Comment on "Evidence-Based Practice Attitudes, Skills, and Usage Among Canadian Naturopathic Doctors: A Summary of the Evidence and Directions for the Future"



Gudrun Welder,¹ ND

I was happy to read the article "Evidence-based practice attitudes, skills, and usage among Canadian Naturopathic Doctors: A summary of the evidence and directions for the future"¹ in the last issue of *CANDJ* because I think it is important to continue to have dialogue around evidence-based practice and what it means for naturopaths.

I believe it can be very harmful for naturopaths, themselves, to buy into the supposed public perception that naturopaths do not use as much evidence-based medicine (EBM) as medical doctors. I wish the article referenced above had compared EBM among naturopaths and medical doctors instead of implying that naturopaths use less EBM without showing the evidence for such a claim.

I believe that when we, as naturopaths, identify our profession as lacking in EBM, we are adopting outdated and damaging attitudes set up long ago by controlling paradigms of thought like the Flexner report.² This report proposed that nature-based doctors, women doctors, and Aboriginal/Native American and Black physicians should no longer be considered as health-care practitioners because they were not rigorous enough in their "scientific" ideology. Flexner successfully advocated for the idea that medical schools needed to primarily recommend treatment with pharmaceuticals made from petroleum products. Nature-based medicine was labelled as "outside of empirical science," and therefore not "evidence-based." Flexner also reported that African American physicians should be trained in "hygiene rather than surgery" and should primarily serve as "sanitarians," whose purpose was "protecting Whites" from common diseases like tuberculosis.

When the Flexner report came out in the early 1910s, medical schools for women, African Americans, and Aboriginals/Native Americans existed and many of these schools used nature-based medicine. Some used nature-based medicine in conjunction with petroleum-based pharmaceuticals. By 1912, all of those schools were closing or closed. Only schools for White men focused on prescribing petroleum-based pharmaceuticals remained.

Today, EBM still typically refers to large, randomized doubleblind clinical trials done with pharmaceutical interventions. Trying to adopt EBM as our path into legitimacy does not make sense. We need to find new ways of portraying exactly how serious we are about individualized health care without playing into outdated dogmatic medical structures many of which the public has lost trust in.

The article in *CANDJ* states that "evidence-based practice also emphasizes the development of critical appraisal skills, which are important in navigating the scientific literature, where conflicting findings and biased results are frequently present."¹ If we, as naturopaths, are not able to identify the bias that has been laced through medical terminology, such as "evidence-based practice," for the last 100 years, we are in trouble and also sadly out of touch with much of the public thinking that is rapidly becoming aware of the inherent bias in such terminology.

I believe that, as naturopaths, we need to orient ourselves to the context of what "evidence-based medicine" means today. For a great deal of the public and practising naturopaths, those words still harken back to and identify with Flexner's beliefs, and we should not pride ourselves in trying to identify with Flexner's efforts and beliefs any longer.

¹ Independent scholar, Bradford, ON, Canada.

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CONFLICTS OF INTEREST DISCLOSURE

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Correspondence to: Gudrun Welder, 125 Collings Ave., Bradford, ON L3Z 2G5, Canada. E-mail: gudrunweldernd@gmail.com

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AUTHOR AFFILIATIONS

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