Editor's Letter: A Place at the Table

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"Primary care is a model of care that supports first-contact, accessible, continuous, comprehensive and coordinated person-focused care."[1] (World Health Organization)

Increasingly across the Canadian healthcare landscape, we are seeing articles declaring that our primary care system is "broken," the main arguments being that too many Canadians are not able to access family physicians or timely preventive care,[2] while other potential providers of primary care, such as naturopathic doctors (NDs), remain underutilized and unrecognized. Last fall, our colleague Cyndi Gilbert co-wrote an article on this issue for the online healthcare magazine *Healthy Debate,* where she made a strong case for the unique skills that NDs bring to community primary care, including specific training in nonpharmaceutical interventions such as herbal medicines, nutritional supplements, mind–body therapies, and acupuncture, among others.[3]

Many practicing NDs (your editor included) would further tell you that we are also now at the front lines of being able to address the proliferation of "wellness influencer" health advice and misinformation on social media with our extensive training in critical evaluation of medical literature and evidence-informed therapeutics for Traditional, Complementary and Integrative Medicine (TCIM). These are areas of expertise where we could add significant value to our overburdened single payer system.

Jane Philpott, a former family physician and federal Minister of Health and currently the Dean of Queen's University Faculty of Health Sciences, recently published a well-received book on her solution to the current primary care crisis in Canada entitled *Health for All.* In it, she proposes the concept of a primary care "home"—where salaried healthcare professionals would work in teams, funded and run in a similar manner to public schools.[4]

However, as happens far too often, when she names the health professions that would make up these community healthcare teams, NDs are not to be found, although nurse practitioners, pharmacists, dieticians, midwives, physiotherapists, paramedics, and social workers are. In one sense, we are the proverbial square peg in a round hole, given the broad toolbox of both non-pharmaceutical and pharmaceutical therapeutics that NDs use in practice, and the large differences in scope of practice between the various jurisdictions in Canada where NDs practice. We can be difficult to place in a hierarchical healthcare system, however outdated that concept might be. In many ways, that is also the great strength of this profession, and an advantage we can bring to collaborative teams in primary care. This is something that most private health insurers have already recognized; unlike a decade ago, it has now become the norm that patients with extended health benefits (EHBs) have access to naturopathic care as part of their provider benefits.

At the *CAND Journal*, we make every effort to highlight the broad clinical skill set of NDs in Canada, no matter the particular scope in the province or territory where our authors are located. While it is likely true that in jurisdictions where NDs are able to prescribe more pharmacological agents or perform advanced procedures (such as British Columbia or the Northwest Territories), these skills may play a larger part in day-to-day practice(s), we try to make it clear that we believe that pharmacologic and non-pharmacologic interventions are equally valid and worthy of our study and discussion. TCIMs are our wheelhouse, and while we believe that regulation and scope parity across Canada is an objective we should seek with government, NDs in all Canadian jurisdictions should be able to use our varied toolbox well to produce improvements in long-term patient outcomes. This is particularly relevant with the increasing prevalence of chronic non-communicable diseases (NCDs), such as cardiovascular diseases, diabetes, dementias, and cancer, as well as many chronic pain conditions.

All three of our articles for this edition highlight the broad scope of practices that fall under the heading of naturopathic primary care. We have two case reports from CCNM leading off—one utilizing IV nutrient therapy for Myelodysplastic syndrome, and another discussing a non-pharmacologic approach to the management of a patient with type 2 diabetes. Additionally, we have an intriguing narrative review from the Medical college of Naturopathy and Yogic Sciences in Bhophal, India, about TCIM

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therapies (mostly using those indigenous to India) in the treatment of Polycystic ovarian syndrome.

We are looking to publish more case reports and case series in the upcoming months from practicing Canadian NDs, and your editor has been engaged this spring in discussions with colleagues across the country at both CCNM campuses and in our associations to determine how we can engage more of our community in publishing. We advance this profession by our contributions; if you have any promising ideas for us, or perhaps need collaborators, please don't hesitate to reach out.

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