American College of Physicians
Board of Regents
AGENDA
February 17-18, 1939
Philadelphia, PA
Health Quackery

The attached position paper entitled "Health Quackery" is presented by the Health and Public Policy Committee for Board of Regents review and approval.

At the first Board of Regents review of the paper on June 26, 1987 it was suggested that the paper, then called "Health Fraud," explore the issues in a more detailed fashion and that recommendations for action be offered.

The Health and Public Policy Committee and the Health Promotion Subcommittee have struggled with the scope of the paper and have concluded that the attached version with recommendations and a resource listing makes the most direct and effective presentation.
Position Paper
Summary of Process

Title: Health Quackery

Responsible Subcommittee: Health Promotion

Date Project Initiated: December 12, 1985, by Clinical Pharmacology Subcommittee

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First HPPC Review: December 2, 1986
Second HPPC Review: March 25, 1987
First BOR Review: June 26, 1987
Third HPPC Review: February 2, 1988
Fourth HPPC Review: May 17, 1988
Fifth HPPC Review and Approval: December 15, 1988
Second BOR Review: February 17, 1989
HEALTH QUACKERY

Draft Position Paper

of the

American College of Physicians

Health and Public Policy Committee

20 January 1989

For purposes of this position statement, health quackery is defined as the promotion and commercialization of unproven and often dangerous health products and procedures. Generally, its essential elements are deception and a primary concern with profit. The deception invariably includes omission of adverse information relating to efficacy or safety. This paper does not focus on the intentional unnecessary and inappropriate use of otherwise legitimate tests and therapies by some practitioners; this type of substandard care will be the subject of future papers. Rather, the focus here is on clear-cut health quackery—those products and practices designated as such by authoritative, credible sources. This paper does not attempt to deal with unproven remedies which are legitimately being investigated by qualified researchers. Clearly, there are currently "unproven remedies" that will be demonstrated in the future to be safe and effective. But there are also "remedies" that clearly cannot be proven safe and effective. It is these "remedies" that the American College of Physicians highlights in this paper as deserving attention.

Health quackery is characterized by the following facts:

1) Health quackery generally falls into three categories. Direct health hazards are those products or procedures which pose a risk of direct harm to the patient including, for example, the employment of chelating agents in so-called "chelation therapy" for arteriosclerotic cardiovascular disease with resultant nephrotoxicity and death (1). This therapy has never been proven efficacious. Indirect health hazards are health frauds that do not pose a direct health hazard when used as intended but may have a significant adverse impact because they cause patients to delay or forego appropriate care. Examples of these kinds of health quackery include a variety of unproven "cancer cures" and a sobriety aid product purporting to counteract the effects of alcohol consumption. Economic frauds include ineffective or worthless products or practices which cause no detriment to the user's health, but which are nonetheless significant because of their overall impact on the public's expenditures on health-related items. Examples include products falsely purporting to cause hair regrowth or increase mental or physical vigor, and electrical devices for exercise and waistline reduction.
A Congressional inquiry in 1984 concluded that health fraud against one of society's most vulnerable groups, the elderly, costs the U.S. public at least $10 billion a year in expenditures for fraudulent products and services. One witness testified that health quackery, as a whole, is a $25 billion a year industry (2).

A new and growing concern is the promotion of fraudulent products to individuals with AIDS and those who are HIV-antibody positive. Reliance on ineffective or dangerous health care measures and the resulting deferment of appropriate health care has substantial economic and emotional costs in addition to increasing morbidity and mortality.

It has become evident that the rapid development of effective therapies is paralleled by an increasing public interest in unorthodox or unproven treatments. The absence of a vocal, clear and coherent opposition of medical professional organizations and individual physicians to health quackery may be perceived by the public as tacit support of unorthodox approaches. For example, in a study of cancer patients' use of unorthodox treatments, it was revealed that 75% of the patients informed their physicians of such practices; 42% of those physicians were supportive or neutral as regards such practices (3).

While medical science has produced major accomplishments which have improved its capabilities immeasurably, practices which are unproven, unorthodox and fraudulent flourish (4). Which patients are interested in unorthodox therapy? In a recent study of cancer patients, those who used non-traditional treatments in addition to or in place of conventional treatment did not match the stereotype of the poorly educated, end-stage patient who had exhausted conventional treatment. Instead, these cancer patients were in the early stages of disease, frequently were asymptomatic and were better educated than patients receiving conventional treatment only (3). Physicians might, therefore, underestimate how many and what kind of patients could be attracted to unproven treatments.

At least some of the appeal of unorthodox treatment may be due to the use of relatively pleasant therapies that can be used in the home, easy explanations of the cause of illness based on common experience, placebo effects, and the charismatic personality of some of their promoters. Patients leave behind what they believe are deficiencies in conventional care for alternative treatments that promoters persuade them will fill in the gaps.

The ingenuity, resourcefulness, and nationwide networking of the promoters of fraudulent products and services represent more of a challenge than the public sector can meet. Public agencies at the federal, state, and local levels of government have responsibility for protecting the public from health quackery, but they need help. The active involvement of others, including the medical profession, in combatting health quackery through informational and educational activities is, therefore, of major importance.

The American College of Physicians supports an informed and active opposition to fraudulent treatment practices. Physicians and other health care professionals have a responsibility to become informed about general
and specific issues in health quackery, and to disseminate this
understandable manner that efficacy and safety are crucial to all tests, prevention techniques, therapies or remedies. Physicians should welcome and be responsive to inquiries from patients concerning products and services patients have questions about. In responding to patient questions, the physician should focus on the medical merits and appropriateness, or lack thereof, of a particular practice or product; the physician should not defame the product or service provider while informing a patient on a particular issue. He or she should critique the therapy and compare it with the medically accepted treatment regimen, and point to the lack of journal articles and/or clinical trials for the practice in question.

2) Physicians should elicit information from their patients concerning products and services the patient is currently or was once using. History-taking should include inquiry into the products and services (drugs, devices, diet therapy or other therapeutic regimens) being used, or used in the past by the patient. This information may assist in the diagnosis of disease or in the correction of a current practice, and may be valuable in the assessment of future treatment options.

3) The College encourages physicians to be knowledgeable about health quackery, and will develop educational programs for ACP members, other physicians and the public to increase recognition of health quackery and encourage familiarity with programs and resources which combat it. This might include a public service video for community groups on how to identify health quackery, with examples of fraudulent credentials, diagnostic tests, therapies, and words and phrases that suggest the possibility of questionable practices, such "unorthodox" or "non-traditional" treatments, or "miracle cure." A listing of resources and supplemental reading materials is included in the appendix of this paper.

4) The College will publish appropriate information in the ACP Observer concerning health frauds that have come to the attention of federal agencies, taking advantage of the FDA's offer to make such information and educational materials routinely available. Articles on general and specific health quackery subjects will be considered for publication in the Annals of Internal Medicine.

5) The College encourages physicians to address civic groups on health quackery issues and to assist the media in raising public awareness of the lack of scientific evidence supporting these practices. FDA guidelines as well as evaluations of suspicious practices by the College's traditional resource for technology assessment, the Clinical Efficacy Assessment Project (CEAP), can be used to these ends. Physicians who make public statements about health quackery topics should be well-informed on the topic and focus on the medical efficacy of the product or service, not the promoter, manufacturer or "care giver". The goal is to transmit scientific knowledge and thereby expose fraud, not to attack the motives of the proponents of these practices. Physicians should be conscious of the potential for defamation and other lawsuits and should consult legal counsel as necessary.
6) When doubt exists about a specific unproven product or procedure and its promotion or use is widespread, consideration will be given to an expeditious evaluation by the College's technology assessment process—CEAP—and the results will be disseminated to the appropriate authorities and audiences. Questions can also be referred to the College's Ethics Committee.

7) Physicians and other health care professionals should report questionable health products and practices to the appropriate authorities. A comprehensive attack on health quackery requires the reporting of specific information about questionable health products and practices to municipal consumer protection agencies, State Attorney General Offices, the United States Postal Service (US Postal Service, Office of Consumer Affairs, 475 L'Enfant Plaza West, SW, Washington, DC 20260), the Federal Trade Commission (Correspondence Branch, Room 692, FTC, Sixth and Pennsylvania Avenue, NW, Washington, DC 20580) or the Food and Drug Administration (FDA Health Fraud Staff, HFN-304, Center for Drug Evaluation and Research, 5600 Fishers Lane, Rockville, MD 20857), as appropriate. Reporting will assist in the identification of fraudulent practices and allow for further investigation and enforcement measures.
APPENDIX:

RESOURCES AND SUPPLEMENTAL READING


6. The National Council Against Health Fraud, Inc. Membership Information, P.O. Box 1276, Loma Linda, CA 92354.

7. The National Council Against Health Fraud, Inc. Resource Center, 2800 Main Street, St. Mary's Hospital, Kansas City, MO 64108.
REFERENCES

1. Oliver LD. Acute renal failure following administration of ethylenediamine tetraacetic acid (EDTA). Texas Medicine, February 1984.

