

The Case for Naturopathic Prescribing

Marianne Trevorrow,¹ MA, ND



This summer and fall, negotiations are underway for prescription access in several regulated provinces, and discussions about lifting restrictions or adding prescribed items to naturopathic scope are ongoing projects for 2 of 3 provinces that already have prescriptive authority (BC and Ontario). After many frustrating years of little to no progress for the profession, it appears that more provincial governments are becoming receptive to the idea of adding these important Restricted Acts to the professional scope of naturopathic doctors (NDs) in Canada.

However, for those who are advocating for a broader role for NDs as primary care prescribers, the fact remains that we are still either mostly limited or completely locked out when it comes to prescriptive access in 9 of 10 provinces and 2 of our 3 territories. By extension, this means that we are usually overlooked in the ongoing discussions (both provincially and nationally) about solutions to the primary care crisis in Canada, such as the models promoted by Jane Philpott in her recent book advocating for universal primary care “homes.”¹ This is a very frustrating fact for many naturopathic leaders, who are seeing other regulated health professions (e.g., pharmacists, nurse practitioners, midwives) make the progress that until now has eluded us.

Still, despite the obstacles of navigating bureaucracies that often see us as a minor player in the healthcare landscape, and political leaders who may be more or less approachable for partisan reasons, the associations that are now seeking the addition of prescribing rights are starting to see some (modest) progress in their efforts. At the *CAND Journal*, we look forward to a time when prescriptive scope parity between regulated provinces and territories can move from the “nice to have” column to a realistic possibility for NDs in all the regulated provinces and territories and, eventually, across Canada.

At the same time, we recognize that there are many people in the profession who worry that, in the push to add more conventional therapeutics to naturopathic practice, we will lose the traditional knowledge and practices embodied in the Naturopathic Principles and Therapeutic Order. In particular, they worry that, as we move into the primary care space, we will be increasingly subject

to “standard (conventional) care” models that seem to prioritize medication therapies over preventive, whole-patient strategies or more complementary approaches.

These are valid concerns; all of the leaders I’ve consulted recently see the importance of maintaining our broad range of naturopathic therapies within a continuum that prioritizes our unique patient-centred model and support for traditional (particularly Indigenous) knowledge and practices. Additionally, being able to demonstrate that we can take on more routine primary care safely will show that we are serious about providing solutions to healthcare access issues, especially for patients who lack trust in conventional care. Furthermore, with each province or territory that adds prescriptive authority to our Restricted Acts, the likelihood increases that other governments (as well as third-party payers) see NDs as a viable solution to public pressure for more primary care points of access.

We have two important commentaries for this edition. The first, by Greg Nasmith consulting for the Canadian College of Naturopathic Medicine (CCNM), is on the newly concluded National Team Primary Care project. This national initiative involved a number of health professions and sought improvements to delivery of primary care through interprofessional collaboration and training and by using a more community-focused, less hierarchical approach. As he points out, CCNM and the CAND being invited to the table for these projects represents a potential transformation in how the profession is viewed by conventional health care, and we have an opportunity to expand our reach in discussions of primary care delivery in ways that would have been difficult to picture in the past. At the same time, he urges us to develop approaches that focus on how we deliver care using evidence-informed methods (even within the diversity of modalities that NDs use) and mutual respect for other professions.

Our second commentary is more focused on development within the profession, fostering cultural diversity, and supporting underrepresented groups through transformational leadership and mentorship in our educational and professional environments. A current Canadian faculty member of Bastyr at San Diego, Baljit

Correspondence to: Dr. Marianne Trevorrow, MA, ND, Canadian Association of Naturopathic Doctors, 20 Holly Street, Suite 200, Toronto, ON M4S 3B1, Canada.
E-mail: drmtrevorrow@cand.ca

To cite: Trevorrow M. Editor’s letter: the case for naturopathic prescribing. *CAND Journal*. 2024;31(3):1-2.
<https://doi.org/10.54434/candj.190>

Received: 26 August 2024; **Accepted:** 26 August 2024; **Published:** 19 September 2024

© 2024 Canadian Association of Naturopathic Doctors. For permissions, please contact candj@cand.ca.

Khamba, points out the lack of representation of many historically marginalized groups in naturopathic medicine and argues for a framework to address these disparities using the principles of transformational leadership that embrace cultural diversity, critical race theory, and understanding models of community cultural wealth. As she argues, our rapidly diversifying population in North America requires us to develop a more diverse and culturally supportive ND workforce that will help us in turn deliver improved long-term health outcomes to many populations who have often been marginalized and/or discriminated against in conventional health care.

Closely following the Baljit commentary, we have a report from community health researchers Bevilacqua and Copeman addressing screening for mercury exposure in at-risk populations. This is particularly a concern for many Indigenous populations living near remote areas of resource development (notably mining) in our northern provinces and territories, underscored by recent reports about toxic cyanide water contamination downstream from the Yukon Eagle gold mine² and ongoing problems with mercury contamination of water at Grassy Narrows First Nation in Northern Ontario.³

For NDs working with populations who regularly consume fish, or who live near mines or other areas of industrial pollution, the authors discuss how to screen for these toxins in potentially at-risk groups and propose a framework for how to discuss exposure mitigation in patients to prevent significant health risks caused by high levels of toxic mercury.

Finally, we have a report from Clarke at CCNM-Boucher on combining several non-pharmaceutical interventions in a case of traumatic peripheral nerve injury, showing positive resolution

of symptoms 8 weeks post-treatment. Although this is a protocol that deserves further study, we believe that reports like this serve to highlight how often less invasive naturopathic treatments can achieve beneficial, cost-effective outcomes for acute injury causing neurological issues in many patients.

As always, we encourage colleagues and researchers interested in contributing to the *CAND Journal* to consider submitting reports, original research, reviews and commentaries to our publication.

AUTHOR AFFILIATION

¹Editor in Chief, *CAND Journal*.

ACKNOWLEDGEMENTS

Not applicable.

CONFLICTS OF INTEREST DISCLOSURE

I have read and understood the *CAND Journal's* policy on conflicts of interest and declare that I have none.

FUNDING

This research did not receive any funding.

REFERENCES

1. Philpot J. Health for all: a doctor's prescription for a healthier Canada. Penguin Random House; 2024.
2. CBC News. Yukon premier blasts Victoria Gold's "absence of action" in response to cyanide spill. CBC News; July 31, 2024. Accessed August 24, 2024. <https://www.cbc.ca/news/canada/north/yukon-premier-blasts-victoria-gold-1.7281696>
3. DeFlaviis S. "We're in an emergency": mercury exposure linked to high youth suicide attempt rate in Grassy Narrows First Nation. CTV News; July 19, 2023. Accessed August 24, 2024. <https://www.ctvnews.ca/health/we-re-in-an-emergency-mercury-exposure-linked-to-high-youth-suicide-attempt-rate-in-grassy-narrows-first-nation-1.6486120>