



# OMA

ONTARIO MEDICAL ASSOCIATION

## Complementary & Integrative Medicine Medical Interest Group

CIM-MIG

Fall 2020

### Our Mission

Our mission is to support physicians, residents, and medical students who have an interest in complementary and integrative medicine (CIM) therapies. We will do this by sharing information, news and events, by providing recommendations for safe, responsible and professional practice, and by communicating with stakeholders about CIM as a valuable tool that can help Ontario's doctors deliver better healthcare.

### Our Vision

Our vision is an inclusive healthcare system in Ontario, in which patients can explore their interest in complementary and integrative medicine with doctors, to ensure their safety and support their efforts to achieve better health outcomes.



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# A Message from the Chair

## Are you burned out?

### Managing stress during a pandemic

Dr. Richard Nahas

In recent years, there has been growing recognition of the importance of stress and burnout among physicians and other healthcare workers. During these challenging times, it is more important than ever for doctors to take care of themselves. While one would assume that physicians with an interest in integrative medicine are likely to pay more attention to self-care than the average doc, this is not always the case. For this issue of our CIM newsletter, we decided to provide our members with some interesting tidbits from the literature on physician stress and burnout, and some evidence-based options for prevention and self-care.

Burnout refers to a prolonged response to chronic stressors. It is a multidimensional experience whose domains have been called emotional exhaustion, depersonalization and reduced personal accomplishment. Intervention studies on burnout typically use the Maslach Burnout Inventory, which uses 22 items scored from 0 to 6 to assess these three domains. There is a version of the MBI for use in medical personnel, and it can be licensed from Mind Garden ([mindgarden.com](http://mindgarden.com)) for use in your hospital or healthcare organization.

Estimates of the prevalence of physician burnout have varied widely, with a recent systematic review reporting rates from 0 to 87% (*JAMA* 2018;320:1131-50). Studies have reported that burned-out physicians and nurses suffer from more substance abuse, broken interpersonal relationships and suicidal ideation, they believe they deliver poorer quality care and patients seem to be less satisfied with their care.

A meta-analysis of interventions to reduce burnout of physicians and nurses identified 22 such studies (*Medicine (Baltimore)* 2020;99:26(e20992)). Interventions either targeted individuals, organizations or both. The former group received instruction in yoga, massage, mindfulness, communication skills, emotional regulation and self-care. Organizational interventions targeted workload or schedule changes, teamwork, telehealth and greater use of medical assistants and interdisciplinary care teams. There was no clear winner here, with some benefits reported across the board.

The coronavirus pandemic has obviously caused an increase in stress for people everywhere. Amazingly, a systematic review found 62 published studies on the

psychological impact of the pandemic since it began in November 2019. (*Psychiatry Res* 2020;291:113190). Survey data from over 162,639 participants worldwide revealed that patients who had been infected by COVID and those with pre-existing conditions were nearly twice as likely to suffer from anxiety and depression as the general population. Interestingly, healthcare workers were not at increased risk of either anxiety or depression in this study.

It seems that we have all adapted somewhat to this historic global shock, but it should come as no surprise that emergency workers are a particularly resilient bunch.

In a longitudinal prospective study of Emergency Medicine provider wellness across ten academic and community hospitals, markers of mental health, burnout and resilience all improved considerably over a four-week period at the start of the pandemic. Interestingly, women were nearly twice as likely as men to report feelings of isolation, and those who worked part-time carried the highest risk of burnout. (*Res Sq* 2020;doi:10.21203/rs.3.rs-87786/v1).

I found a brief but excellent review of some simple practices that physicians can use to improve their mental well-being that may also help prevent burnout. (*J Am Coll Radiol* 2020;746:doi.10.1016). The authors describe mindfulness micropractices during opportune moments throughout the day. These can be done while brushing your teeth, waiting at a traffic light, or waiting to log into your EMR. They advise devoting one slow, deep breath to noticing whether you are hungry or thirsty, and paying attention to what you are feeling. They also cite evidence that supports the benefit of gratitude, suggesting that we write down three things we are grateful for on a daily basis.

Integrative doctors understand the impact of cold stress and less sunlight on immune function, and this makes many of us worry that there will be difficult times ahead this winter. Many of us are also frustrated and disappointed by the narrow focus on infection rates and feel the need for a more complete assessment of the many different kinds of impact that the pandemic and the lockdown have had on society. While we must expect the unexpected, we must find it within ourselves to stay calm and carry on. As physicians, we also have a duty to uplift and support the patients and communities that depend on us more than ever during times like these. Take care of yourselves, everyone. We will get through this.

# Clinical Resources



## Whole Systems Care Preliminary outcome studies at the U.S. Veterans Affairs

Dr. Esther Konigsberg

Many of us who practice Integrative Medicine have been frustrated that there has been a paucity of large trials demonstrating what we see in clinical practice: that wholistic health care improves patients' quality of life and reduces health care costs. A new paper by the U.S. Veterans Affairs was recently released that may address this very issue and have a far-reaching impact for supporting and furthering the field of Integrative Medicine.

But first a bit of background: The U.S.'s Veterans Health Administration (VHA) is America's largest integrated health care system, providing care at 1,255 health care facilities and serving 9 million Veterans yearly. Two years ago, an exciting initiative was spearheaded by the U.S. Veterans Affairs "to address pain management for Veterans, and to conduct research on the implementation and impact of complementary and integrative health (CIH) and other approaches on the health and well-being of Veterans." The VHA formalized an approach to care called the Whole Health System of Care (WHS), incorporating patient-centered care and complementary and integrative health. 18 flagship sites were chosen for a 3-year pilot implementation of the WHS. A progress report was released in February 2020, after the first 2 years: [Whole Health System of Care Evaluation - A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites.](#)

The V.A. defines whole health care as an "approach to healthcare that empowers and

equips people to take charge of their health and well-being and live their life to the fullest." This care focuses on Veterans' personal health plan and goals aligned with their mission, aspiration and purpose as a foundation for treatment recommendations. It includes well-being programs in which Veterans participate in a combination of complementary and integrative health services, health coaching and support, and other self-care and skill-building groups and processes to equip Veterans to manage their health.

Below are a few of the pilot study's most salient findings: *(For the whole report please go to the link above)*

There was a threefold reduction in opioid use among Veterans with chronic pain who used WHS services compared to those who did not. Veterans who used WHS services demonstrated trends towards improvements in patient-reported health and well-being outcomes over a 6-month period. Some of these improvements included: Better engagement in life with improvements in mission, aspiration, purpose and overall well-being.

In terms of health care costs, preliminary findings suggest that WHS service use among Veterans with mental health conditions and chronic conditions was associated with smaller increases in outpatient pharmacy costs: 3.5% and 4.3% annual increase respectively versus Veterans who did not use WHS services 12.5% and 15.8% annual increase.

*Future data will hopefully be available to determine if use of WHS services results in cost savings or lower utilization of more expensive care, or helps Veterans avoid costly procedures, ER visits, inpatient admissions and other types of care. Employees, including health care professionals, who reported involvement with WH*

# Clinical Resources (Continued)



also reported their facility as a ‘best place to work’. There was lower voluntary turnover, lower burnout, and greater motivation. This initiative is ongoing, and more reports will be following.

The significance of this report and future reports from the VHA’s WHS cannot be overstated. Integrative Medicine is usually studied in its smaller parts i.e. examining whether a particular complementary and alternative intervention can be supported by evidence or not. This moves the acceptance of IM by the greater medical community at the pace of an iceberg (and they are melting). When whole systems are analyzed for improvements of outcomes, reductions in cost and reducing health professionals’ burnout, then a much more compelling argument can be made for moving conventional medicine in the direction of Integrative Medicine. The resources and scope of the U.S.’s VHA will hopefully be the vehicle to help us get us there.

The Official Journal of the Medical Care Section, American Public Health Association, dedicated its September issue to “*The Implementation of Complementary and Integrative Health Therapies in the Veterans Health Administration,*” There are articles on pain management, mindfulness, acupuncture, yoga, etc. This issue is free and available on line [here](#).

The VA also has a site filled with Integrative Health resources for its Veterans and the public. It is a great resource to share with our patients including guided breathing exercises, tai chi classes, yoga, healthful recipes and much more. You can access the link [here](#).

## Vitamin D Deficiency and COVID-19

Dr. Fred Hui

I seldom send mass emails to my patients, but I am drafting one to send them based on the two recently published studies that are listed below. Many of our patients turn to us, as their physicians, to advise them how they can reduce their risk of COVID19. Other than wearing a mask, handwashing, physical distancing and following the recommendations of our public health officials, one of the safest and most reasonable options to consider is the supplementation of vitamin D.



# Clinical Resources (Continued...)



In my view, the recent resurgence of COVID throughout the northern hemisphere may be related to the seasonal reductions in sunlight and temperature that are occurring in these countries. These are associated with reductions in serum vitamin D levels that coincide with these changes. The above studies are examples of the growing body of evidence that lower vitamin D levels are associated with worse outcomes, particularly in severe cases.

This is further supported by the higher incidence of COVID in people with darker skin, and the worse outcomes seen in these populations. This has been reported in many countries and may be affecting the spread of COVID in all of our communities.

While it is called a vitamin, cholecalciferol is in fact a steroid hormone. Like many natural health products that are not protected by a patent, evidence supporting its effectiveness is lacking. While this in fact is evidence of the failure of the medical and scientific establishment to ensure that society funds the research that matters most, I believe that we have a duty to provide our patients with the best available information to answer their questions.

If your patients ask how they can reduce their risk of COVID19, it is important to remind them to wear a mask, practice physical distancing and follow public health advice. But in addition to exercise, sunlight, fruits and vegetables, adequate sleep and managing stress, vitamin D supplementation, particularly for those at risk of deficiency, may be good advice to give. While 5000 IU daily is probably safe, be sure to use resources you know and trust for specific advice about dosing and administration.

## **Evidence that Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths**

<https://pubmed.ncbi.nlm.nih.gov/32252338/>

**Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7456194/>

## Upcoming Event

### Online Symposium

**Date:** December 1<sup>st</sup>  
**Time:** 7:30 pm EST  
**Topic:** A potential role for melatonin in the COVID19 pandemic?

**Description:** A panel of experts on melatonin will discuss this topic online. There is no cost, but registration is limited to Ontario physicians.

Visit <http://medicalimagineering.blogspot.com/2020/10/covid-19-paradigm-shifting-into-2021.html> for more information and to register.

# An Invitation to Members

## Share something with us!

The Medical Interest Group for Complementary and Integrative Medicine has nearly 300 members. Some of you may feel passionate about one specific modality, whether it be nutrition, movement, mind-body practices, natural health products, manual therapy or acupuncture. Perhaps you have an interest in a specific condition, or some aspect of functional medicine that you want to share with us. Some of you may have insights or personal experiences that have shaped your perspective on healthcare.

Whatever you want to contribute, we want to read it and share it with the Ontario Integrative MD community. We would love to receive submissions, whether they are in the form of a single paragraph or a full-length article, with references or without. Help us all to grow and learn together. Email submissions to: [oma.cim.mig@gmail.com](mailto:oma.cim.mig@gmail.com)

## Please Support Our Work- Pay Your Constituency Fees

Your CIM MIG Executive is focused on CPSO Reform. We need your support to help us continue our work creating a safe regulatory environment for Ontario's doctors. We believe that doctors should not be targeted or persecuted for helping patients who want their trusted healthcare providers to help them explore CAM. We have made significant progress towards this goal, by engaging stakeholders, providing a consistent message about our members' concerns, and drafting submissions that offer real solutions.

By paying your \$50 Constituency Fee, you will help ensure that our work can continue. We are working to support you, but we cannot do it unless You support us. Follow the instructions below to pay your dues:

Step 1: Log into the OMA

Step 2: Click on "[My Account](#)"

Step 3: Click on "Pay dues & fees"

Step 4: Click "Next Step" at the bottom of the page

Step 5: Click on "Complementary & Integrative Medicine Medical Interest Group"

Step 6: Click on "Next Step" at the bottom of the page

Step 7: Follow instructions on the page to finish the payment

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