

We Get Letters & E-Mail

"Mr. Priebe's contention regarding the safety record of acupuncture is misleading"

Dear Editor:

I am writing on behalf of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). We have reviewed the article by Ted Priebe, LAc in the May issue ("Are Acupuncture Schools and Colleges Providing Primary Care Education for California and Other Independent and Primary Care States?") and wish to correct a number of inaccuracies contained in the article.

Mr. Priebe asserts in the article that the safety records for California acupuncturists "reveal a deficiency in basic knowledge and application of acupuncture and Oriental medicine," and that the organ punctures, misdiagnoses, failures to refer, use of illegal diagnostic devices, improper billing practices and improper maintenance of medical records are based on inadequacies in the education currently being provided by acupuncture and Oriental medicine colleges. The implication of this assertion is that the California Acupuncture Board needs to increase the curriculum requirements for licensure to "correct" these problems in order to protect the public. It is understandable that Mr. Priebe would make this assertion, since it is the primary basis most state licensure boards must use to justify increase in curriculum requirements for licensure. Unfortunately for Mr. Priebe, his argument is not supported by the facts.

When one examines the data, it clearly demonstrates that the safety record for acupuncturists in California is excellent and in fact is superior to the safety record for licensed physicians. The *1998-99 Annual Report of the Medical Board of California* indicates that as of 1999, there were approximately 106,000 licensed physicians in California. During the period of 1998-99, the report indicates that there were 10,751 complaints filed against physicians for violations ranging from malpractice and improper prescribing to sexual misconduct and billing fraud. This data indicates that one in ten, or 10% of all licensed physicians in 1998-99, were the subject of official complaints for misconduct.

Conversely, Marilyn Neilson, executive director of the California Acupuncture Board, in her response to a survey by the National Acupuncture Foundation, reported that from July 1992 to May 1999 - a seven-year period - there were only 173 complaints filed against California licensed acupuncturists. Since the number of licensed acupuncturists as reported in the Medical Board of California's annual report (as of 1999) is 4,780, the complaint rate for this seven-year period is only approximately 3.5% of licensed practitioners. Thus, it is very clear that the safety record for California acupuncturists is far superior to that of California physicians.

Mr. Priebe's contention regarding the safety record for acupuncture is misleading in other ways. There are many acupuncture practitioners in California who were licensed under earlier California standards. Some received licensure through California's grandfathering process when licensure became available; some took only an oral examination for licensure; some trained through tutorial

programs; and some graduated from schools which only offered 1,350 hours of training over two years, which met California's earlier licensure standards.

Although we do not have specific data, we would expect that a significant number of the 173 complaints filed against acupuncture practitioners from July 1992 to May 1999 relate to practitioners who received training under the earlier California licensure standards, California-approved tutorials or other current or previous avenues for licensure. Thus, Mr. Priebe has not and cannot provide any data demonstrating that even the impressively low rates of acupuncture complaints are connected to practitioners who were trained under California's current educational standards.

Ms. Nielsen's response to the National Acupuncture Foundation's survey is instructive in other ways. Of the 173 complaints against practitioners, only 16 were for negligence/incompetence during a seven-year period. Of those 16, only two disciplinary actions were taken against the practitioners. Similarly, her response indicates that the California Board has received no complaints during the above seven-year period related to injuries due to failure to refer to a licensed physician. Furthermore, the rates of complaints filed against California acupuncturists for sexual misconduct and improper insurance billing appear to be much lower than those for other professional fields. It is thus very clear that Mr. Priebe's contentions regarding the need for additional training based on the safety record of the field in California are misleading and correct. On the contrary, the evidence shows that acupuncture as practiced in California is extremely safe and effective.

We also take issue with Mr. Priebe's comment: "What gives the national commission, the schools and the national organizations the right to change our educational standards and undermine our ability to practice as primary care providers?" Just as California law grants practitioners the right to comment on the regulations proposed by the California Acupuncture Board, it explicitly grants the same rights to members of the public, including schools, national organizations and others who might be impacted by those regulations.

The implication of Mr. Priebe's statement is that no individuals or organizations other than California practitioners have the right to comment on any regulations proposed for adoption by the California Acupuncture Board regardless of their impact on such constituencies. It is clear that the proposed regulations have many potential adverse effects on students, schools and the public.

I am sure Mr. Priebe would agree that is always helpful to have as much information as possible to make an informed decision. California law is designed in part to ensure that regulatory boards have this information prior to promulgating proposed regulations. Given the potential adverse impact of the proposed regulations on students, practitioners, patients and the public, the California Board should be required to demonstrate that the regulations are necessary to address clearly identified deficiencies in the current licensure requirements based on demonstrated harm to the public or other reliable data, and that it has first considered less burdensome alternatives that would be just as effective to meet legitimate objectives. To date, we believe the board has done neither.

We also respectfully request that if, in the future, *Acupuncture Today* considers publishing articles that challenge the motives of schools or other organizations, it will provide an opportunity to allow those challenged to submit a response for publication in the same issue in which that article appears.

*Dort S. Bigg, Executive Director
Accreditation Commission for Acupuncture and Oriental Medicine*

"The scope of practice of licensed acupuncturists is acupuncture and Oriental medicine, not Western medicine"

Dear Editor:

I am writing on behalf of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) in response to Ted Priebe's article in your May 2000 issue. Mr. Priebe's article is misleading regarding acupuncturists being "primary care" practitioners; regarding the education that students in our acupuncture and Oriental medicine colleges receive; and regarding the safety record of acupuncturists in California.

Mr. Priebe quoted a November 9, 1999 memorandum from the California Department of Consumer Affairs' legal office that defined primary care as it relates to the state's business and professions code: "Primary care provider means a person responsible for coordinating and providing primary care to members, within the scope of their license to practice, for initiating referrals and for maintaining continuity of care."

Within the scope of their license is the operative phrase. The scope of practice of licensed acupuncturists is acupuncture and Oriental medicine, not Western medicine. Licensed acupuncturists make an Oriental medical diagnosis, not a Western diagnosis, and use acupuncture and Oriental medicine to treat patients, not Western medicine modalities.

In the early 1980s, the national organizations, including the CCAOM, the ACAOM and the professional organizations, created the phrase "primary acupuncture and Oriental medicine providers." This describes the fact that our education is designed to train (and the national certification exam, to examine) independent acupuncture and Oriental medicine providers. The colleges are also required to train our students to have sufficient Western medical training to communicate with (and refer to) Western medical practitioners. The California exam indicates that California has taken a similar position, as the state examination tests applicants within their scope of practice, i.e., acupuncture and Oriental medicine diagnoses, treatment plans and modalities.

With respect to the safety record of licensed acupuncturists in California and elsewhere, one need only look at the *Safety Record of Acupuncture* published by the National Acupuncture Foundation. Mr. Priebe attributes the deficiency in the basic knowledge and application of acupuncture and Oriental medicine to poor education by the colleges. Every profession has practitioners who make mistakes, misunderstand or misinterpret their education, or overestimate their skills. Although Mr. Priebe may have testified in a "number of cases" and be concerned about the safety record of our profession, it appears he is not aware of the facts on the safety record of our profession, which is outstanding, particularly when compared to other health care fields.

According to information the CCAOM recently received from ACAOM, in California, there were 10,751 complaints against physicians during the one year period of 1998-99 (about one in 10 licensed officials were the subject of official complaints). Over a seven-year period, meanwhile, only 173 complaints were submitted against acupuncturists (about three percent of acupuncturists). Of those 173, only 16 complaints were for negligence/incompetence, and of these 16, only two disciplinary actions were taken against the practitioners. The field of acupuncture and Oriental medicine is renown for having

one of the most outstanding safety records of any medical field practiced in the U.S.

Lastly, Mr. Priebe states, "What gives the national commission, the schools and the national organizations the right to change our educational standards?" The most constructive way for our field to evolve and mature is to have ongoing communications with (and input from) all the constituents in our field, including practitioners, colleges, patients, the public, national organizations and so forth. I find it quite disturbing that Mr. Priebe appears to have taken a stance that only practitioners should have input on the future of our field. We are all part of a superb system of medicine, a medicine that benefits thousands of people worldwide. It is of the utmost importance that we cultivate healthy dialogue within our field and are aware of the ramifications of our statements and actions.

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