

An Eventful 2021

Marianne Trevorrow,¹ MA, ND



This will be our second digital edition of the *CAND Journal*, and the last edition for 2021. So it seems like a good point to reflect on some of the changes we have undergone as a profession as well as at the *CAND Journal*. As I write this, we are closing out our second year living with the COVID-19 pandemic, and while the new case rates in Canada are declining once again, it appears that we may have a long winter ahead, as rates are increasing in several European countries, including Germany, Ireland, Russia, and Greece.¹ Still, here in Canada, it looks as if we are through our fourth COVID wave,² and, in several provinces, gradually relaxing public health restrictions on our daily lives, including in schools, restaurants, gyms, and places of worship.

In practice, however, many of us are now seeing patients with symptoms arising from isolation and a lack of social connectedness, with stress from career/business setbacks or increased caregiving, or who are grieving lost loved ones or colleagues due to COVID. We are also seeing patients who have been obliged to delay preventive care or who have not had access to screening exams or surgeries due to pressures on our health-care system from the pandemic. And finally, many of us are seeing patients with significant illnesses related to “long COVID” dysfunctions, well after they are discharged from hospital-based care. Never has there been a greater need for the kind of personalized, compassionate care that NDs provide. Yet we, ourselves, are struggling through many of the same stresses and setbacks as our patients and our communities. In this environment, we also have a great need to treat ourselves and our colleagues with renewed patience and compassion.

The challenges of these COVID years have also led many in the Canadian ND community to reflect on where we are going as a profession, and what will be our future role in the Canadian health-care ecosystem. Perhaps it's only fitting, then, that in this issue we have two commentaries on a subject that is increasingly on people's minds: namely, with the COVID pandemic, should NDs now be involved in public health vaccination clinics and campaigns? In British Columbia (B.C.), NDs with full registration and prescriptive authority can gain the additional certification to administer vaccines by completing the B.C. Centre for Disease Control (BCCDC) upgrading classes for registered nurses (RNs) or pharmacists. To

date, over 150 B.C. NDs are certified immunizers, and many of these colleagues participated in community immunization programs in the B.C. Health Authorities this year. While B.C. is so far the only Canadian province to adopt this additional Protected Act for NDs, it may be a model for other provinces in the future.

Christopher Halldorson leads off this issue with a first-person narrative of his experience immunizing patients with the B.C. Interior Health Authority last summer, arguing that immunization is congruent with the accepted principles of ND philosophy and the therapeutic order. Similarly, Sarah Hourston writes that treating unimmunized patients with COVID in Utah as a US-based ND/MD student gave her a unique perspective on how catastrophic COVID infections can be in unimmunized people. She asks her colleagues to reflect on the price of dissent from public health mandates in human terms.

We recognize that some colleagues will find these commentaries challenging and difficult, and we encourage people to read them with an open mind, because these are voices *within* our naturopathic community asking us to reconsider beliefs that some of us may have about public health and vaccination, and by extension to consider how this affects our relationships with the conventional health-care community, where there is strong consensus on these issues. Indeed, we may ask ourselves whether now is the time to step up in a more collaborative manner with our front-line health-care colleagues who have made heroic efforts to save lives over the last 20+ months.

We also have a Perspectives article in this edition from Shakila Mohmand and Sumar Chams on the cultural considerations of chronic pain treatment, where they discuss recent work in this area and lay out a framework for clinical competency in ND treatment of diverse populations.

Finally, we finish with the first Commentary of a series on planetary health by David Nelson of the Nova Institute, linking naturopathic clinical care and the vitality of surrounding communities and arguing for bidirectional connections between the health of persons, places, and the planet. He ends with a call to action for our community to integrate a stronger planetary focus in both our undergraduate and professional naturopathic education.

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

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As always, we encourage our readers to submit letters and commentary on any of our articles through our new online submission portal or by emailing the editors. We believe that by bringing these debates to light, we will advance the conversation on these difficult issues, and ultimately help contribute to improved standards of care for our patients and communities.

AUTHOR AFFILIATIONS

¹Editor in chief, *CAND Journal*.

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