. 2 - 6:30 p.m., Monday, June 13, 2005

ISSN 1708-6698

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

Member	Constituency	Political Affiliation
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CULLEN, Cliff	Turtle Mountain	P.C.
CUMMINGS, Glen	Ste. Rose	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
IRVIN-ROSS, Kerri	Fort Garry	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
LOEWEN, John	Fort Whyte	P.C.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon.	Riel	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa, Hon.	Seine River	N.D.P.
PENNER, Jack	Emerson	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SCHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
SWAN, Andrew	Minto	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

THE STANDING COMMITTEE ON SOCIAL AND ECONOMIC DEVELOPMENT

Monday, June 13, 2005

TIME – 6:30 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Ms. Marilyn Brick (St. Norbert)

VICE-CHAIRPERSON – Mr. Doug Martindale (Burrows)

ATTENDANCE - 11 QUORUM - 6

Members of the Committee present:

Hon. Mr. Sale

Mr. Aglugub, Ms. Brick, Messrs. Derkach, Dewar, Eichler, Jennissen, Ms. Korzeniowski, Messrs. Martindale, Penner, Mrs. Stefanson

APPEARING:

Mr. Kevin Lamoureux, MLA for Inkster

WITNESSES:

Mr. Harry Morstead, Citizens for Choice in Health Care
 Ms. Darlene Bouchard, Manitoba Society of Homeopathic Physicians
 Ms. Shoshana Scott, Private Citizen
 Ms. Linda West, Private Citizen
 Mr. Ian Breslaw, Private Citizen
 Mr. Nathan Zassman, Private Citizen
 Mr. Perry Kimelman, Private Citizen
 Ms. Helke Ferrie, Research Co-ordinator, The Glasnost Group and Cos Publishing

WRITTEN SUBMISSIONS:

Ms. A. Florence Matthews, Private Citizen
 Mr. Methodius Kushko, Private Citizen

MATTERS UNDER CONSIDERATION:

Bill 207–The Medical Amendment Act

Madam Chairperson: Good evening. Will the Standing Committee on Social and Economic Development please come to order. This meeting has been called to consider Bill 207, The Medical Amendment Act.

We have a number of presenters registered to speak this evening as follows: Dr. Darlene Bouchard from the Manitoba Society of Homeopathic Physicians; Dr. Shoshana Scott, private citizen; Linda West, private citizen; Ian Breslaw, private citizen; Harry Morstead, Citizens for Choice in Health Care; Helke Ferrie, The Glasnost Group and Cos Publishing; Nathan Zassman, private citizen; and Perry Kimelman, private citizen.

Before we proceed with these presentations, we do have a number of other items and points of information to consider.

First of all, if there is anyone else in attendance who would like to make a presentation this evening, please register with staff at the entrance of the room. Also, for the information of all presenters, while written versions of presentations are not required, if you are going to accompany your presentation with written materials, we ask that you provide 20 copies. If you need help with photocopying, please speak with our staff.

As well, I would like to inform presenters that, in accordance with our rules, a time limit of 10 minutes has been allotted for presentations, with another 5 minutes allowed for questions from committee members. Also, in accordance with our rules, if a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters' list.

We have had a special request from one of our presenters, Mr. Ian Breslaw, No. 4 on the list. Mr. Breslaw has with him two presentations from other individuals who are not registered, but are interested in this bill, Florence Matthews and Fr. Methodias Kushko. Florence Matthews was unable to attend tonight. Ms. Matthews is unable to speak due to

* * *

illness. Mr. Breslaw has been asked to read these two presentations into the record for the committee's benefit and he is seeking the consent of the committee accordingly. Does the committee agree to this?

Hon. Tim Sale (Minister of Health): The normal process, Madam Chair, is to table them and we would be happy to have them tabled. I do not think we need to have them read verbally because any presentation that is tabled becomes part of the committee record. That has been our procedure in, basically, all of our hearings. So we are certainly willing to receive them and have them formally adopted into the record.

Mr. Kevin Lamoureux (Inkster): Just for verification, so they then would appear in Hansard as if they have been read, correct?

Madam Chairperson: Yes. Is this the will of the committee? *[Agreed]*

On the topic of determining the order of public presentations, I will note that we do have out-of-town presenters in attendance marked with an asterisk on the list. With this in mind, then, in what order does the committee wish to hear presentations?

Mr. Leonard Derkach (Russell): Normally, we hear the out-of-town presenters first, Madam Chair, but I have been asked by Ms. Helke Ferrie if she could present at the end.

Madam Chairperson: Is that agreed by the committee that we would hear out-of-town presenters first, with the exception of Ms. Ferrie, who has asked to be allowed to speak last? *[Agreed]*

I would like to inform all in attendance of the provisions in our rules regarding the hour of adjournment. Except by unanimous consent, a standing committee meeting to consider a bill in the evening must not sit past midnight to hear presentations unless fewer than 20 presenters are registered to speak to all bills being considered when the committee meets at 6:30.

As of 6:30 this evening, there were eight persons registered to speak to these bills. Therefore, according to our rules, this committee may sit past midnight to hear presentations. How late does the committee wish to sit tonight?

Mr. Sale: Let us hear all the presenters. I think that, given the numbers, we should just go through them. I do not expect that we will need to sit past midnight.

Madam Chairperson: Is that agreed by the committee? *[Agreed]*

Prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in committee. The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, whether it be an MLA or a presenter, I have to first say the person's name. This is the signal for the Hansard recorder to turn the mikes on and off.

Thank you very much for your patience.

Bill 207—The Medical Amendment Act

Madam Chairperson: We will now proceed with public presentations.

I would now like to call on Harry Morstead, Citizens for Choice in Health Care. Mr. Morstead, did you have copies of a presentation that you would like to circulate?

Mr. Harry Morstead (Citizens for Choice in Health Care): Yes, I do.

Madam Chairperson: If you would give them to the Clerk.

You can proceed, Mr. Morstead.

Mr. Morstead: Please excuse the unprofessional document that I am going to hand around. I did not have much time to get a presentation together, but I am going to be meandering a little bit and talk about the concerns our members have, and that, I think, applies to people in other provinces as well. First of all, our members, Citizens for Choice in Health Care, are not involved with any sale of product, growing products, nor do we get monetary returns for any of our services.

I am the director and past president of the Citizens for Choice in Health Care in Alberta. Our members feel that, as consumers of health care, it is our health and lives that are at stake and, as taxpayers, we help provide the livelihood for all

other stakeholders in health care, yet the patient appears so consistently to occupy the lowest rung on the ladder in the formulating of health care policies. Hopefully, on behalf of the patients, my small contribution will help the passage of Bill 207.

As our name implies, we wish to see more freedom of choice in medical treatment by the right condition and acceptance of a plurality of choice in medical modalities. As a first step towards such freedom, it is important that the first-line health care providers, our licensed medical practitioners, be released from the rigid control imposed on them by their colleges. Bill 207, under discussion at this meeting, should provide the physicians with a much-needed measure of freedom.

There is no question that mainstream medicine has a proven track record with its many fine advances in treating medical and surgical emergencies, bacterial infections and other health crises, but it has not been as successful at managing chronic degenerative disease, viral illness, allergies and autoimmune illness. These are exactly the types of problems that are so numerous among the aging members of our population and now appear to be creeping into ever-younger age groups. This trend is straining the system, increasing as years go by.

Finding efficacious treatments to deal with these chronic diseases seems, from the point of view of those suffering these afflictions, to be advancing at a glacial speed. It appears to us that it is high time to permit physicians to think outside of the pharmaceutical patent medicine box.

It is time that governments at all levels listened to the large segment of the public that is turning to alternative medicine treatments that must be paid for with tax-payable dollars. It is ineligible for tax credits and is burdened with GST. These people do not enjoy spending money in this fashion. They do it because they have lost faith in the conventional western medicine system. People turning to alternative treatments are not the ignorant, uneducated segment our medical system wishes to believe.

*(18:40)

A 1999 publication called *Current Review of Complementary Medicine* makes this claim, "Alternative medicine users tend to have above average income and education and are more likely to

engage in healthful practices. Users of alternative medicines are frustrated in their attempts to find treatments that best suit their conditions, through lack of research. Governments have turned research over to industry. Therefore, understandably, the pursuit of research into products that are unpatentable is a non-starter."

In order to encourage innovation, it appears to us that it is imperative that governments must provide research grants to investigate non-patentable medicines and treatments. Allowing physicians the freedom to be innovative could be the first step towards a better, less-costly health care system. We feel the emphasis must be patient-wellness centered rather than disease-control centred. This means the focus is on all aspects of life and health rather than just specific disease or health condition.

In order to stem the ever-increasing costs of traditional drugs and hospitalization, we must keep patients out of hospitals and on fewer drugs. We must seek advice from experts who can offer alternatives to high costs, high-technology procedures and treatments.

In the mid-1990s when Bill 209 was before Alberta, which is similar to this 207 here, Alberta provincial legislators and CCCF members and it was felt that it was of paramount importance that licensed physicians be allowed to treat their patients as dictated by their conscience when confronted with chronic illness. Where all approved medical remedies have failed, the doctor must have the right to discuss alternative treatment with a patient and, where indicated, refer the patient to an appropriate practitioner when it is clear such treatment will do no harm.

When a patient has suffered years of illness and pain without relief in sight, he or she should feel free to discuss alternative treatments with the primary doctor without being ridiculed or told such treatment is useless or scientifically unproven, therefore, dangerous. Hope is all patients have left. Taking this away from them is unconscionable. By loosening control over licensed physicians, there is a good possibility that innovative thinking outside the box may follow and funding made available for research into unpatentable remedies the pharmaceutical industry has no incentive to support.

In closing, I would like to suggest that there is a document here from the U.K. I do not know if you

are familiar with it, it is called "Influence of the Pharmaceutical Industry," and it covers a wide range. I do not know if all the members have seen it or read it. It is a very valuable document to have a look at. Thank you very much.

Madam Chairperson: Thank you very much, Mr. Morstead. Do the committee members have questions?

Hon. Tim Sale (Minister of Health): Thank you very much. I think your apology at the beginning was quite unnecessary. It is a very helpful presentation.

Are you from Alberta or are you from Manitoba?

Mr. Morstead: I am from Alberta.

Madam Chairperson: Mr. Morstead, I am sorry, you have to stay at the mike. There may be questions. If you do not mind, if you could just stay at the mike, please, because there may be questions for you on your presentation.

Mr. Morstead: I am terribly hard of hearing.

Madam Chairperson: Okay. I will try to be louder. Mr. Morstead, you need to stay at the mike because there may be questions for you? Okay?

Mr. Sale: You said you were from Alberta. Can you describe for us any changes that you are aware of in terms of how this issue has been dealt with in Alberta as a consequence of your Bill 209?

Mr. Morstead: We have not found that there were any terrible cases held against doctors for practising some unusual alternative medicines. At least we have not heard of it. Mind you, the physicians and surgeons do not always publicize what they do, but the only case that I have heard of is where there was a distinct misconduct by a surgeon such as sexual disorders or whatever. Other than that, we have not heard of anything other than that.

Madam Chairperson: Thank you very much for your—Sorry.

Mr. Leonard Derkach (Russell): Thank you, Mr. Morstead, for your presentation. Certainly, our hope is that this bill will pass through the various stages of

the Legislature, and by the end of this week we will be able to see this part of The Medical Act. So thank you for your presentation.

Mr. Morstead: Thank you very much.

Madam Chairperson: Mr. Morstead, we need to recognize you. Mr. Morstead, thank you very much.

Mr. Morstead: Thank you very much.

Madam Chairperson: The committee calls Dr. Darlene Bouchard from the Manitoba Society of Homeopathic Physicians.

Doctor Bouchard, you can proceed whenever you are ready.

Ms. Darlene Bouchard (Manitoba Society of Homeopathic Physicians): I would like to thank all the members of the committee for the opportunity to speak. I specifically wrote about what homeopathy was, but I would like to say that I am here on behalf of natural health, period. I would like to have the opportunity to put forward how important it is that alternative medicine be applied to different therapies like chiropractic. It should be a chiropractor with their training, a homeopath by their training, herbalist with herbalist. It should not be a regular MD practising alternative therapies.

The differences are easy enough to understand. What we would like to see being established right now is our Manitoba Society of Homeopathic Physicians, is to create a standard that there is a minimum of four years, looking at post-graduate courses and having the opportunity to further our education and to be part of the hospitals for education and giving the best quality care to the public.

Madam Chairperson: Thank you very much for your presentation. Are there questions for Doctor Bouchard?

Mr. Derkach: All I would like to say is thank you, Doctor Bouchard, for your presentation.

Madam Chairperson: Oh, just a moment.

Ms. Bouchard: I would like to also mention how I got started as a homeopathic physician. The reason being behind my education in getting involved in

homeopathic practice, we had trouble with our daughter and the conventional side was not able to help us. So we looked into alternative care, and basically we were told, when she was five years old, to try not to get attached to her. At that time, you start to search out, and I found homeopathic medicine. That is how I began my training. But I would like to say that now she is 16 years old, she plays hockey, and, thank God, for alternative medicine.

Madam Chairperson: Thank you very much for your presentation, Doctor Bouchard.

The committee calls Dr. Shoshana Scott, private citizen. You can proceed, Doctor Scott.

Ms. Shoshana Scott (Private Citizen): Okay. Can you hear me okay?

Madam Chairperson: Yes, we can hear you, but you do have to speak up just a little bit. If you lean into the mike a little, it helps.

Ms. Scott: Okay, good? Okay. I must confess that I am not merely a private citizen. I am also part of the Manitoba Society of Homeopathic Physicians. I am here today to speak because I felt it was important that I address this committee on this very important issue. I am also a citizen who has used alternative medicine profusely, so I felt that my double identity would not be such a misuse of the committee's time.

* (18:50)

First, I would like to congratulate the committee on their interest and excitement in this bill and also in their interest and excitement in involving homeopathic or alternative medicines into the medical system. I know that you are all here because you have an interest in that. I find that very stimulating and I am very, very grateful for the opportunity to address you today.

I am very excited that the medical profession is interested in alternative medicine and that they are willing to look outside the box at other things, things that work, rather than looking at things that are palliative or things that may not work so well, other things that work, looking at systems. Why are things like the medical system in India so darn good, right? Or France? Why are they good? I can see that the committee is interested in that kind of thing.

The only thing is that there has to be a stipulation with regard to the training of alternative practitioners. For patients' safety and quality of care, it is imperative that if doctors are prescribing alternative medicine, such as homeopathic medicine or doing chiropractic adjustments—I am sure that the audience and the committee can appreciate that with the wrong dosage of homeopathic medicines, or a mistaken protocol, people can deteriorate in their health very severely.

So I am here on behalf of the Manitoba Society of Homeopathic Physicians because we are very excited to collaborate with this committee and with the members who are willing to work with the medical system to be part of the process, planning and strategizing how to integrate alternative medicine into our system of health care. Obviously, all of these systems have a great deal to give, our regular medicare system and also systems like homeopathy. I earn my bread and butter by homeopathy. It is a private system of medicine and I am doing really well, you know. Our practices are all doing really well. We would not be surviving if it was not, obviously, that there is something that the public wants from us.

Homeopathic medicines are very gentle. There are all kinds of reasons why people want chiropractic care, homeopathic care, herbs, Chinese medicine. The thing is, we have to have qualified people to administer those things. If doctors want to be trained as homeopaths or as chiropractors, they just need to go through the regular training process that we all need, right? We do not want to be hockey players playing football. Do you know what I mean by that? It has to be the right care coming from the right provider. So our only interest is making sure that people are properly trained to use alternative medicines.

Ideally, in my opinion, with our current medical system, a multi-disciplinary, shared-care model could be a second alternative. For example, some clinicians attach a psychiatrist, a dietician, et cetera, to their clinic rather than expecting the doctor to have to do it all. I know that, for me, I have been asked to work in several different medical settings, and I am considering doing this. I know there are several doctors in this city who have homeopaths working with them, just like they have dieticians working with them. That way, the patient gets the right care from the right provider.

That is my message. Thank you very much for listening.

Madam Chairperson: Thank you very much, Doctor Scott. Does the committee have questions for Doctor Scott?

Mr. Kevin Lamoureux (Inkster): Yes. Doctor, you had indicated that you were a user. The question I have is if this alternative was not available, would you then have gone to prescription type of drugs? If the service that did provide for many of your clients currently, if that service was not available, is it safe to say that there would be more of a demand on prescription drugs?

Ms. Scott: I would say that the use of the medical system would not be altered. Okay, first of all, as a user, I had a brain tumour when I was 24. That is how come I ended up in this. I had surgery, which is considered part of all systems of medicine when it is indicated, and then my symptoms did not go away. So I was faced with a choice. Not all of them. Most of them went away, some did not, pre-diabetic type symptoms. It was a pituitary tumour, so I had some-telling my medical history to this committee but, briefly, some of the symptoms did not go away, and then I went for homeopathic treatment by accident and these symptoms went away, right?

So the process that was creating that tumour was not being addressed just by the surgery alone. It needed some form of medical intervention. I chose homeopathic medicine because it was safe. I was scared of the repercussions, possible death, of the other ones. I was nervous about that side effect. Possible death scared me. So I think that it scares other people too; 40 percent of Canadians are using some system of alternate medicine.

So I think that is affecting the sale of pharmaceutical drugs. I know that I have a small patient base. I cannot even say how many patients I have. I do not know, but between all of the homeopaths in the city, we have a large patient base. I would say that that does directly affect the sales of pharmaceutical medicines, yes. However, it also lowers the cost to our health care system.

Mr. Derkach: Doctor, do you have any idea in terms of percentage when you say it could save our health care system money, besides the obvious benefits to health, do you have any idea of what percentage of

health-care dollars could be saved through the use of this form of treatment by citizens in our province, a ballpark?

Ms. Scott: Catching on to you, eh? Cost-benefit analysis for homeopathy has not been done in Canada. For myself, I have asked patients to calculate the difference in their health-care dollars for kids with asthma and things like that, how much they have themselves had to spend on drugs. But I can say that in other countries such as India it is a huge cost benefit.

India is ill suited to provide the level of medicare that we have here, and yet, if you look at them, their citizens are a lot healthier than ours. Why? What is it about that? Now, of course, poverty is there and disease, those kinds of things. What I mean by that is the nature of their diseases is different. We have cancer. We have autoimmune diseases. They have quashacore disease. They have lipoprotein deficiency diseases. They have dysentery, typhoid. Those types of things, but they do not have the same level, especially, of these particularly severe diseases that we do. We have a different kind.

So I would say that alternative medicines have made a direct impact. Even Mahatma Gandhi said, "Use homeopathy in your system of medicine; it will save you money in the long run," and it does. It is cheap. My medicine is \$12 a bottle, and my profit is included in that. My charges are \$75 for an initial consultation. I spend an hour and a half with my patient, and that is the standard fee for all homeopaths at the moment. So they come back one or two times for one particular problem. Sometimes they come back six times. The testing required, they are always sent back to their regular physician for all medical tests and for follow-up and monitoring. So those costs cannot be avoided. We need those results. I need those tests to be performed. But unnecessary surgeries, the money can be saved there.

That is it, right? Okay. I am catching on to her.

Madam Chairperson: Thank you very much for your presentation. We appreciate it, Doctor Scott.

The committee calls Linda West, private citizen. Did you have a presentation you want to circulate to the committee members?

Ms. Linda West (Private Citizen): No, I do not. Sorry.

Madam Chairperson: You can proceed then, Ms. West.

Ms. West: Yes, and thank you for this opportunity to speak in favour of this amendment.

* (19:00)

As you may or may not be aware, approximately a third of Manitobans are already involved in alternative medicine. But, unlike Alberta, Ontario, British Columbia, our physicians who choose to operate and utilize alternative medicine are not protected by this legislation or the legislation that they have had. In all three of those provinces, it is interesting to state that they all came forth through a private member's bill just as this one is.

What is alternative medicine? It is absolutely a messy definition, and if you look to four or five sources, you probably would be able to extract several more definitions and that. It is really unclear as to what is in alternative medicine and what is in alternative medicine today may not be tomorrow. Acupuncture would be a good example where some would argue that it is an alternative medicine and some would argue that it is not.

So what we have also seen is complementary and alternative medicines appear in the curriculum now of regular med schools, and in fact, if you look to the European countries, you would see explicit courses in most of the European countries and in the United States. In fact, in Canada, 81 percent of the Canadian med schools in 1998, and that is the most recent number I could get, were also using some components of complementary medicine and therapies within their regular schooling programs. So we are already growing that way. We are already moving that way.

But, my experience in Manitoba, having tried for two specific patients to find a physician for them that was both utilizing the types of medicine that they found in med school and wanting to marry complementary therapies with it, I could not get physicians, at least not through the normal channel. I phoned the College of Physicians and Surgeons, spoke to several people there, and they could not point me in that direction. So you have to go underground and find somebody by word of mouth that could marry, in one case, Chinese medicine, and, in the other case, homeopathy, with

regular medicine. In both situations, the patients had specific disease modalities that they needed to have a marrying of the medications that they were needing to take for diabetes or heart disease and other issues that they had.

I am truly in favour of this. There will be therapies, and, in fact, all new therapies could fall into this, therapies that are experimental, non-traditional or depart from the prevailing medical practices. We have got to be able to utilize those in a safe, effective manner. The second part of that sentence provides that therapy has—unless it can be demonstrated that the therapy has a safety risk unreasonably greater than the prevailing treatment. So, if there is a prevailing treatment that is safer, the patient should have that. In any other area, would be just called best practice. You are choosing the practice, whether it is within traditional medicine or complementary therapies, that provide the patient with the least risk.

Those are my comments.

Madam Chairperson: Thank you very much for your presentation. Are there questions for Ms. West? Seeing no questions from the committee, I thank you very much for your presentation.

The committee calls Ian Breslaw, private citizen. Mr. Breslaw, do you have copies of the presentation you wanted circulated?

Mr. Ian Breslaw (Private Citizen): You will have to prompt, because I cannot hear.

Madam Chairperson: Okay, I will talk louder. Did you have copies you wanted to circulate?

Mr. Breslaw: Can you hear me?

Madam Chairperson: I can hear you.

Mr. Breslaw: Can I start to speak?

Madam Chairperson: Please proceed.

Mr. Breslaw: Thank you. Ladies and gentlemen, what I will talk about is money in relation to this bill. Approximately 50 percent of every provincial budget, and it is climbing, is dedicated to a universal health care system, notwithstanding that the Health ministry is only one of at least a dozen or more

departments in government, Education, social services, Northern Affairs, highways, Industry, technology, et cetera.

Obviously, this cannot continue, and that is why we are often lurching from side to side in our attempts to correct the situation. From private to public, a combination of the two, MSAs, one tier, two tier, three tier, I remember they had a Connie Curran come down from the States to look at our system and she said, "Really, it is run fairly well." The only great problem with the system, when I first attempted to introduce this bill, a Mr. Chomiak was the minister, and Minister Chomiak asked me to get him letters from doctors who had problems with the colleges and also from doctors who supported the bill. One doctor who had problems because of his use of an unconventional therapy was warned by his lawyer to stay away or the college would make trouble for him. He told me that, if he were younger, he would stand up and fight, but he could not take the financial risk at his age to have his licence pulled.

There was a doctor, I believe his name was Trethart, that came here to give a talk on a complementary health bill, was available to 60 percent of Canadians, but not here. And someone or another, I believe, the registrar of the college, heard about this talk and he was warned if he was ever to set up practice here, he would have his licence pulled. Both of these doctors and the methods they used had the potential to save this province millions and millions of dollars.

I was also asked if you hear from other doctors who would write Mr. Chomiak saying that they were in favour of the bill. I phoned them up and they were all gung ho. Yes, they liked it, and they were phoning me on their car phones and bothering me at night. All of sudden, I could not get hold of them anymore. I am phoning and they are not picking up the phone. I do not know what is going on. So I asked one of the doctors who purportedly did write to Mr. Chomiak—at least he told me he did; I have no reason to believe that he did not—and asked him, "Are these people afraid?" He said, "Yes, they are afraid."

I have a letter from a doctor who used a complementary method, and is used by doctors around the world, which apparently is many times more effective than the conventional and costs a fraction of the conventional treatment. In this regard,

in a social setting which I was privy to, there was a doctor there, and somebody asked him about this type of treatment. He hemmed and hawed, and he said, "Well, it is not proven," et cetera. Finally, the conversation went on. They were told that it was scientifically proven, very much scientifically proven, and the doctor involved that was using this had an international reputation. Finally, this doctor, who was at this social setting, finally admitted, "Yes, it is approved and it is scientifically proved and it does work." Then he blurted out, "If you get the college off my back," he said, "I would use it." This is a process that could possibly save this province millions, if not hundreds of millions of dollars, and this is only one procedure.

The bill does not allow a proliferation of quacks. You know, people were told there would be all kinds of quacks that will proliferate. It does not allow for the proliferation of quacks. It still allows the college to discipline its members and also allows those members to utilize these methods which, in their opinion, are more effective and less dangerous than the conventional. That is all.

The third thing I want to emphasize, it is not right that a citizen, whether he is a member of a professional body or not, not to have ready access to a judge or a judge and jury, to defend himself if he feels he is not treated fairly by his professional body. If something is not right, regardless that wrong results follow, I do not care what it is, in this case, the danger of having our health system implode, the purpose of this bill is to correct a wrong.

Ladies and gentlemen, I thank you very much.

* (19:10)

Madam Chairperson: Thank you very much, Mr. Breslaw. Are there questions? Mr. Lamoureux, and just if you do not mind, lean into the mike, please, then speak up.

Mr. Lamoureux: Thank you. Mr. Breslaw, I just want to acknowledge and give you my personal thanks. Quite often, as elected officials, we get lobbied from different interest groups. At times, you get individuals that bring a very good issue. I am a little bit more knowledgeable today as a result of the lobbying that you have done as an individual, and I see it as an issue that could be in the benefit for not only the end user of this alternative medicines, but

for the taxpayers. Everyone wins under this particular bill. I just want to express my appreciation in terms of bringing your thoughts forward to the committee. Thank you.

Mr. Breslaw: The college, the government, everybody, it is a win, win, win and nothing to lose, nothing to lose at all.

Mr. Derkach: I want to say thank you for your presentation, Mr. Breslaw. You and I have gone back and forth on the telephone for a number of months now talking about the stage of the bill. You have provided me with some excellent information. I want to say thank you for the effort that you have put forward in supporting and also encouraging the Legislature to move ahead with this bill. Thank you so much.

Mr. Breslaw: I would like to thank you. I would also like to thank the Minister of Health (Mr. Sale), who took the time and trouble to listen to these presentations. Thank you.

Madam Chairperson: Thank you very much for your presentation.

Mr. Breslaw: That is it?

Madam Chairperson: That is it, Mr. Breslaw.

The committee calls Nathan Zassman. Mr. Zassman, you can proceed whenever you are ready.

Mr. Nathan Zassman (Private Citizen): I want to thank the committee for working on this bill, and I also want to thank my good friend, Ian Breslaw, for inviting me here this evening.

I own a company that sells health products. On numerous occasions, medical doctors from Winnipeg have visited my store to purchase nutritional supplements, but they have told me that they are afraid to recommend these same natural products to their patients for fear of reprisal by the College of Physicians and Surgeons.

I personally know two Manitoba psychiatrists who would love to offer nutritional therapies to their patients. One has already, apparently, been warned by the college. Another prominent psychiatrist is very interested in using natural products, either as a primary treatment or a supporting treatment. This

psychiatrist consulted with me about nutritional protocols, but told me he wanted to check with the college before he started to use this approach. Apparently, a fairly high-up official with the College of Physicians and Surgeons has a cottage near this doctor's cottage, so we discussed the issue with him in a casual setting.

The fellow from the college that he spoke with told him that he could not do both types of treatments. He was told he either had to use drugs exclusively or nutritional supplements exclusively, but he could not combine the two. This psychiatrist has been in practice for over 30 years, has a family and, basically, does not want to take the chance that he could lose his ability to practise medicine in Manitoba, so he told me that he could not utilize a natural approach, although he sincerely wishes he could.

I am a member of the International Society of Orthomolecular Medicine, an organization that was founded 34 years ago, which is doing its best to educate the very conservative medical community that natural products can be effective in the treatment of many diseases. During the last annual conference, I met a psychiatrist from Finland. I had met this woman at the previous conference a year earlier, so I asked her if she had started to use some of the protocols and treatments using nutritional therapies for her patients.

This woman lit up with a wonderful glow when I asked her this question. She told me she had now successfully treated close to 30 patients, all without drugs, and all the patients are either fully recovered or with greatly improved symptoms without the terrible side effect of the drugs she used to prescribe. She told me that the natural therapies work wonderfully and much better than drugs with no side effects.

For those who say nutritional supplements are dangerous, I would like to quote Dr. Andrew Saul and say, "Where are the bodies?" Natural health products, such as amino acids, herbs, vitamins and other nutritional supplements, have an extraordinarily safe usage history. In the United States, close to half the population takes herbal or nutritional supplements every day. That is over 145-million individual daily doses for a total of over 53-billion doses annually.

The most elementary of forensic arguments is, again, where are the bodies? To try to answer this question, you may turn to the 2003 annual report of the American Association of Poison Control Centers' Toxic Exposures Surveillance System, published in the *American Journal of Emergency Medicine*. This report states that there have been four deaths attributed to vitamin mineral supplements in the year 2003. Two of those deaths were due to iron poisoning. That means that there have been two deaths allegedly caused by vitamins, out of over 53 billion doses. That is a product safety record without equal.

Pharmaceutical drugs, on the other hand, caused over 2000 poison-control reported deaths, including 13 deaths from antibiotics, 274 deaths from anti-depressants, 64 deaths from antihistamines and 162 deaths from cardiovascular drugs. It would be incorrect to state that only prescription drugs kill people. In 2003, there were 59 deaths from Aspirin alone. That is a death rate nearly 30 times higher than that of iron supplements. Furthermore, there were still more deaths from Aspirin in combination with other products.

Fatalities are by no means limited to drug products. You might find this interesting that, in the United States in the year 2003, there was a death from cream lotion makeup, a death from granular laundry detergent, one death from gun bluing, one death from plain soap, one death from baking soda and one death from table salt. Other deaths reported by the American Association of Poison Control Centers included two deaths from aerosol air fresheners; two deaths from nail polish remover; two deaths from perfume, cologne and aftershave; three deaths from charcoal; three deaths from dishwashing detergent and, interestingly enough, there were zero deaths from weapons of mass destruction.

In America in 2003, there were 28 deaths from heroin, and yet acetaminophen, Tylenol, alone killed 147. Although acetaminophen killed five times as many as those who were killed from heroin, few would say that we should say that we should make this generally regarded as safe over-the-counter pain reliever require a prescription. Even caffeine killed two people in 2003, a number equal to the two fatalities attributed to non-iron vitamin mineral supplements. Tea, coffee and cola soft drinks are not sold with restriction, prescription or in child-proof

bottles, and rather few would maintain that they need to be.

The No. 1 side effect of vitamins is failure to take enough of them. Vitamins are extraordinarily safe substances and drugs are not. There are over 106 000 deaths from pharmaceutical drugs each year in the United States, even when prescribed correctly and taken as prescribed. I know there are many doctors in Winnipeg that would be interested in blending nutritional and orthomolecular therapies into their practice, but many of these doctors remember past doctors who have lost their licence and had to leave this province to practise elsewhere, so their fear prevents them from approaching their craft in a holistic, natural way. As Hippocrates said, "As to diseases, make a habit of two things. To help or, at least, to do no harm."

Natural supplements are safe, much safer than prescription drugs. Their use would significantly lower the cost of health care, and improve the health and lives of Canadians. Thank you very much.

Madam Chairperson: Thank you very much for your presentation. Are there questions?

Mr. Jack Penner (Emerson): Thank you very much. I am certainly glad to hear your presentation. Could you tell us, in your view, what the College of Physicians and Surgeons might fear, by allowing this kind of medicinal use to be made, and homeo-therapy practice in the province of Manitoba?

* (19:20)

Mr. Zassman: I think it may be an issue of control and lack of control, perhaps. There always is the continual discussion of the relationship between traditional medicine and drug companies, and the loss of profits to drug companies, based on the prescription of natural products, as I was discussing with one of the gentlemen here earlier.

At a recent conference that I was part of, they talked about the fact that it is often in excess of \$400 per month in drug expenses to treat someone with a bipolar depression issue or schizophrenia, while some doctors have had equal or better success with \$20 a month in vitamins. Well, the government will pay for the \$400 a month in drugs, but they will not pay for the \$20 a month in vitamins.

Mr. Lamoureux: Mr. Zassman, I really appreciate the way in which you brought forward the statistics. Very informative.

My question to you is in regard to if you take a look at today's doctors in terms of medical profession, if you were to give us your best guesstimate, by the passage of this bill, what would you guesstimate would be a percentage of those doctors that might now feel the freedom has been lifted, now we can start doing this?

Mr. Zassman: That is a very disappointing. You are going to hear a disappointing answer to that question because I happen to be married to a doctor, and I have worked with many doctors on a professional level. I would guess that it would be less than 10 percent today are knowledgeable enough in nutritional therapies to utilize them in their practice. However, there is a growing resurgence of interest in this area, and I am hoping that perhaps with the freedom that doctors may have as a result of the hopeful passage of this bill, they will take a renewed interest and learn more so that they can start to utilize these therapies more frequently.

Mr. Penner: Just one further question to this. Other countries have been more receptive to homeopathic medicines and alternative medicines than Canadians have been. Other countries, I believe, have used probably significant training at the universities and other medical colleges to incorporate both.

In your view, those doctors that come from foreign countries to practise here, as has been the case in the latter part of a number of years now, do you think that those are some of the people that might be more receptive to using these methods than our home-trained doctors?

Mr. Zassman: Absolutely. While many doctors who are trained in other countries, and I can speak for my own wife who was trained as a medical doctor in Western medicine in China, they still emphasize more of an American-Canadian style of medicine at Western styles of medical schools in China and other European countries, but they do touch much more so on natural approaches than they do here. In fact, one point that was brought up at a recent conference I attended was that the average amount of time spent on training doctors on nutrition in medical school is about one hour.

Now, one other thing I would like to say is that there was—I am sure you probably read in the newspaper, just, I think, yesterday or the day before—there was an article in the newspaper talking about how the University of Pennsylvania and Tufts University and, I believe, one other university are now starting to integrate natural therapies into their standard medical curriculum, so you are starting to see this now.

Madam Chairperson: Mr. Derkach, you have 20 seconds.

Mr. Derkach: Oh, thank you. Is this just a North American phenomenon where a medical student spends so little time on natural matters, or is it a worldwide thing?

Mr. Zassman: I am not sure, but I think that it is especially so in North America.

Madam Chairperson: The committee thanks you very much for your presentation, Mr. Zassman.

Mr. Kimelman. The committee calls Mr. Kimelman. Did you have copies of a presentation, Mr. Kimelman?

Mr. Perry Kimelman (Private Citizen): I did not think I was going to speak tonight. I would just like to say hello from the underground—

Madam Chairperson: Mr. Kimelman, please proceed.

Mr. Kimelman: Thank you. I am a dentist; my brother is a physician. My brother went to medical school approximately, I do not know, 15 or 16 years ago. I was in dental school at the same time. He did not have one hour of education on nutrition. I had a little bit more, and you can imagine the types of discussions we have because sometimes he refers patients to me and sometimes I refer patients to him.

The cause of a headache is not an Aspirin deficiency. The cause of cancer is not a chemotherapy deficiency. I accept referrals from various medical specialists, and I take the garbage cases that doctors cannot figure out when it comes to head and neck, headaches, neck problems, et cetera. I have developed continuing education courses for physicians, chiropractors, physiotherapists, homeopathy people, many people.

I know that we need to have integration of our systems. Integrated medicine is a movement that is afoot everywhere except here. I have taken physicians at my cost to study models in Minneapolis, to tour hospitals of how they do it. The models are there. We have partial models here at Seven Oaks; I have spoken to the CEO there. I do not even know if 10 percent of the physicians are ready. It starts with training. I am aware of what they teach in integrated medicine at the medical school because I have helped teach the teachers there. We need to start with education.

I need to have more technology available to me to help physicians when they send cases to me. I look at health as this very large dartboard. You have many different little target areas: traditional medicine, Chinese medicine, chiropractic. Everybody is throwing darts. I need a system when I am looking at various technologies right now that I do on my own time in my office at my own dime seeing how to integrate, how to take a person from sickness to health. I am not just talking as dental patients, not as medical patients. I am not practising medicine. But medical doctors send all kinds of patients to me, and they expect me to give them answers when they cannot find the answers. It is not their fault they cannot find the answers. Medicine just gives you one small peephole view through the keyhole of what is going on in patients.

I encourage you people to think about the integration of the fields, to find people like me who are out there who have done tremendous amounts of study on this and who have gone out on a limb to try to help patients. I have sat on two years of peer review committee within my association, as an invited member, which means I am not some flake. They invited me to sit and adjudicate cases. What happens, I believe, as a health professional, is you get to a point where you know there are other ways that people improve other than the standard treatments.

I am concerned about a lot of things that I see in medicine: the desensitization of physicians, the desensitization of emergency room staff to patients. I feel terrible for physicians because, quite frankly, physicians have been put in an impossible position. "Doctor, make me better. Take the responsibility for my health." A doctor cannot take the responsibility for a patient's health. A patient can. It is a partnership. If somebody wants me to heal

them, I cannot do it. I can guide them. Doctor is teacher, not healer. If you want to see a healer, that is a whole other ball game, and the Rainbow Room is a place at the Health Sciences Centre where you can do that type of thing.

For now, what I am saying is the underground is here. We need support. Help us build an integrated medicine clinic where we do research on your behalf to test out what is most economical for this government. We have issues here. We have obesity. We have MS. We have various serious illnesses, cancer. I can tell physicians that if I had the power would be coming up here to talk.

I can tell you about Dr. Jarir Kouzi who is an oncologist associated with Yale University, with Bridgeport, Connecticut hospital, who is a homeopath who is using very new ideas in reversing and treating cancers. But we do not know about it here. Why? Because nobody seems to care. There is just not enough awareness. I would bring these people under the auspices of an integrated medical association to Manitoba to talk to CancerCare. We know who is doing what in the world and where the successes are. This is not new information, but we need a support system from you to make that happen. Thank you.

* (19:30)

Madam Chairperson: Thank you very much. Are there questions for Mr. Kimelman?

Mr. Derkach: You said your brother is a doctor as well?

Madam Chairperson: Mr. Kimelman, sorry, Mr. Derkach.

Mr. Derkach: Thank you. Has your brother also practised natural medicine or—

Madam Chairperson: I am sorry, you just have to wait for me to recognize you.

Mr. Kimelman: No, he has not.

Mr. Derkach: Is that because of fear of reprisal from the College of Physicians and Surgeons, or is that just because he is not interested in that?

Mr. Kimelman: I think there is more than one reason. I do not want to speak for him on this, but I

would say this: He is a very conscientious doctor. He would not want to prescribe something that he is not trained in. I do not know if you realize patients do not take their medications. I do not take my medication sometimes. When I need to take a prescription of antibiotics, it is hard for me to finish the sixth and seventh day, and I am pretty conscientious. My brother and I have had many discussions about this, and he says, "Perry, if I am going to prescribe a vitamin, how do I know what I am prescribing?"

So what we need to do is co-operate. We need to study this. You know, this takes training. This is a co-operative effort between the medical school, the medical profession, chiropractic profession, the dental profession. It has to be done professionally and responsibly. The studies are out there. You need to go and review and do your own homework on this, provide a model for it which is already out there and study it and then implement it in a responsible way. You will find doctors and dentists and all types of people will come forward when the model is there.

Mr. Derkach: Thank you.

Madam Chairperson: Thank you very much. Mr. Kimelman, you have to come back for just a moment. Sorry.

Mr. Penner: Can you tell us why you might think that our physicians today have such a fear of the College of Physicians and Surgeons?

Madam Chairperson: Mr. Penner, you just have to come into the mike a little bit. I apologize. If you could ask your question one more time into the mike. I am sorry, we could not hear you back here.

Mr. Penner: I wonder whether you might be able to tell us why our physicians have such a fear of the College of Surgeons and Physicians.

Mr. Kimelman: If they can read history, that is all they need to do to have that.

Madam Chairperson: Thank you very much. Seeing no other questions, the committee thanks you very much for your presentation.

The committee calls a Ms. Helke Ferrie, from the Glasnost Group and Cos Publishing.

Ms. Ferrie, you can proceed whenever you are ready.

Ms. Helke Ferrie (Research Co-ordinator, The Glasnost Group and Cos Publishing): Thank you. Beware of people from Ontario bringing you gifts. I have a complimentary copy for each of the committee members of a book I just published.

In 10 minutes, it is impossible to address the issues that are involved in your health freedom bill and you might find this entertaining. The last three sections deal with all the issues that came up in Ontario when we were trying to pass, and we succeeded in passing, what we would call the Kwinter bill, because it was named after the MPP Monte Kwinter, who initiated this process.

I am not from Manitoba, so my role is more to give you a little bit of background in our experience with this type of health freedom bill because the question that will, no doubt, be in your minds is, "If we do pass this into our law, what effect will it have?"

I am not going to waste time on my CV. I put that in there in order to give you an opportunity so that you find out who I am, but, basically, I am a publisher of books of medicine. I am an investigative reporter. I have spent the last eight years working in, basically reporting on medical science and particularly the politics of medicine.

The Glasnost Group is intentionally named after Mikhail Gorbachev's concept of glasnost, which is openness and transparency, and which became well known in the West when the Soviet Union collapsed. There is an analogy here because modern medicine is, quite literally, collapsing.

I would like to draw your attention to something that absolutely blew me away. I am used to a lot of skulduggery, so if I get upset it must be pretty bad. This book, *On the Take*, is written by Dr. Jerome Kassirer, who is the editor-in-chief of *The New England Journal of Medicine*. *The New England Journal of Medicine* is, as you no doubt know, probably the world's most respected medical journal. It is sort of unassailable. He has come to the conclusion that the entire structure and the actual care and therapeutic modalities of modern medicine are ineffective, dangerous, not based on proper science and loaded with corruption. I would not have

dared write anything as strongly worded as he has done. To have that from the editor of a journal of that stature requires attention.

Some of the questions that were brought up or points that were made by previous speakers skirted around this problem. Just most recently, you heard the dentist gentleman saying that a headache is not a drug deficiency. That is precisely the problem.

Our health freedom bill had an interesting genesis. Monte Kwinter, the MPP at that time in opposition when the Liberals were in opposition and the Conservative government was in power, was interviewed on a radio show which had absolutely nothing to do with medicine. The gentleman who was interviewing him was a certain Dr. Jerry Green. He did not know this person was a doctor. During the intermission when there was an ad being used on the radio, he mentioned in passing to the MPP that he had lost his licence and was no longer practising medicine and was doing radio.

So Monte Kwinter asked him why, and the upshot of it was that he had lost his licence in a disciplinary hearing conducted by the College of Physicians and Surgeons of Ontario because he had used nutritional advice of fairly broad range in addition to standard medicine for cancer patients. He had particularly advised them to drink carrot juice and take in very, very high doses of beta carotene. This was consistent with the research at Harvard Medical School which had shown that cancer can, in fact, be reversed in many cases through beta carotene which, when it is given in very high doses—and there are a number of Lasker Prizes and one Nobel Prize involved in the discovery of how that actually works. But the scientific evidence, which was from the highest level, which was reported in things like *The New England Journal of Medicine*, was not sufficient to stop him losing his licence. It is on record. All you need to do is go into the Web site of the college, and you will read how Dr. Jerry Green lost his licence.

Monte Kwinter decided that something had to be done about it, and the result eventually was the Kwinter bill. I was involved very intimately. I would say it was close to a full-time job in the work that went into that.

In the year 2000, when the Kwinter bill was almost law, a Supreme Court case came up which

had to do with administrative law. It had to do with Dr. Shiv Chopra and the bovine growth hormone scandal, and he was in trouble with the law, as it were, because he had spoken to the public on the fact that our food was not safe. When the Supreme Court decided that administrative law, which governs civil servants, doctors, lawyers and so on, as groups unto themselves, the administrative law could not override the needs of the public, we went to work and formed the Glasnost Group. This is a group of several medical organizations and several patient organizations because we saw the significance to medicine.

* (19:40)

We asked the government to do an investigation of the college, which was done by the KPMG outfit, which I am sure you are aware of. It is one of the largest in North America. The main person in charge of it was Margaret Somerville, who was an ethicist, a medical ethicist at McGill. The upshot of this report was that the college was out of touch with medicine, out of touch with science, out of touch with patients, out of touch with the modern world. It had a tremendous impact, because that really brought the Kwinter bill to the front, and it was passed. That report, if you wish, you can download from my Web site and the details are given.

The problem is that there are a number of major problems which we do not have the time to address, but what would the benefits be? In Ontario, it was necessary to challenge, to actually prove that the Kwinter bill has the effective law in more than 30 cases of doctors who were persecuted for, and I am using this word intentionally, who were persecuted for using alternative methods of treatment which are in the scientific literature and in the flagship journals. More than 30 of them went through court. All of them were won and the college lost them all, so that now the college has taken the approach that they would prefer to have a judge sit in the tribunals over these cases instead of doing it all on their own. They have also decided no longer to issue guidelines for practice because a guideline, according to the judgment of the American and Canadian medical associations, in any type of practice is outdated within a year of its publication because of the rapid advance in medical science.

For us it has been a great boon because many doctors have now been able to take the training. The

Canadian Medical Association has done an eight-part series of training which is published, and I gave you the copies to look at in your handout, an eight-part training series so that doctors can learn, particularly about environmental matters which cannot be treated with standard drugs and standard therapies. We have had two conferences now by the Canadian and Ontario medical associations respectively. There has been a great explosion of learning on the part of those doctors who never even had a chance to question whether they were practising medicine that was really in accordance with the scientific material because they were always going according to the guidelines.

Perhaps I should leave you to ask some questions because there is so much to talk about.

Madam Chairperson: Thank you very much. Before I recognize Minister Sale, Mr. Derkach.

Mr. Derkach: I was just wondering if the committee would give leave for Ms. Ferrie to continue with her presentation so that she could conclude it. I note that Ms. Ferrie has travelled from Toronto, I believe it is, to be here with us this evening. I am wondering whether there could be leave from the committee to allow her some latitude to complete her presentation. In addition to that, I was wondering if we could agree to have this entered into the Hansard in terms of the presentation as well.

Could I suggest that we allow for an additional 10 minutes for Ms. Ferrie to complete her presentation?

Madam Chairperson: Is that agreed by the committee, an additional 10 minutes? Just so the presenter is aware, you still have a minute and a half remaining, so that would give you 11 and a half minutes. Is that agreed by the committee? *[Agreed]*. You can continue now.

Ms. Ferrie: Thank you. I had mentioned that we had to actually continue in court. The reason for this was that many of the doctors' cases, who had been persecuted for practising, in addition to standard medical interventions, complementary medicine, they had started earlier.

For example, the case of Dr. Jozef Krop lasted in the disciplinary process of the CPSO in Ontario 14 years, and cost the CPSO \$4 million. It cost him

almost \$2 million, which was all raised by public funds. So, by the time a case like that is finished and then goes into appeal and so on and so forth, it takes a long time. We had a number of precedent-setting cases of which the most important was the Brett case, which was actually a chiropractic situation, but it is under the same law with us. By the time we had all these precedent-setting cases and by the time we had the appeals beginning in court, the Kwinter bill began to be the instrument by which it was possible to address the question, "Are the patients harmed?"

Every single case of these doctors who gave rise to the Glasnost Group, gave rise to our efforts, did not have a dead body to account for, did not have a surgical mishap, a medical mishap, a therapeutic mishap, where a defence was necessary to indicate that, "Hey, you did not really do what should have been done and what is considered to be a standard of practice, not at all."

In one case, of an asthma doctor, who is highly qualified, Dr. Sukhdev Kooner, from Windsor, and Windsor has the highest asthma rate in Canada, 1500 patients went before the college demonstrating and demanding that this case be immediately stopped because they had all been cured of asthma. "Cure" is a four-letter word in anything that sets a standard forever and ever. It became very, very dramatic. In some of the doctors' cases, we had patients who came and demanded to testify in front of the college how they had been helped and how their impossible situations had been turned around by the care that they had been given. That is the first thing. There were no mishaps. There were no maltreatments. There was no negligence. There was an alternative approach to a hopeless-appearing case.

The second thing that was equally important was that the substance on which the behaviour of the doctor was based was based on mainstream, double-blind, placebo-controlled studies. So, in the Krop case, for example—I was the technical research assistant in that case throughout the entire defence—the college did not feel it was necessary to present even one item of scientific research to support their allegations, their charges. He, in his defence, presented 123 double-blind, placebo-controlled studies from the mainstream literature in support of each and every single allegation.

The supreme irony of the case was that it ended with a conviction which was appealed. It ended with

a conviction on June 19, 1999. The conviction was that he was found guilty of treating multiple chemical sensitivity and diagnosing it. On that same day, Johns Hopkins University published the International Consensus Statement on MCS, on multiple chemical sensitivity, and he was one of the signatures. The journal that Johns Hopkins co-publishes with Harvard University is one of the standard journals in medicine. So, on the same day that the college, sort of like in the Galileo story, decides that, no, the Earth will remain in the centre of the universe and MCS does not exist—on that very same day, you have the international medical community of the highest calibre—because to this date Johns Hopkins is considered to be the best medical teaching college in the world—decided that not only is it a real disease, but it must be treated and so on and so forth, and the standard for it was set.

This gives you a feeling for the kinds of problems that are involved in a situation where administrative law says we are going to take care of our own group and we will set the standards. To put it very bluntly, the college of physicians and surgeons anywhere in the world is not in charge of medicine. They are not even in charge of medical practice. They are in charge of handing out licences. They are in charge of making sure that the doctor actually is trained properly and so on, but they are not in charge of medicine. Medicine is an international movable feast that changes very rapidly. That is based on observations and successful treatments with patients. It is the college's duty to meet that fact with absolute humility. Unless you pass this bill and make it part of your law, that humility will never enter their heads because that is just the way it works.

You have to remember that most of the western world, or I should say most of the industrialized world, does not have colleges. If a doctor does something wrong in Germany, for example, it is either assault or negligence of some kind, and he goes to court and he is treated accordingly. But there is no other body of doctors that has anything to do with it. Everybody calls the experts and so on and so forth. When I interviewed someone in the German government in the Ministry of Health about their success with alternative medicine, they were aghast that there was such a thing as the College of Physicians and Surgeons. They could not understand the rationale. I said, "Well, this goes back to empire where, you know, you had to find out whether the

people who came from God knows how many countries into North America, actually did have the qualifications that they said they did. So there is a history to it which is now obsolete."

* (19:50)

As a final remark, I would like to point out I did not put that in there because it is in German, and I do not think anyone here reads German, or maybe somebody does. You do? Oh, great. Anyway, this is an *Abschlussbericht*, meaning "a final report," which was ordered by the Ministry of Health of the federal government of Germany and was published in 1999. It was ordered from the University of Leipzig, which is a big medical school there too, to investigate over a five-year period what happens when people are treated with alternative medicine according to the standards of the flagship journals, not according to separate disciplines, such as Vedic medicine or Chinese medicine, or homeopathy or naturopathy, all of which have their own traditions, but according to what is now part of the medical research in our Western model.

What happens when they are allowed to use all of these modalities? So they had measures like, how often did they use the system? How often did the patient use the system? Did they use it again after some time? In other words, did they get sick and come back? How much did it cost, the entire procedure, and so on? The result was that they extrapolated from it that it would save the German Ministry of Health so many billions of marks that they immediately opened four more hospitals after the first experimental one.

Now, they also have their problems with standard medicine and with all sorts of skullduggery, which is simply part of life, but the point is that here is a report that has evaluated this. The same thing was done in the state of Utah, where they decided that the insurance system which is—obviously, they do not have medicare in our sense. The insurance systems decided to give people the choice: naturopathy, homeopathy or standard medicine. Then, afterwards, they decided they had to find out what was the most cost-effective and what was also the best for the patient.

As it turned out, for every single man, woman and child who was insured with these particular insurance companies that were in this project, they

were going to save, every year, \$1,200, and they did not go back, because the four-letter word came in, they got cured in most instances, as you have heard from two homeopathic doctors. If you wanted to have the information on how, on a political level, this kind of freedom works, it is available, and if you want me to help you find it, I will gladly send it to you.

It is a matter of saving money, because it works when you give the patient a choice. That is not to denigrate the effectiveness of what standard medicine has, in fact, done. If you go out here and have a massive car accident, surgery has reached such fantastic levels of success that it would be idiotic not to respect the immense advances that modern medicine has made there, but if you get cancer or multiple sclerosis, you become a huge liability to the system, your life is on hold and, of course, you will probably die from the treatment.

This is, by the way, something that this fellow says, our editor of the *New England Journal*, "If you leave people under the cancer diagnosis, do nothing; they will have a decent quality of life and live two years longer, on average, whereas if you do all the heroic interventions, which are chemotherapy, radiation and surgery," cut, burn and poison, as he puts it, "they will have a very miserable time and not live nearly as long." This is pretty hard-hitting stuff coming from someone of that calibre. I could give many more examples. That is why I gave you a copy of my book, and I hope you will enjoy it. Do you have any questions?

Madam Chairperson: Thank you very much.

Mr. Sale: I thank you very much. It is not often that a bill in Manitoba attracts people from Alberta and Ontario. Thank you for coming to the centre of Canada. I have appreciated the information that you have provided. I think that we view what you are saying with a great deal of respect, so thank you for coming.

I do not really have a question. I will say that I have read Doctor Angell's book. I think he teaches at Harvard. Is it Harvard?

Ms. Ferrie: Angell was the assistant editor of the *New England Journal of Medicine* for 19 years, and she published a book called *The Truth about the Drug Companies*. Her advice at the end of the book

is if you are prescribed a drug you should always ask your doctor, "Did you get the information from a drug representative, or from the medical journals?" If the answer is from a drug representative, fire the doctor.

Mr. Derkach: One of the concerns is that, if we allow this piece of legislation to go forward, then there could be an issue with doctors practising or attempting to practise this form of medicine, without having the adequate training. Is that a fear, or is that a reality that you have experienced in provinces that have adopted this legislation?

Ms. Ferrie: I have knowledge of what happened in Nova Scotia and Alberta and British Columbia and Ontario when this type of legislation came about. I am sure that no matter what law you pass there will be some people who are crooks, so it is not possible to come up with something that will address all of your concerns even though they are all legitimate. However, my experience with the doctors who were involved in our Glasnost Report that only 12 of them in there discussed for reasons of space because they were so particularly clear, and we had legal opinions showing that it was obstruction of justice on the part of the college.

Our experience with doctors has been that they go out of their way to get the training and then are told you may not use it. So we have a pain doctor like Dr. Frank Adams who is one of the most greatest experts in pain management in the world who was, my God, by the time you go through his CVs, it is incredible, but because he was not practising according to the guideline of the college even though he had made all these discoveries and was in all the textbooks and had written textbooks and whatnot, he was not allowed to do it. These are highly trained people; Dr. Jozef Krop is a fellow of the American Academy of Environmental Medicine as well as a fellow of the Pan American Allergy Association. He had gone out of his way to get all of this kind of information and his training in the fellowships to be able to practise this way.

Doctor Kooner, whom I just mentioned, the asthma doctor, was another case in point. One of the most startling ones was Doctor Smith, who committed suicide. Four of these doctors committed suicide while they were under investigation. Doctor Smith went so far as to learn Chinese, go to China, learn how to do acupuncture and learn Chinese

medicine in the traditional Chinese medicine teaching university. I think it was Shanghai, but I am not sure. At any rate, he came back, wrote a report for the Canadian Medical Association on the superiority of treating pain with acupuncture being an expert in it, and then was put into discipline. The end result was suicide, which is a terrific story. It is in the Glasnost Report and it is also in there. I put it into my book.

So the experience has been that the doctors go to learn more. It is the cream of the crop that is being persecuted and the hold that system has on medicine that says we set the guidelines, and you do what we say stops innovation and it stops research.

Mr. Derkach: Just sort of a final comment. I want to thank you very much for travelling all this way to make your presentation. It certainly has been a very enlightening one. Thank you very much.

Madam Chairperson: Ms. Ferrie, just stay at the mike please.

Mr. Lamoureux: Very quickly, can you indicate to us in terms of have you seen a growing percentage of doctors now using it since Ontario has accepted the legislation of a similar nature, and just very briefly comment in terms of the number of doctors in that area, has it grown in itself?

Ms. Ferrie: Yes I can be somewhat specific about that. Your handout has in it the cover page of the six editions of the CMAJ, the *Canadian Medical Association Journal* that published a total of eight, and I was in a hurry because I was told on Friday and I could not find the other two. The fact is that the Canadian Medical Association, the Ontario Medical Association have now felt freer to also proceed with teaching courses, and, as a result, more doctors are involved. So there is a section in the Ontario Medical Association, this is the section for alternative medicine, and there are about 300 doctors. They would not even give out the numbers or the names of those doctors to the public for fear of reprisal. It would be equivalent to a secret society until the Kwinter bill. Now you can phone them and find out, and there are about 400 there. But then you also—

Madam Chairperson: I am sorry, Ms. Ferrie, I am going to have to ask you just to have your concluding remark.

Ms. Ferrie: There is also a lot of overlap with chronic pain and many other disciplines, gastroenterology, rheumatoid arthritis and so on, so you do have a great increase, in my experience, over the last five years.

Madam Chairperson: Thank you very much for your presentation.

* (20:00)

Excuse me. I am sorry. That concludes all our presenters, but I just would like to make one comment for the members who are here from the public. Just so you are aware, as we proceed, there can be no participation from the public in terms of our further proceedings. Thank you.

That concludes the list of presenters I have before me. Are there any other persons in attendance who wish to make a presentation? Seeing none, that concludes public presentations.

* * *

Madam Chairperson: We will now proceed with clause-by-clause consideration of the bill.

Does the sponsor for Bill 207, the honourable Member for Russell, have an opening statement?

Mr. Derkach: Just very briefly, Madam Chair. I want to begin by thanking all of the presenters who came out this evening and especially those who were from out of town and travelled long distances to be here.

It is not often that a member of the opposition can have a bill come to this stage in the Legislature. This is the committee stage, and it is one that usually takes a lot of effort, both on the part of the sponsor of the bill and also on the part of the government who have to accept that bill in its form. To that extent, I also want to say thank you to the Minister of Health and to the former Minister of Health, Mr. Chomiak, who both were very much aware of the content of this bill. I understand that Mr. Sale does have an amendment, one that I can support, and it will see this bill through to the next stage, which is the third reading and concurrence that will be brought back into the House.

So, with that, Madam Chair, I think I can now allow Mr. Sale to bring forward his amendment.

Madam Chairperson: We thank the member. Does the representative from the government wish to make an opening statement?

Mr. Sale: We are quite pleased that this bill has come forward to this stage in the form that I think the member from Russell and I have discussed it as one that we will support, and I think we will all support unanimously, I hope, although I have not heard from the Liberal Party.

I think that the struggle that we all have is balancing the desire for a system to evolve in a reasonable way with the safety of patients in the system. So we all accept the need for professions to regulate themselves. At the same time, we also know that, historically, sometimes they tend to not be very tolerant of new ideas or new procedures. So I think that this bill finds the appropriate balance between stopping progress in terms of new procedures and new complementary therapies.

I am rather not pleased with the term "complementary therapies." It still makes it sound as though they do not have the same dignity as allopathic medicine might have, but it seems to me that where our medical education, health education is going is the direction that Mr. Zassman spoke of, and that is finally trying to recognize that there are many paths to health and many sources of wisdom about health. We have to figure out how to have education of those who would be enablers of health to have that education in a way that respects all of those different kinds of traditions and recognizes that, in fact, the vast majority of allopathic medical practices have not been subject to double-blind placebo studies either. So finding the right balance is a tricky thing, but I believe this bill does that.

We do have an amendment which has been discussed with the honourable member from Russell, and I believe with that we can probably proceed to the bill and agree on its passage.

Madam Chairperson: We thank the member.

Mr. Lamoureux: Madam Chair, may I just have leave to give comment on the bill?

Mr. Chairperson: Is there leave for Mr. Lamoureux to make comment? *[Agreed]*

Mr. Lamoureux: Thank you, Madam Chair, and thank you, members of the committee. I did want to start off by just extending compliments first and foremost to the individuals and groups who saw fit to advocate on behalf of this issue and, secondly, to the Member for Russell for being bold and patient enough in terms of persisting on the issue, because it is an important issue for all of us, and to the Minister of Health. You know, we are in a unique situation. We are in this situation because the minister has ultimately seen the merits to this bill and is allowing a private member's bill to go through. So I tip my hat to all those individuals. This is a bill in which we are very supportive of and look forward to its ultimate passage. Thank you.

Madam Chairperson: We thank the member.

During the consideration of a bill, the enacting clause and the title are postponed until all other clauses have been considered in their proper order.

Shall clause 1 pass?

Mr. Sale: Clause 1 is, in fact, the only clause, if I am not mistaken. So what is Clause 1?

Madam Chairperson: Clause 1 is The Medical Act is amended by this act.

Just a moment, I will go back again.

Clause 1—pass. Shall clause 2 pass?

Mr. Sale: Madam Chair, we would like to amend. I would move, and I believe the honourable member of Russell is prepared to second, but I will let him speak for himself in that regard,

THAT the proposed clause 36.1, as set out in Clause 2 of the Bill, be replaced with the following:

Non-traditional therapies

36.1 Despite section 36 and Parts VIII to X, a member shall not be found guilty of professional misconduct or of incompetence solely on the basis that the member practises a therapy that is non-traditional or departs from the prevailing medical practice, unless it can be demonstrated that the therapy poses a greater risk to a patient's health or safety than the traditional or prevailing practice.

Madam Chairperson: The motion is in order. It has been moved by Minister Sale

THAT—

An Honourable Member: Dispense.

Madam Chairperson: Dispense.

The motion is in order. The floor is open for questions.

Mr. Sale? No? Mr. Derkach? No?

Seeing no questions, shall the amendment pass?

Amendment—pass; clause 2 as amended—pass; clause 3—pass; enacting clause—pass; title—pass. Bill as amended be reported.

The hour being 8:10 p.m., what is the will of the committee?

Some Honourable Members: Committee rise.

Madam Chairperson: Committee rise.

We thank very much the public who participated. Thank you.

COMMITTEE ROSE AT: 8:08 p.m.

WRITTEN SUBMISSIONS PRESENTED BUT NOT READ

Re: Bill 207

I write in support of Bill 207, The Medical Amendment Act, which, by amending The Medical Act, would prevent a medical practitioner from being found guilty of professional misconduct or of incompetence solely on the basis that the member practices a therapy that is non-traditional or departs from the prevailing medical practice, unless there is evidence that proves that the therapy poses a greater risk to a patient's health than the traditional or prevailing practice.

My reasons for supporting this amendment are three-fold:

(1) It provides individuals with more options and freedom in choice of the methods of treatment they prefer to use;

(2) It allows medical practitioners who wish to use alternative and/or complementary therapies to do so without fear of harassment, intimidation or reprimand from the College of Physicians and Surgeons, and also provides the practitioner with recourse through the courts;

(3) It would substantially reduce the costs of our medicare.

Interest in alternative and complementary therapies has been increasing steadily over the past number of years. Rising health costs may be one of the reasons for this. People wanting to take more control of their destinies, as far as health is concerned, is another reason. Conventional medicine, in some cases, either does not help or, if it does, it has such severe adverse effects that treatment is stopped. For that reason, these people are willing to try unconventional therapies because they want to get well.

Manitoba residents should have the option to choose the type of therapy they wish to use, whether it is conventional, complementary or alternative. Many people go to the doctor with a victim mentality: "Here I am, take care of me. Just give me a pill. I do not want to change my lifestyle." On the other hand, there are people who want to know how to take care of themselves, who are prepared to change their lifestyles, their diets and attitudes. This is not to suggest that alternative treatment should be substituted for conventional medicine. Conventional drug therapy occupies a very important role in health care. However, in some cases, supplements can enhance the effects of conventional drugs, thereby hastening the recovery process, and more importantly, can be a useful tool in helping to prevent the onset of disease in the first place. Our best health care involves considering all options.

In Europe and the United Kingdom, alternative and complementary therapies are more widely used than in North America. While some medical communities have been reluctant to accept unconventional treatments, there are indications that these attitudes are changing.

The June 10 issue of the *Winnipeg Free Press* carried an article headlined, "Alternative Therapies no Longer a Joke at Medical Schools – U.S. Universities respond to health trends." The article also states that alternative medicines are now

included in the curricula at traditional medical schools, and that 95 of the 125 medical schools in the United States require some kind of complementary and alternative medicine course work. The article went on to point out that more than one-third of American adults have tried alternative therapies, and Universities, in response thereto, are focussing on complementary and alternative medicines. In the opinion of Dr. Alfred Fishman of Pennsylvania Medical School, "patient care will improve enormously" by recognizing the value of complementary and alternative medicines.

New drugs and procedures have increased our health care costs dramatically. This was recognized by our former Minister of Health, Mr. Chomiak, when he was reported in the August 9, 2000, issue of the *Winnipeg Free Press* as saying, "Soaring drug costs (are) crippling medicare." Alternative and complementary therapies would cut these costs dramatically.

For example, one month's supply of the cholesterol-reducing statin Lipitor is \$75. The Mayo Clinic Web site acknowledges that there are alternative treatments for reducing cholesterol, such as niacin, omega 3 fatty acids, fish oils, flax seed and flax oil, among other things. The cost of flax seed, flax oil and niacin for one month is less than \$20 to the user, and the side effects of this therapy are nil, whereas statins can have adverse side effects on the liver, muscles and kidneys, and the cost to medicare is \$75.

I am personally familiar with a recent case in which a patient, whose total cholesterol reading was 7.44, was strongly advised by his doctor to take a cholesterol-reducing drug. The patient, however, decided to take niacin with flax seed and flax oil. He also changed his diet and increased his exercise. In two months, his total cholesterol reading was reduced from 7.44 to 5.96, and his LDL dropped from 5.31 to 4.35. The patient intends to continue this non-scientifically proven therapy and has every expectation that his cholesterol reading will be further reduced. The cost of this treatment is zero to Manitoba medicare.

There are many other cost-effective alternative and complementary therapies that should be utilized.

I am also familiar with another case where the patient took her doctor's recommendation that she take Lipitor, the same cholesterol-reducing drug as

noted above. Forty-five days later, this patient was admitted to hospital with jaundice. The cost of this scientifically-proven treatment to medicare was substantial.

It is imperative that our medical practitioners become more aware of alternative and complementary therapies and that those members who wish to promote these therapies do so without any fear of recrimination by their governing body.

I strongly urge approval of Bill 207.

Respectfully submitted,

A. Florence Matthews

Re: Bill 207

Mr. Speaker, Mr. Premier, members of the Cabinet, honourable members of the Legislative Assembly, members of the College of Physicians and Surgeons, ladies and gentlemen. At the outset, I congratulate the Honourable Leonard Derkach and thank him for exercising his unswerving conviction and his self-sacrifice to the cause of piloting this health care amendment. His self-giving and his tireless energy will always be appreciated. I would be remiss if I did not congratulate my colleague, Ian Breslaw, for his perseverance and his tireless energy and for having a futuristic attitude toward health care in Manitoba.

As you have been informed, that Canada was a signatory to the Helsinki Accord. Yet this Accord has not been implemented into the health care system in Canada. It is my belief that whenever a law benefiting everyone is not passed and activated, then dire consequences abound.

The Helsinki Accord gave the physician and the client a choice of treatment and a choice of modality. The result is clear cut. The health care system in Canada has been jeopardized, the costs have skyrocketed out of proportion. The end result is that no one is happy because the proper intent of the Accord has not been actualized.

We know that amendments to the health professional acts in Alberta, Ontario, Nova Scotia and British Columbia are working. Why? Because

the choices are there to make for the physicians and their clients. The amendment is not working as well in British Columbia as first prepared by the Hon. Steve Orcherton; it has been watered down by the present provincial government.

Our health system is not working. Our conventional medical is not doing its job. For this reason, 60 percent of Saskatchewan citizens are using alternative medicine. But the government is getting a free ride because it does not pay the citizens and they are helping to keep the costs down.

We all know that both conventional and alternative are necessary for proper health care. But

this, above all, we need to empower the doctors and their clients with the right to choose their own doctors and their modalities.

The College of Physicians has an important role to play by giving wisdom, guidance and direction free of any deterrence. Moreover, with the college's assent and blessings, the government of Manitoba will save millions of dollars and, at the same time, enjoy superb health care.

With many blessings,

Father Methodius Kushko, CSSR,
an incorrigible lobbyist.