

# Leading the Way in Naturopathic Gerontology: Current Status and Future Possibilities



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## Abstract:

The need for strong, compassionate advocates for seniors' health has never been more urgent and obvious than now, in the middle of the current COVID-19 pandemic. Care for seniors is an emerging area of study within the naturopathic medical community. For this to evolve further, it will take individuals with leadership skills and a passion for the elderly and their health. While there are other areas of focus that have been more developed within the profession (such as women's health, pediatrics and care around specific diseases), seniors' health brings together a unique set of challenges to naturopathic practitioners. This is a set of challenges that must be faced, despite a lack of adequate training and experience. By bringing awareness of the skills and experience needed for naturopathic doctors (NDs) to embrace leadership and advancements in this area, we hope that more NDs will demand improved education, choose to focus care on this greatly underserved community, and make great changes in our world.

This educational void started with the lack of training in and exposure to seniors' health topics at the naturopathic medical school level, and it is our understanding that this still has not changed. For leaders in naturopathic gerontology to emerge, it requires exposure to this field within the core curriculum of the naturopathic educational program. In reviewing the curriculum of the Canadian naturopathic colleges there was a lack of content related to geriatrics, gerontology or seniors' health. The Canadian College of Naturopathic Medicine (CCNM) does not include geriatrics/gerontology as part of the core curriculum.<sup>1</sup> When questioned about this deficit, we were informed that although geriatric topics are currently infused in many of the courses, there is no course that focuses on geriatrics specifically.<sup>2</sup> However, the core and/or elective curriculum does include such special topics as: pregnancy, labour and newborn care; pediatrics; emergency medicine; mental health; and sexual and reproductive health.<sup>1</sup> Our opinion is that this is a serious deficit that needs to be fixed.

Boucher Institute of Naturopathic Medicine (BINM), which will soon merge with CCNM, does include a survey course on geriatrics in its curriculum, but it is only 6 weeks long.<sup>3</sup> It is our experience that this is not sufficient to cover all the essential topics of aging in adequate detail, such as physiological changes, metabolism changes, polypharmacy, diseases of aging, caregiver stress, mental health, ageism, end of life topics, spirituality and meaning, and the list goes on. Upon graduation, we felt unprepared to deal with this patient population. Treating a condition is one aspect, but there

are intricacies considering the unique needs of the elderly. There are challenges of considering multimorbidities, polypharmacy and communication with patients and their caregivers, including clarity, the brevity of speech, negotiation, and even listening capabilities.

If the goal of the naturopathic colleges is to prepare NDs for the patients they will be seeing in the average community-based health practice, then prepare them! Currently, 92% of Canadian seniors live in the community,<sup>4</sup> so primary care will continue to be essential for this community. The need is there and will only grow in the future.

Naturopathic students are aware of this void and have advocated for expanded education and training in seniors' health, although it appears to be falling on deaf ears. In 2013, a group of students collaborated to write a formal proposal to create a geriatric focused shift and a geriatrics course in the curriculum. This request was not supported. By not supporting this request, students do not have the opportunity to learn the foundations and intricacies of seniors' health. We also feel that students will not gain the depth of understanding of age-related factors of disease and care without understanding the older adult. Students and clinicians can overlook ageism, capacity, consent, elder abuse, social determinants, and ethics that can affect patient rapport, treatment effectiveness and can potentially harm the patient. As a result, clinical training in geriatric care is a result to what degree students have geriatric patients on their shifts, and also to what extent clinical supervisors have adequate training in this topic.

This void in seniors' health education and training also continues with professional naturopathic associations. To date there have been few naturopathic continuing education seminars directed towards illnesses or special considerations around seniors' health. Granted there have been a few more recently, but the percentage of offerings remains low in comparison with number of seminars available for more common topics such as IV therapies, gastrointestinal diseases, and environmental medicine. If the goal is to keep the ND's skill set current and applicable, we encourage the planners of our national and provincial associations to increase the number of seniors' health presentations in upcoming conferences, or even consider making this the theme of an entire conference. This is not because seniors' health is an up-and-coming trend, but because these are necessary skills that all NDs need to provide safe, effective, and appropriate care to the aging population.

When the existing organizations and leadership fail to provide forward-thinking opportunities for the naturopathic community, leadership and educational development falls to grassroots ideas from individual practitioners. Solutions from other fields of focus in naturopathic medicine, for example, could be applied to a seniors' health approach quite easily. In the early 2000s a group of NDs in the Greater Toronto Area (GTA), with a common interest in prenatal and perinatal health came together and started the Association of Perinatal Naturopathic Doctors (APND).<sup>6</sup> This grassroots initiative started as a forum for the sharing of knowledge, as well as hosting continuing education events specific to this field of study. Today it has developed into an organization of NDs who have further developed their interest in providing care to families throughout preconception, pregnancy, labour and the postpartum period.<sup>7</sup> This model illustrates that leadership does not always come from established, professional organizations, but passionate individuals, who can make a difference for patients in need of a more developed approach to care. As NDs we know that when standard approaches fail, it is time to look outside the box. History shows us we have done this before and can do it again. Learning from mentors, being a mentor, offering a course or webinar to our colleagues, the options are endless. In October 2020, one of the authors presented a 2-part webinar series of "Naturopathic Applications to Dementia" to 229 registered NDs and students. This seminar received considerable feedback regarding the value of the material and that this was an area of continuing professional development (CPD) that was lacking.

If educational opportunities lack within our naturopathic circles, we must then look to the non-naturopathic organizations for leadership and learning opportunities. We have both completed post graduate programs in seniors' health, from Selkirk College and Queen's University respectively, that have offered extensive education and expanded our abilities and passions in serving the senior community. In a less formal setting, local opportunities also exist; community organization such as PHAC designated Age Friendly communities provide opportunities for NDs to collaborate with other stakeholders in supporting seniors living active, socially engaged, independent lives.<sup>8</sup> These also provide opportunities to network and learn

from others as health professionals who provide care to seniors, representatives of community organizations that serve seniors, and seniors themselves. By working with organizations such as these, NDs are not only learning new skills but are being provided with a great opportunity to build bridges with various health professions by working towards a common and worthy goals of aging in place and social acceptance.

## **Actions to Take, Long Term Goals and Conclusions**

To not miss the opportunity to provide full, holistic care to the underserved seniors' community, a top-down approach is needed. First, the naturopathic schools need to revisit their curriculum and acknowledge that there is a gap in the foundational training they are providing to future NDs. These NDs will not only be seeing seniors in their practice, but even more seniors than the generations of NDs that preceded them. Let us not fail to provide them with the skills to be successful.

Secondly, we need more opportunities in naturopathically-focused CPD opportunities to fill this gap in our clinical education. Professional associations and those organizing conferences, seminars and webinars need to provide not only the occasional offering but to consider making this the focus of a conference or webinar series. There are more than enough topics of clinical significance to fill multiple such events.

Finally, we call on the profession to please share its knowledge of seniors' healthcare with each other. This is how our profession started and was built into what it is today. Be a mentor, get involved with community organizations, advocate for changes in curriculum, share resources, be a leader! Let us not allow the opportunity to serve and show the community the value of naturopathic care for seniors slip through our hands. Although these are big goals, that is what leadership is all about. "Leadership involves dreaming of possibilities, believing that there can be a better work, exploring uncharted waters and asking questions such as 'Why not'".<sup>9</sup> So, let us ask ourselves, "Why not?". 🐣

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**Competing interests:** none declared

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**The opinions expressed** in editorials are those of the authors. Publication does not imply endorsement by the Canadian Association of Naturopathic Doctors (CAND).

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