

## The CAM Practitioner As Enabler (Or Death by Pseudoscience)

Written by Dr. Steven Novella  
Saturday, 08 September 2012 09:00

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As James Randi himself once said, “It is a very dangerous thing to believe in nonsense.”

This is true on many levels. Often I am asked, “[what’s the harm](#)” of believing in and using fanciful or magical medical treatments. If it makes people feel better, who cares if it’s not real? Well, there are many kinds of harm, but perhaps the most insidious is simply instilling and reinforcing in people a belief in nonsense and a simultaneous distrust of science and reason.

In medicine, putting one’s faith in demonstrable baloney can lead to a delay in getting proper care. One might argue that the individual has the right to choose his or her own care and interventions, but this (while true) minimizes and even dismisses the role of the alternative practitioner in this decision-making process.

A [recent example](#) of the dangerous role the CAM practitioner can play in patient’s decisions came to light from New Zealand. Yvonne Maine noticed a lesion on her scalp that was painful and oozing. She was concerned about it, but also feared doctors and hospitals, so she ignored the scary lesion as long as she could. To her ultimate detriment, she sought the care of naturopath and iridologist Ruth Nelson.

Naturopaths are a diverse group of CAM practitioners, in various stages of licensing and regulation in different countries, and without a coherent philosophy of practice except that, it seems to me, they use any discarded, failed, unscientific or pseudoscientific modality out there. They seem to be united only in their distaste for science-based medicine. If you want to get the demonstrably wrong treatment for any condition, it’s a safe bet to visit a naturopath.

In this case, Nelson used as her primary diagnostic tool the practice known as [iridology](#). This is based on the absurd notion that the flecks of color in the iris of the eyes indicate the health of all the various parts of the body. There is no biological basis for this belief, and it has been conclusively demonstrated that iridologists cannot diagnose their way out of a paper bag. At best they provide a medical

[cold reading](#)

– they are the medical equivalent of palm readers or astrologers.

Nelson, according to reports, acknowledged that the scalp lesion looked suspicious for cancer, but did not refer Maine to a real doctor or encourage her to seek proper care. Instead, she treated it herself:

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“Her treatments, which included washing out the lesion with colloidal silver and picking out dead skin with tweezers, increased to the point where they were spending several hours together every day, so Mrs. Maine rented a house close to the clinic.”

Nelson treated Maine for 18 months, until the pain became intolerable and a combination of family pressure and her pharmacist noticing the high use of pain medication eventually lead Maine to genuine medical care. The lesion, which had eroded through the skull exposing the dura, or lining of the brain, was surgically removed. This improved Maine’s quality of life, but she died a year later.

Nelson justifies her treatment of Maine this way:

Mrs. Nelson acknowledged that Mrs. Maine needed to see a doctor, but said her philosophy was to put patients' wishes first.

"The mistake I made was not anything to do with the skills or knowledge, it was caring too much," she told the commission.

No, her mistake was in being a dangerous charlatan. But the attitude she offers to justify her neglect is revealing – of a profound unprofessionalism. Health care professionals are supposed to put ethics and the best interests of their patients ahead of the patient’s wishes. Ultimately adult patients are in control of their health care and do make the final decisions, but a health care provider should be their advocate. This means telling patients what they might not want to hear, giving them proper informed consent, and giving them the best advice, even if they do not like it or choose to follow it.

Professionals should also be properly trained in the psychology of illness, and use that knowledge to help their patients in their decision-making process. Nelson was not acting like a health care professional advocating for her patient’s best interest, but rather was enabling her fear-motivated denial and avoidance.

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In my opinion the mere existence of alternative “professions” and practitioners enables fear and irrationality in health care decision-making. They subvert the purpose of informed consent. They provide an illusion, a false choice, that distracts and lures patients away from rational health care by tempting them with magical wish-fulfillment right when they are most vulnerable.

They justify this as consumer choice – but it is the same as placing a delicious cheesecake in front of an obese diabetic about to eat their meal of salad and vegetables. Yes, the choice is ultimately the diabetic’s, but what are the ethics of not only placing the cheesecake in front of them when they are hungry, but lying to them and telling them that the cheesecake is just as healthy as the vegetables? In fact, the salad and veg are secretly dangerous, and diabetes isn’t exacerbated by excess sugar anyway.

CAM proponents frequently dispense comforting or appealing misinformation, luring people away from the often hard choices and scary options provided by honest science-based medicine, and then scream “consumer choice” whenever any standards or quality control threatens to restrict their ability to extract money from the public.

Occasionally dramatic cases like that of Yvonne Maine come to light, but this practice is happening every day in the world of CAM. In New Zealand naturopaths are not licensed. The Maine case is therefore leading some to call for regulation of naturopaths, for quality control. This is a tragic mistake. The call comes mainly from naturopaths who want to create a monopoly for themselves through licensure and getting rid of competition from those who are not a member of their guild.

Such regulation of unscientific philosophy-based health professions, however, has never resulted in actual quality control or protecting the public from nonsense. It actually makes the problem worse, by legitimizing pseudoscience and providing plausibility to the enablers. Licensing pseudoscience makes the government complicit in fraud and medical harm.

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