

February 11, 2011

Dear colleagues and board members,

It has recently come to my attention that RACE (Registry of Approved Continuing Education), no longer approves almost all of the available courses on CAVM (Complementary and Alternative Veterinary Medicine) for continuing education credit. These are courses that used to receive CE approval within 45 days of application, and now are summarily rejected without timely notice (in some cases a year). Course providers were not given the opportunity to participate in an honest debate prior to notification. And the one RACE member involved in any alternative care is a teacher of "medical" acupuncture (a method of needling based strictly on neuroanatomy without reference to traditional Chinese medical theory and practice) who pushed for denial of CE for competing traditional acupuncture courses.

Most of the CAVM course providers were not given a reason for rejection. Some were told it was because their area of interest is neither evidence-based medicine nor is it taught in veterinary schools, and is therefore not an appropriate educational topic. Course topics that have been rejected include traditional Chinese acupuncture and herbal medicine, Western herbal medicine, homeopathy, osteopathy, and others. The only courses that are now accepted are neuroanatomical acupuncture and chiropractic.

There are in fact a multitude of research papers whose results support the efficacy of CAVM. The clinical evidence is so strong that many human medical centers include alternative medicine for their patients, and many insurance companies now pay for alternative treatments. The human medical acupuncture board includes traditional Chinese theory on its certification exam and at its CE meetings. And many veterinary schools now do in fact teach CAVM. Several have introductory classes. Western College of Veterinary Medicine includes several alternative practices in their senior externships. Florida State offers an equine acupuncture internship, and Georgia veterinary school offers an herbal course. The fact that CAVM modalities such as traditional Chinese medicine, herbal medicine, homeopathy and others are already included in the veterinary practice acts of many states means they are already considered a valid part of veterinary medicine. RACE needs to acknowledge this as well.

It should also be noted that many conventional CE topics are not taught in veterinary schools, nor do we always have the science in hand to explain the clinical effects we see from certain drugs. We still use them and learn about them, and are given CE credit for our efforts.

RACE has rejected most CAVM courses not just for scientific CE, but also for non-scientific CE (which includes such topics as practice management, communication skills, stress reduction, and chemical dependency). Even if non-scientific credit were granted, this would not adequately recognize the important contribution of CAVM to

veterinary medicine. Most states do not allow more than a few hours of non-scientific CE toward licensure, and many CAVM courses include 30 or more hours of intensive lecture and demonstration material. Veterinarians practicing CAVM should not have to work twice as hard and spend twice the amount of money to earn credits toward licensure. Their interest in offering CAVM to their patients should be officially appreciated and encouraged.

The fact that individual state boards have the authority to accept or reject RACE decisions is only a tenuous consolation. Many state boards rely heavily on RACE to inform their decisions. And the current situation represents a successful push by those who wish to eliminate most CAVM modalities from veterinary practice. If allowed to continue it could lead to further restrictions.

By denying the legitimacy of CAVM, RACE is undermining the education of veterinarians in a multitude of modalities that could benefit patients. This will in turn hinder research into these fields. It will also restrict the number of veterinarians educated in CAVM who are available to assist a public increasingly interested in alternative therapies for their pets, just as they are for themselves; alternative care may then end up being provided by non-veterinary practitioners uneducated in animal medicine. Worst of all, their decision is that of a closed mind, and if history teaches us anything it's that attachment to restrictive paradigms prohibits creation and discovery. It can ultimately prohibit existing practice as well. Science and medicine (and any other endeavor) have only ever blossomed because of paradigm shifts created by open minds, and the best advances are always achieved within an atmosphere of understanding and thoughtful discussion. Veterinarians need to be supported by their governing agencies in the education and practice of potentially beneficial modalities.

There is another important point to make regarding the benefits of CAVM. The primary complaint against it is that many of its founding principles are not based on modern concepts of biochemistry, and the mechanisms of action involved cannot be reduced to single components. It is argued that CAVM is simply based on "folk medicine" or "ancient beliefs" that have no value in today's world. Beyond the fact that older systems of medicine have been helping patients for thousands of years, and that modern clients and doctors would not seek them out if they didn't continue to do so, CAVM modalities like traditional Chinese medicine and homeopathy offer a distinctive approach to medicine. They incorporate the unique organic behavioral patterns of individual patients into their diagnosis and treatment. They are not just looking at the fact that a patient is vomiting, or that it started after exposure to a pathogen. They are looking at how that patient is responding to their challenge as an individual. One dog is vomiting undigested food, is lethargic, and has a history of hypothyroidism and recurrent otitis. The other is vomiting bile, is agitated, and had a TPLO the previous year. Metronidazole quickly and effectively alleviates the vomiting for both dogs, but it will not benefit the hypothyroid dog's ongoing otitis or prevent the agitated dog from blowing the other cruciate. CAVM has the potential to do this. It offers a way to treat multiple symptoms and affect numerous biochemical processes by addressing very

wide-ranging yet very personal patterns of disease.

Lastly, while CAVM is beneficial in conjunction with conventional care, it holds special value when conventional options run out. It provides viable options for patients with chronic ongoing disease, patients who cannot tolerate conventional interventions, and patients for whom there is no Western diagnosis or treatment available. For clients who cannot afford the recommended conventional treatment, or who are concerned about potential side effects, CAVM offers a way for them to still provide care. And since CAVM relies heavily on client observation and hands-on treatment, it enhances the human-animal relationship.

For all the reasons listed above, and on behalf of all those patients and clients who benefit from CAVM every day, I ask that the anti-CAVM stance of the RACE committee be reversed. Please support the efforts of your fellow veterinarians to explore and improve all potentially beneficial forms of medicine that are available to them, and those yet to be discovered.

Thank you. Sincerely,

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This letter has been sent to the following agencies:

OVMEB (Oregon Veterinary Medical Examining Board): ovmeh.info@state.or.us

RACE (Registry of Approved Continuing Education): kmcghee@aavsb.org

AVMA (American Veterinary Medical Association, regional delegate):
dougmcinnis@aol.com.

To view letters from the AHVMA (American Holistic Veterinary Medical Association), see their website at www.ahvma.org and scroll about halfway down their homepage to where it says: "Letters to state boards protesting RACE denial of credit for CAVM CE."