Approved 1-28-88
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Vice-Chairman, Frank Buehler at
Chairperson

1:30 a.m./p.m. on January 20, 19 88 in room 423-S of the Capitol.

All members were present except:

Chairman Littlejohn, excused

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

John Renner, M.D., Family Physician, Kansas City, Ks.
Helen McMannis, R.D., Asst. Director Food Services/K.State Univ.
Barbara Lukert, M.D., Professor of Medicine/Nutrition, KUMC
Darrell Corson, Member of Technical Committee, Pharmacist, Shawnee Ms.,Ks.
Bob Williams, Ks. Pharmacy Association
Don Richards, R.T./Adm.of R.T.Dept./Riverside Hospital,Wichita,Ks.
John Smith, D.O.
Judy Johnston, M.S.R.D.
Bill Fuller, Asst.Dir. Public Affairs/Ks.Farm Bureau
Pat Stein
Adrian Baxter
Pete Baxter,Associate Professor, KUMC
Ann Hunter, President of Dietitians Association, Wichita, Ks.
Mike Hinds, Ks. Respiratory Therapy Society
John Peterson, Kansas Dietetic Association

Vice-Chairman called meeting to order with announcement that Chairman Littlejohn is much improved and will hopefully return to his office next week.

Hearings began on HB 2464 with Proponents giving testimony.

John Renner, M.D. (see Attachment No.1 for details), said there is an epidemic of health nonsense sweeping the country. Too many who aren't qualified are giving nutritional advice to many people. The public has presently no way to separate a person with good dietetic training as you would in a state that licensed dietitians. It would be in the public's best interest to have a licensed dietitian law that would help separate truth from fiction. He supports HB 2464.

Helen McMannis, Assistant Director Health Food Service, Kansas State University. We are pursuing licensure for dietitians to assure consumers adequate delivery of nutrition services, prevent harm to the public seeking to improve their health, and to discourage unqualified individuals from entering this field. There is $10 Billion spent annually for quackery. Licensing is the most appropriate form of credentialing. (See Attachment No. 2 for details of McMannis testimony.)

Barbara Lukert, M.D., Professor, KUMC, said there are two groups of people that use services of dietitians. The worried well and those with incurable diseases, with both groups willing to try anything to improve their health, so they all need competent advice. She cited examples of patients using improper advice who became very ill. She supports HB 2464. (see Attachment No.3 for details.)

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on January 20, 1988.

Hearings continue on HB 2464:
(See Attachment No.4 for details of printed testimony of Darrel Corson a member of Technical Committee and pharmacists, Shawnee Mission, Ks. Mr. Corson was unable to give testimony in person.

Bob Williams, Executive Director Kansas Pharmacists Association, (see Attachment No. 5 for details). Standards and credent ialing for dietitians is as important as those f or physicians and pharmacists. Approval of HB 2464 will help protect the public against unqualified/unethical practitioners.

Don Richards, Director of Respiratory Care, Riverside Hospital, Wichita, Kansas, gave hand-out, (see Attachment No.6 for details). He spoke of the importance of critical care teams and the responsibility of each team member. The dietitian's role is vital in that without it the patient would be mal-nurished. The dietitian is an essential member of the team just as are the physician and nurses and therapists.

John Paul Smith, Jr. D.O. was in surgery and unable to attend this meeting and sent printed testimony, (see Attachment No. 7 for details.

Judy Johnson, MS, RD, cited specific patient cases in her testimony in support of HB 2464, (see Attachment No.8 for details). She spoke of how inappropriate care can be harmful to persons who are given inappropriate nutritional advice.

Bill Fuller, Assistant Director Public Affairs, Ks. Farm Bureau gave hand-out, (see Attachment #9). He said in regard to Dietitian Licensing accurate and complete consumer information on the nutritional value of the pure, wholesome food produced by American farmers and ranchers is vital to our industry. We believe dietitians, properly trained and licensed, could, using scientific and fully documented information, provide consumers with helpful guidance on nutrition and a balanced diet.

Virginia Benton, Rural Health Chairman, Coffee County Farm Bureau, gave hand-out, (see Attachment No.10 for details.) She stated to practice the dietitian's profession certain skills and expertise are necessary; harm can be caused by unqualified person disseminating the wrong information; public needs a way to identify the qualified dietitian from a person who is only seeking a way to enhance their own wealth.

Pat Stein, a dietitian practicing independently with referrals from hospitals and physicians showed a huge display of vitamins and minerals and supplemments as she directed her testimony to specific cases, (see Attachment No. 11 for details).

Adrian Baxter, (see Attachment No.12 for details of testimony). Testimony was letters in support of HB 2464.

Pete Byer, Associate Professor, KUMC gave hand-outs, (see Attachments 13-a,13-b,13-c for details. Testimony cited specific patient cases and an article explaining the importance of licensure of dietitians, i.e., protection of the public, to control malpractice, and to ensure minimum standards of practice in this field.

Ann Hunter, President of Dietitians Association of Kansas, stated every dietitian should be a nutritionist, but every nutritionist certainly isn't a dietition, because the dietition needs years more training. It is not her wish to run any diet center/health food store out of business, but only to protect the public from getting improper advice on nutrition. She answered numerous questions from many members of the committee. (Attachment 14)

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on January 20, 1988

Hearings continue on HB 2464:--

Mike Hinds, Ks. Respiratory Therapy Society gave hand-out, (see Attachment No. 15 for details.) He spoke in support of efforts of the dietitians in Kansas to obtain legal credentialing.

There were numerous questions from committee members, i.e.,-----

Would those selling health foods/supplements go out of business if HB 2464 is enacted? No, you cannot stop the sale of items if a health food store wishes to sell a product that legally can be marketed, and the Drug Administration doesn't require a prescription for it, this bill does not, could not, probably because of Federal pre-emption, stop that sale. The answer might be different if the individual, whether they are at that store or anywhere else, was doing an individual assessment of the person and giving consulting advice, then that would come under the scope of practice as division by the bill, but the terms of actual sale of a product is not going to be affected.

If the diet center is selling vitamin E, and a phamphlet is given out with the sale, what does the bill do in this instance? John Peterson was asked to comment on this, and he replied, language which does clearly specify an exemption for general nutritional advice, which type of phamphlet, he didn't believe this is covered in the bill presently, however, over this past week-end, he said he had conversations in terms of specifics of that language because it has been utilized in other states with individuals representing some vitamin companies and some diet centers, to be specific. He had also visited with the Dietitians Association and together they were agreeable to that language and said he is certain that we'll soon have specifics which deal with this question, i.e., to clarify the general nutritional advice, or a phamphlet type of hand-out, or the selling of legal food supplements, would clearly not come under the tribune of this act.

If the word, "Nutritionist" was eliminated from HB 2464, do you think it would be helpful? Mr. Peterson replied, his opinion was somewhat different than that of the Department of Health and Environment, however, he said the importance of what happens when the word, "Nutritionist" is stricken, would be, in the addition to the scope of practice, the only term you would be protecting would be dietitian. It is a policy decision for this committee to make. (Whether you want to say that only a person who meets these educational standards can also use the terminology, "Nutritionists". ) My feeling would be, he said, that you should, but the Department of Health and Environment feels differently. If this committee also feels differently, the bill would still be an improvement at status quo.

Vice Chairman announced Opponents will testify on HB 2464 at meeting tomorrow.

Meeting adjourned at 3:15 p.m.

TESTIMONY OF JOHN RENNER, MD
BEFORE KANSAS HEARINGS ON DIETITIAN LICENSURE

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Over the past two years I have made an intense study of health and nutrition fraud and abuse. I am currently the Editor of the Greater Kansas City Medical Bulletin and I have written several editorials and several articles about nutrition and quackery and many aspects of it. I will submit some material for your reading.

Nutrition is a science, and because of that we have ongoing controversies within legitimate nutrition. The problem is many hucksters and many people that want to make a profit have seized upon some of these legitimate debates and they have exaggerated the claims of nutrition and they have taken advantage of a large number of people. I consider the nutritional advice that many of these groups give out to be extremely dangerous.

I have only brought a few copies of examples of this, but here is one that is filled with "health secrets from Europe" written by a naturopath who is now expired from a preventable illness cause. This is a magazine written by Kurt Donsbach's industry, which sells phony PhD and Master Degrees in nutrition. Victor Herbert has registered his dog and cat there, they were able to get a certificate showing that they had some nutrition competency. In Kansas City we have something called The Kansas City Nutritional Institute which, about 1-1½ years ago a reporter for one of the papers registered their dog or cat, and they added a new twist - their dog or cat graduated in the upper 10% of the class. Here is a group selling flower remedies, inhaling and smelling things will help you get better. We have had a U.S. Senate investigation this past year on diet fraud. Congressman Claude Pepper had hearings on quackery, much of it aimed at the elderly and different minority groups. Consumer Reports had the May, 1985 edition completely on this particular topic - "Food, drugs or Frauds". And we are starting to see indictments now in different states for people who call themselves "nutritionists". The public has no way to separate a person with good dietetic training as you would in a state that licensed dietitians, and when so-called "nutritionists" start to sell their advice, all kinds of trouble can

Attach
1-20-88
Attm. #1.

take place. The New York Attorney General has just indicted a "nutritionist" by the name of Pace who was thought to be a scientist because he had the word "nutritionist" on his door and advertised in health food stores. He was using a technique called "hair analysis" and "herbal crystallization" where he would put saliva on a slide and analyze it and tell people what "herbs" they needed. He has been indicted in New York.

This kind of activity is going on all over the United States and I am sorry to say many of the complaints that we get about nutritional ripoffs do come also from the State of Kansas.

I think that it would be in the public's best interest to have a licensed dietitian law, someone that they know has credentials and testing and competency in this field, to separate the truth from the fiction.

If you would look at the billions of dollars that are spent nationally and the harm done, the lives lost, the delay in legitimate treatement, you would find out that this would be a very cost effective, good for the public interest type of proposal to consider. I strongly support the attempts to look at all sides of this issue and to get dietitians properly licensed.

Thank you.

*The Kansas City Star, Sunday, October 27, 1985*

# Cytotoxic tests fall short in search for allergies

## Health bulletin

*By Dr. John H. Renner*

Have you heard about the cow that was warned not to drink its milk?

There was a good reason: It was found to be allergic to cow's milk as well as cottage cheese and yogurt. At least that's what its cytotoxic test showed.

Usually this expensive food allergy testing program is limited to humans, but last year a suspicious investigator for the Food and Drug Administration decided to check it out by submitting cow's blood as his own. He filled out the necessary questionnaire, sent in $350 and quickly received back the promised analysis.

The testers apparently did not recognize that the sample was not human blood, but they did report that the customer (the cow) was allergic to 22 of 187 substances tested. When another investigator sent in a sample of blood from a woman physician who was in excellent health, she was reported to be sensitive to a variety of common foods that had never caused her any problems.

Although the operations of that particular cytotoxic testing company have since been slowed by legal and professional repercussions, the issue of cytotoxic testing is not closed.

It is worth your while to recognize the approach. The newspaper ad that caught the attention of the FDA investigator was headlined "Disaster linked to the food you eat!" Telltale signs of a questionable health product were obvious throughout the promotional material:

- A long list of health problems for which the test offered answers, including headaches, stomachaches, sinus troubles, skin problems and rashes, overweight difficulties, stress, fatigue, water retention or "any combination of the above."
- A "new, revolutionary" answer, in this case, a nutritional blood test that showed "how an individual's system may react poorly to certain food." ("Cytotoxic" is defined as poisonous to cells.)
- An extravagant testimonial. "I was feeling sluggish and awful until I applied the cytotoxic test. Then within three days I felt an incredible increase in my energy level and mental attitude," one woman said. "I no longer get tired or moody and I'm back to a normal life."
- Traveling salesmen or a mail-order system to serve customers. The cytotoxic test was available through a special nutritional team that visited various cities. For those who could not attend the session, the test was sent through the mail. Other cytotoxic tests are available at franchised "allergy test clinics," where the customer is frequently advised to take vitamins and minerals sold at the clinic.
- A little scientific language to make the treatment sound plausible. The advertised test was described as a microscopic exam of the reaction of leukocytes (white blood cells) with individual extracts of nearly 200 commonly eaten foods and additives.

An incompatible food supposedly caused your white blood cells "to wrinkle, crack, burst open and die . . . your immune system is caused impairment and your white blood cells release a powerful and destructive enzyme. This means potentially greater susceptibility, not only to serious disease, but to a host of lesser symptoms. In short, the door is thereby opened to poor nutrition and a possible multitude of unpleasant ailments and symptoms." This explanation is medical double talk.

For the record, cytotoxic testing—also known as food sensitivity testing, leukocyte antigen testing and Bryan's test—is not an accepted clinical procedure, and no significance has been established for the test results, according to the FDA.

The American Academy of Allergy and Immunology states that controlled trials have shown this kind of testing to be ineffective for diagnosing food and inhalent allergies. In addition, cytotoxic testing is not reimbursed by medical insurers and may be covered under Medicare only as an adjunct to regular clinical allergy tests.

If you think you have a food allergy, don't rely on cytotoxic testing programs and the panaceas they offer. See a physician for a complete medical exam. It often is helpful to keep a food diary, listing in detail what you eat and what symptoms you experience over a period of time.

You may need to undergo skin testing and/or blood testing to determine the presence of specific antibodies, followed by food challenge tests, which involve eliminating foods, then reintroducing them, one at a time.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.*

*For more on cytotoxic testing, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on cytotoxic testing. Please do not send cash.*

The Kansas City Star, Sunday, October 20, 1985

# Chelationists offer everything

## Health bulletin

*By Dr. John H. Renner*

Chelation therapy is touted as a universal treatment—good for dozens of conditions that might ail you. That's the first reason to view it with suspicion. There are at least a half dozen others.

Yet more than 300,000 Americans reportedly have undergone this therapy, in which the chemical ethylenediaminetetraacetate, known as EDTA, is given intravenously over several hours.

Chelation promoters say that a series of these treatments is the answer to hardening of the arteries and offers an alternative to coronary bypass surgery.

The theory most frequently put forth by chelationists is that EDTA chelates or binds to calcium and removes it from the bloodstream to be excreted by the kidneys; this, in turn, causes calcium to dissolve out of the plaques that clog arteries and results in improved blood flow. Other chelationists reject this rationale and offer instead a free-radical theory involving the removal of toxic materials by chelation.

No chelation theory has won acceptance from most of the medical community, but this has not slowed down the chelation proponents who say that unclogging arteries is just one benefit. According to their literature, the therapy can also prevent senility; reverse blindness; treat diabetes; improve liver function, blood cholesterol ratios and memory; lower blood fats; reduce blood pressure; decrease leg cramps; relieve the pains of angina and the symptoms of arthritis, Parkinson's disease and multiple sclerosis; heal ulcers caused by poor circulation; forestall heart attacks; reduce the incidence of cancer and combat a host of other ills, including the effects of Agent Orange.

Although no treatment has ever accomplished even half of these results, some people are willing to give chelation a try. After all, what do they have to lose?

- Some have lost their lives. In 1976, chelation therapy was implicated in the deaths of 14 persons at a Louisiana clinic.
- Others have lost the health they had, and they have countered with malpractice suits against chelation clinics. Kidney failure, stroke and diabetic complications are among the side effects cited by patients in suits pending in several states.
- All chelation patients part with a considerable amount of their money. A series of treatments costs $3,000 to $6,000. Patients must pay it all because insurance companies and Medicare refuse to reimburse for this controversial treatment.

Meanwhile, chelation turns a high profit for the practitioners who administer it. While patients pay $70 to $110 for each treatment, materials and labor actually cost less than $15, the *Harvard Medical School Health Letter* reported last year.

- People who try chelation often lose time. While they delay seeking conventional therapy, their medical problems worsen and their chances of effective treatment lessen.

Patients who are considering chelation should be aware of several other facts:

- Two states have taken action against chelation therapy, and several others are developing legislation to regulate chelationists. In Michigan, chelation therapy is legally defined as a substandard medical practice and in Arizona, its practice is partly controlled.
- Forms of EDTA are approved by the Food and Drug Administration only for treating several specific problems: heavy metal poisoning, an excess of calcium in the blood and irregular heartbeats attributed to an overdose of the heart medication digitalis. The loophole for chelationists lies in federal law, which permits physicians to use drugs for other than the approved purposes.
- The manufacturers of EDTA specifically warn that the drug is not indicated for treating the general hardening of the arteries that comes with advancing age.
- Numerous medical and health organizations have spoken out against chelation therapy for unapproved uses—which is the way it is promoted and practiced today. The organizations include the American Heart Association, the American Medical Association, the American College of Cardiology, the National Institutes of Health and the FDA. Medical groups point to the lack of real clinical trials of chelation therapy.
- The research that has been done on the treatment does not answer the serious concerns which most of the medical community has about the safety and effectiveness of chelation therapy. Dr. Peter Frommer, an official of the National Heart, Lung and Blood Institute, said the only research that involved patients and used "somewhat reasonable methodology" took place in the early 1960s.

"Their first report showed preliminary favorable results, but their follow-up and more extensive studies did not show benefit, and they concluded that chelation was not a useful tool in the treatment of coronary artery disease."

- In place of scientific research, chelationists usually offer testimonials by patients. Although most of these patients sincerely believe that chelation has helped them, there is no way to know whether an improvement is due to the worthwhile lifestyle changes (a low-fat, low-cholesterol diet, an exercise program and no smoking) which chelation therapists usually combine with the intravenous treatment, to a normal fluctuation in the symptoms of their disease, or to the placebo effect, which causes patients who think they are being treated to report improvement.
- Some of the leading promoters of chelation across the United States are doctors who formerly promoted laetrile, which cost many lives before it was discredited as a cancer treatment.

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*For more on chelation, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on chelation. Please do not send cash.*

# Fad diets will trim only your checkbook

## Health bulletin

*By Dr. John H. Renner*

Wonder diets promise to transform you from fat and flabby to thin and trim with little or no effort on your part. The staple fare of these diets is fantasy.

A healthy dose of skeptical thinking is necessary to avoid weight-loss schemes that are as likely to lighten your pocketbook as your body and may also prove costly to your health.

You do not need to be a nutrition expert to judge whether a diet is fantasy- or reality-based and whether it is dangerous or safe. A few basic questions will give you the answer.

● Does the diet promise to melt away your fat, burn off your bulges or flush calories out of your body? Is it guaranteed to increase your metabolism for easy weight loss? Does it allow you to eat all that you want?

These claims appeal to wishful thinking at its worst. The scientific truths are clear: Excess weight results from using less energy (calories) than you consume. To lose fat, you must expend more energy than you take in.

● Does the diet promise a weight loss of more than 2 pounds a week?

If you are shedding more than 2 pounds a week, it's most likely that you are losing water, which you will quickly regain with normal eating, or you are losing lean body mass, including muscle and organ tissue that you cannot afford to lose.

● Does the diet consist mainly of pills or a "secret formula"?

When someone stands to make money by selling you a weight-loss product, it is especially important to exercise caution. Many of these "revolutionary discoveries" are just another in the lengthy line of fad diet products that will not work for long. If any of them had proved to be the ultimate solution, there would be no need for the new crop of diets that appears each year.

Most fad diets can produce quick weight loss, but you can lose weight temporarily on any kind of diet. The lasting effect of pills and formulas is often the "yo-yo" cycle in which a quick weight loss is followed by a rebound weight gain as soon as you return to normal eating habits.

● Does the diet focus on one or two foods or food groups and ignore the others?

Unbalanced diets are unsafe, and most fad diets are unbalanced in some fashion. An extreme form of unbalanced diet—a liquid protein diet of fewer than 400 calories a day—was linked to 17 deaths in the late 1970s. Irregular heart rhythms and cardiac arrest occurred in the dieters. As a result, the Food and Drug Administration requires warning labels on weight loss products whose calories are more than 50 percent protein.

Most fad diets pay little or no attention to generally accepted guidelines for nutrient proportions, such as the U.S. Senate Select Subcommittee's Dietary Goals, which recommend that 58 percent of total calories come from carbohydrates, 30 percent from fat and 12 percent from protein.

Fad diets also often overlook the need for selections from the four basic food groups: meat, poultry and fish; eggs and dairy products; fruits and vegetables; and grains and cereals.

● How many calories does the diet allow you to take in each day?

If the reducing regimen does not limit your calories, it is not likely to be successful. Calories definitely count: It takes 3,500 calories to burn a pound of body fat. To lose a pound of fat a week, you can take in 500 fewer calories a day, expend enough energy to burn 500 more calories a day, or combine the two efforts for a daily reduction of 500 calories.

If a diet calls for a calorie intake of less than 1,000 to 1,200 calories daily, check out its safety with your physician. With a lower intake, you run the risk of not getting enough of the necessary nutrients.

● Does the diet recommend exercise?

The benefit of exercise goes beyond burning calories. Even on a sound diet, exercise is necessary to avoid losing lean body mass.

Also, strenuous physical activity is valuable because it increases your basal metabolic rate—the number of calories your body uses each day to maintain vital functions. This change helps to counteract the effect of dieting, which lowers your basal metabolic rate. Exercise also is believed to decrease your appetite and to make you feel better.

● Can you stick with the diet?

Most fad diets are too monotonous, difficult or expensive for long-term use, which results in many dropouts.

● Does the diet provide guidelines for maintaining your weight after you rid yourself of extra pounds?

Very few dieters keep off the bulk they lose. You need a maintenance plan to steer clear of the eating habits that caused you problems in the first place and to replace them with eating and exercise strategies for lifetime weight control.

Detailed information on many popular diet plans is offered in a useful book, *Rating the Diets,* by the editors of *Consumer Guide* and Theodore Berland. A paperback edition was published in 1983 by Beekman House, a division of Crown Publishers Inc.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living,* The Kansas City Star, *1729 Grand Ave., Kansas City, Mo. 64108.*

*For more on dieting, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on diets. Please do not send cash.*

The Kansas City Star, Sunday, September 22, 1985

# Nutrition reports have watchdog

## Health bulletin

By Dr. John H. Renner

You can trust popular magazines to give you reliable information about nutrition:

A. Most of the time.

B. More than half of the time.

C. Less than half of the time.

The right answer could be any of the three choices, depending on which publications are involved. When it comes to accurate information about healthful eating, magazines differ greatly.

If you are looking for good, safe information, you need to know which magazines offer more facts and which offer more nutrition fiction. The same is true for all other health advice you are given: Consider the reliability of the source, whether it comes from a publication or a person.

In most cases, it will be up to you to check out a source. In the case of magazines, you can benefit from the work done by the American Council on Science and Health, a highly respected, nonprofit educational organization devoted to scientific evaluation in health and environment.

There was good news and bad news last year when the council reported the results of its second survey of nutrition coverage in 30 popular magazines.

The good news was that some magazines showed tremendous improvement from the first survey, which had covered several years of issues through most of 1981, to the second survey covering 1982 and 1983.

The most dramatic improvements were achieved by *Essence*, which jumped from 37 percent to 93 percent accuracy in nutrition articles, and *Mademoiselle*, which rose from 46 percent to 84 percent accuracy.

The bad news was that you could not believe even half of the nutrition articles in five of the magazines—all of which had covered nutrition topics extensively or moderately in the period.

The council called these magazines "unreliable" for nutrition information because of their low percentages of accurate articles: *Harper's Bazaar*, 18 percent; *Let's Live*, 20 percent; *Prevention*, 31 percent; *Saturday Evening Post*, 36 percent; *Cosmopolitan*, 47 percent.

Dishonors for "the greatest output of bad nutrition information" went to *Let's Live* and *Prevention*, both of which devoted most of their content to nutrition.

At the opposite end of the scale were five magazines with extensive or moderate nutrition coverage that earned them ratings of "excellent." The magazines with the highest percentages of accurate articles were *Good Housekeeping*, 95 percent; *Self*, 94 percent; *Health*, 93 percent; *Essence*, 93 percent; and *Glamour*, 90 percent.

Overall, 15 magazines were doing an excellent job in presenting accurate articles (90 percent or better). Unfortunately, the nutrition coverage of the 10 others was limited. These included *Changing Times, Fifty Plus, Redbook, Parents, Better Homes & Gardens, Science '82 and '83, Reader's Digest, Scientific American, Seventeen* and *Consumer Reports*.

Fewer magazines were in between the extremes. Ranked as "generally reliable" (accuracy of 80-90 percent) in nutrition coverage were *American Health, Mademoiselle, Consumers' Research, Vogue* and *Consumers' Digest*.

Readers could put less stock in the nutrition coverage of five other magazines, which were rated "inconsistent" by the council (accuracy of 60-80 percent). These were *Runner's World, Family Circle, National Enquirer, McCall's* and *Ladies' Home Journal*.

The council used basic nutrition principles as guidelines in its survey and judged the articles in each magazine according to four criteria:

- Is the nutrition information scientifically sound and factual?
- Are inaccurate claims of special health benefits made for certain foods or nutrients?
- Do the writers or sources for articles have legitimate credentials?
- Are featured weight-loss diets safe, sensible and effective?

The most common inaccuracy found by the council involved unproved claims. In some cases, unproved claims were stated as fact; in others, they became the basis for nutritional advice.

Overall, however, magazines appear to be publishing better information on nutrition. The council thinks this is because of the demand from consumers, who are more interested in nutrition and health.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living,* The Kansas City Star, *1729 Grand Ave., Kansas City, Mo. 64108.*

*For a copy of the complete magazine survey report published by the American Council on Science and Health, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on the magazine survey. Please do not send cash.*

The Kansas City Star, Sunday, September 8, 1985

# You can get stung on bee pollen diet

## Health bulletin

*By Dr. John H. Renner*

When a 1972 Olympic champion runner from Finland credited his athletic success to bee pollen, it was not long before promoters latched onto the possibilities for commercial success with this "health food."

Since then, hundreds of coaches have put their teams on bee pollen and testified to its wondrous effects.

Pollen pushers do not limit their claims to increased stamina and enhanced athletic performance. They say that pollen cures or eases numerous illnesses, provides perfect nutrition, revitalizes the body and relieves allergies, asthma and hay fever.

In reality, bee pollen users can get stung several ways:

- No solid, scientific evidence has been produced that bee pollen improves health or athletic performance. Its fame rests on testimonials, the same technique once used to sell snake oil.
- Bee pollen is a high-priced way to get nutrients. The very same nutrients can be obtained easily and much more cheaply from a balanced diet of conventional foods.
- Bee pollen is potentially dangerous for persons who suffer from allergies (10 percent to 20 percent of the population). Severe and even life-threatening reactions have been documented from the use of bee pollen.

Each of these issues deserves a closer look.

In 1975, the National Association of Athletic Trainers sponsored a six-month test involving the Louisiana State University swimming team. If of the team took 10 pollen tablets a day; 25 percent took 10 placebo tablets (which looked the same but contained no pollen), and another 25 percent took five pollen and five placebo tablets. No measurable difference was found in the performance of the three groups.

When the test was repeated with 30 swimmers and 30 high school cross country runners, bee pollen again was shown not to be a significant aid in metabolism, workout training or performance.

As for claimed health benefits, a leading authority on plant drugs and nutrients gives bee pollen a rating of "ineffective." Varro Tyler, dean of the pharmacy, nursing and health sciences schools at Purdue University in West Lafayette, Ind., and author of *The Honest Herbal*, points out that none of the identified constitutents of pollen has been linked to any significant treatment benefits.

Mr. Tyler says that a few studies have reported favorable results but the research needs to be repeated and re-evaluated before it can be accepted.

Consumers also need to be aware that products sold as "health foods" and "nutrition supplements" are free of legal requirements for proof of effectiveness and safety. (These requirements apply to drugs marketed in the United States.)

What does the buyer of bee pollen get when he purchases this "perfect food"?

Bee pollen is a mixture of plant nectar, pollen and bee saliva. It consists mainly of carbohydrates, some fats and protein with amino acids, vitamins and minerals. All of these nutrients are readily available in conventional foods.

Bee pollen is costly for at least two reasons. One is its promotion as a "miracle food." The other involves the elaborate method of collecting pollen with mesh devices placed at the entrance to beehives. These devices serve to scrape off some of the pollen that the bees pick up from plants and carry back to the hives on their hind legs.

For most people, bee pollen may be just an overpriced and unnecessary product, but for some, it is truly hazardous. Although it has served as a home remedy for hay fever and allergies, it is most dangerous for persons who have these conditions.

Various instances of significant allergic reactions have been reported by medical practitioners. One research group described three patients, all with seasonal allergies, who suffered acute reactions after taking imported or domestic bee pollen. Most of the pollen was found to be from the plant family that includes dandelion, ragweed and sunflower.

Other researchers in the Southwest reported several patients who experienced strong reactions to bee pollen that was composed mainly of mesquite pollen. They suggested that bee pollen products should include a warning to alert consumers who have allergies.

Of course, there also is a general danger. Anyone who believes the claims made for bee pollen may rely upon this product, which has no proved effectiveness, to maintain their health instead of seeking necessary medical treatment.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living,* The Kansas City Star, *1729 Grand Ave., Kansas City, Mo. 64108.*

*For more information on bee pollen, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on bee pollen. Please do not send cash.*

# Analysis of hair is unreliable practice

## Health bulletin

9/1/85

*By Dr. John H. Renner*

Hair analysis has some merits, but if you believe that the mineral content of your hair can reveal your state of health, you are letting yourself get clipped.

It was estimated in a recent *Health* magazine article that more than 200,000 Americans fall for this gambit each year and snip their locks to send a sample (a couple tablespoons) to a hair analysis laboratory. They order through chiropractors, "nutritionists," health food stores or magazine and newspaper ads. Some do so on their doctor's or dentist's advice.

If you are the customer, for an average cost of $35, you will get back a computer printout that looks properly scientific and analytical, according to the Food and Drug Administration. You will probably be advised that you have "toxic levels" of some minerals and serious deficiencies of others. According to the FDA, this is the typical report made to healthy individuals.

Your lab report may include a listing of the varieties of ill health associated with your "imbalances." Some labs will even tell about vitamin deficiencies, but this is quite a trick because hair contains no vitamins except at the root below the skin surface.

Up to this point, if you can afford to part with your hair and your money, hair analysis is harmless nonsense. The chances are good that you also will be counseled to "correct" your problems with some "healthful" products, which happen to be available through the lab or a related company. The FDA reports on one lab which recommended virtually the same daily regimen—15 different vitamins, minerals and other food supplements—to all of its customers.

If you take these supplements based on hair analysis, you may end up causing yourself serious health problems. Too much vitamin A, for example, can cause liver damage. Too much vitamin E can cause fatigue.

The fast-growing commercial enterprise of hair analysis is a good example of a pseudoscience. Its promoters tell you all about the scientific basis for the procedure but they neglect to mention the reasons why the results are worth little to you.

The unreliability of hair analysis has been documented by numerous investigators, the latest being Dr. Stephen Barrett of Allentown, Pa., in the *Journal of the American Medical Association* issue of Aug. 23-30, 1985. When duplicate hair samples have been sent to several labs, results differed sharply from one lab to another: For example, the same individual was reported to be high, slightly low and normal in sodium levels by three different labs. In one case involving analysis of 23 minerals, the three responding labs made similar interpretations of findings for only five substances.

Perhaps even more astonishing is the fact that when duplicate hair samples have been submitted separately to the same lab, different results have been reported for one individual.

There is some scientific basis for hair analysis. Minerals are found in hair, and the levels of some minerals in the hair reflect the levels of the same minerals in the body. Hair analysis is useful in detecting heavy-metal poisoning, such as lead, cadmium, mercury and arsenic, and in studying environmental exposure to certain pollutants.

However, for other minerals, the evidence to date is that the levels which exist in the hair do not provide an accurate gauge of minerals in blood or tissues.

This is just one of several major problems with hair analysis. Consider what happens to your hair on a regular basis. It is shampooed, conditioned, sprayed, bleached, dyed, permanent waved and straightened. Hair also may be affected by the action of environmental pollutants. Minerals may be added or removed by these processes.

The chemical makeup of your hair also varies with its location on your scalp, its color and diameter; with your age, sex and race; with the medications you take, diseases you have and even the season of the year.

Still another drawback of hair analysis is that no standards exist for normal ranges of most minerals in hair. When a lab reports that your minerals are normal or abnormal, all they are saying is that they are normal or abnormal compared to other samples they have processed.

If and when all these problems are overcome, hair analysis may hold some promise for evaluating your health status.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living,* The Kansas City Star, *1729 Grand Ave., Kansas City, Mo. 64108.*

*For more on hair analysis, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on hair analysis. Please do not send cash.*

STAR LIVING

The Kansas City Star, Sunday, August 25, 1985 Page 3G

# Hair tonics leave pate, pockets bare

## Health bulletin

*By Dr. John H. Renner*

The worthlessness of over-the-counter baldness remedies is well known to the many thousands who have tried them. Yet these salves, lotions and creams advertised to "grow new hair" and "prevent hair loss" have remained on the market, costing Americans untold dollars along with the humiliation of being taken in.

Finally, a ban on these products appears likely as a lengthy federal review of non-prescription drugs nears its last stages.

The problem with baldness remedies is not safety. Manufacturers have been careful to avoid ingredients that could pose a danger to health. Indeed, most of the products are essentially shampoos, conditioners and clear lotions with preservatives, according to officials of the Food and Drug Administration.

The problem is simply effectiveness: The products do not work.

It has been well established that most cases of hair loss can be attributed to male pattern baldness, which is hereditary, and that no over-the-counter products are effective for curing this.

(In some cases, when baldness occurs because of illness, medication or emotional stress, hair does grow back, but this happens because of a change in the individual's condition, not because of a hair-growth product.)

Yet many cannot resist the promise of a "sure thing"—for example, a "scalp follicle cleanser" that allows trapped scalp hair "to be free once again," or a secret formula that thins the membrane covering the crown of the head and thus "grows hair on bald heads."

Strangely, the FDA gets very few complaints from people who try these phony treatments. Perhaps those who are gypped realize they should have known better, so they do not register protests.

It has been more than a decade since the FDA first called for data on over-the-counter products advertised to grow hair and prevent hair loss. This information was reviewed by an expert advisory panel, which originally suggested a ban on the products in 1980. After interested parties were given opportunity to comment, the FDA independently evaluated the report and the comments received.

Early this year, the FDA tentatively adopted the panel's conclusions and recommendations. Again, interested parties have been asked to comment, and new data may be presented until January.

After another round of comments on any new information, due by next May, the FDA will issue final regulations. If a ban takes effect, those who sell the products will have a six-month grace period to remove them from the market.

Any new product will have to undergo a legitimate study, requiring solid evidence from controlled clinical investigations, to establish its safety and effectiveness. Testimonials and reports that cannot be scientifically evaluated will not be accepted.

The FDA's ban would not apply to prescription drugs nor to other methods of combatting baldness, including electrical stimulation and hair transplants.

Currently, a prescription drug that shows some promise for growing scalp hair is undergoing tests. The drug, minoxidil, is a potent high blood pressure medication, taken orally, that has had a side effect of growing hair on the scalp, body and face. A solution of minoxidil is being applied to scalps in tests conducted by the manufacturer, Upjohn Co.

The fact that the safety and effectiveness of the drug are still under investigation has not stopped numerous clinics across the country from seizing on this new possibility. Promotions for minoxidil have proliferated in the last six months, according to the FDA.

In another current come-on, newspaper ads have appeared in several parts of the country seeking persons to be part of a "market test" of a new product billed as a "Canadian hair research breakthrough." Unlike participants in legitimate studies, the person who replies will discover he has to pay to participate, and the tab runs about $240.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living,* The Kansas City Star, *1729 Grand Ave., Kansas City, Mo. 64108.*

*For more on questionable treatments for balding, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on balding. Please do not send cash.*

The Kansas City Star, Sunday, August 18, 1985

# 'E' stands for excess of vitamin fallacies

## Health bulletin

*By Dr. John H. Renner*
special to The Star

No other vitamin can compare with E—at least not in the breadth of powers claimed for it, as a cure-all and as a preventive.

If you suffer from diabetes, heart disease or ulcers, vitamin E is held up as the answer to your problems. How about warts? Infertility? Sexual dissatisfaction? Proponents of vitamin E say it can handle those conditions, too, as well as aging, cancer and air pollution. E is the superstar among vitamins, according to its enthusiasts.

In truth, vitamin E doesn't live up to its billing, but it does have one important phenomenon going for it. E has not been thoroughly researched, so its mystique lives on. Vitamin E also benefits from a widespread misunderstanding that equates sterility, sexual potency and arousal.

Let's look at the basic facts about vitamin E:

- E is an essential nutrient that maintains the stability of outer membranes of cells. Whether it has other functions is yet to be determined.
- Vitamin E is found in many ordinary foods and is especially plentiful in vegetable oils and margarine. Other rich sources include many vegetables and whole-grain cereals.
- An ordinary diet supplies adequate quantities of vitamin E (10 to 20 international units daily), a fact that has been made clear by the National Research Council. Moreover, the body stores vitamin E, uses it slowly and in small quantities, and can regenerate it.
- Researchers have found it almost impossible to produce vitamin E deficiency in humans through dietary restriction. Deficiencies in adults have been found only in patients who have rare inabilities to absorb fat during the digestive process. These persons cannot absorb vitamin E, which is dissolved in fat.

Persons with cystic fibrosis, celiac disease, non-tropical sprue, chronic pancreatitis and several other diseases have very low levels of vitamin E. But it is the disease that causes the low levels of the vitamin, and these persons do not appear to suffer from their lower E levels. It also seems that their conditions are not helped by higher levels of E, although some doctors prescribe a vitamin E supplement for them.

Vitamin E's original claim to fame came in the 1920s, when it was found necessary for successful reproduction in rats. Since then, many of the claims made for vitamin E have rested on a basic fallacy: They assume that the results of animal studies are applicable to humans. In the process, they ignore the fact that deficiencies of vitamin E have been produced in animals but are very difficult to produce in humans.

There is a second fallacy. Although the most striking result of vitamin E deficiency in animals has been reproductive failure, vitamin E enthusiasts have incorrectly transformed this into virility or sexual performance in humans.

If animal studies are to be accepted, it is important to mention those that have shown that long-term, high-dose vitamin E can cause degeneration of the testicles and low sperm counts in males and infertility in females.

In humans, vitamin E deficiency has been found in premature infants suffering from a type of anemia. When vitamin E supplements were given to these infants, the condition cleared up. Since this finding in 1967, vitamin E has been required in commercial formulas.

Although most physicians have rejected vitamin E as a treatment for heart diseases and other common ailments, this vitamin does hold promise for some medical problems. These include intermittent claudication, a circulatory problem in the legs; cystic breast disease; sickle-cell anemia; and exposure to high levels of oxygen.

More research is needed, and it must be carefully structured. Because subjective evaluation plays a role in some of these conditions, it is important that studies be set up so that neither the physician nor volunteer knows who is receiving vitamin E and who is receiving a placebo (dummy pill).

Meanwhile, a strong warning is necessary: High-dose vitamin E is not safe for everyone.

A study at the National Institutes of Health is frequently cited as evidence for the relative safety of E. The study indicated that some adults can take up to 400 international units and probably up to 800 international units of vitamin E daily for at least a year without ill effects. However, the research failed to report on people who had tried taking vitamin E supplements and stopped because of ill effects.

More than 25 possible harmful effects of high-dose vitamin E in humans have been reported by biochemist Charles W. Marshall in his book, *Vitamins and Minerals: Help or Harm?* This volume was named the best book of 1983 by the Science Writers of America.

Beyond such discomforts as nausea, diarrhea, headache and extreme fatigue, the list of vitamin E's possible effects includes dangers for persons with high blood pressure or heart disease for diabetics taking medication. Among general risks are lowered resistance to infection, muscle damage and increased blood fats and cholesterol.

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*For more on vitamin E, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on vitamin E. Please do not send cash.*

# Desire for cure-alls fuels lucrative business of quackery

## Health bulletin

*By Dr. John H. Renner*

Are you overweight, out-of-shape, arthritically crippled, chronically ill, underdeveloped, bald or just plain old?

If so, you don't have to look far for a magic cure. Promoters of quackery offer a host of devices, drugs and schemes guaranteed to solve your problem.

Americans are grabbing for the cure-alls. Despite common sense and education about health and nutrition fraud, Americans spend an estimated $10 billion each year on quackery. That figure was reported last spring by a House subcommittee concluding a four-year investigation of fraudulent and unproved medical treatments. It probably doesn't include victims who keep quiet about losses because they don't want to admit that they have been duped.

Quackery is big business for good reason: It is immensely profitable and carries little risk.

No matter how outlandish the claims that a quack makes and no matter how harmful his product may be, it is rare for any level of government to launch a vigorous investigation and prosecution under criminal statutes, according to the subcommittee's report.

Federal efforts to combat quackery were found to be minimal, and state and local enforcement efforts were reported to be not much more substantial. On the federal level, anti-quackery efforts have declined over the last 20 years and particularly during the last four years, according to the report.

Among federal agencies, the Food and Drug Administration has the broadest authority to control quackery, but it spends less than one-thousandth of 1 percent of its budget for that purpose.

The picture is also bleak on the state level. There are no criminal sanctions against promoting quack remedies in two-thirds of the states. Kansas and Missouri are no exception.

Some do not see a need for change because they view quackery as basically harmless and perhaps even amusing.

Paying $250 for a weight-loss contraption that "melts pounds away" may seem laughable. However, about 400,000 Americans believed the claims and spent that on their own Relax-a-cisor, touted to rid them of weight by using mild shocks to provoke muscle spasms.

Later, a judge found the device to be hazardous and potentially harmful, capable of causing miscarriage and aggravating several conditions including epilepsy, ulcers and varicose veins.

It may seem incredible, too, but others believed an ad that promised an at-home, self-administered cancer cure. Respondents who paid $25 for the Woods Cancer Cure received a syringe and three sheets of information. One recommendation was to remove cancerous atoms from the body by applying a vacuum near the skin. Users were told to place a small amount of fresh beef inside the vacuum so that it could work through the magnetic attraction of flesh and blood. After a complaint from postal authorities, the promoter admitted fraud.

Several years ago, the Postal Service received complaints about a pill advertised to make people smarter for just $20. Investigators discovered that the product was essentially a multivitamin, which had been found in numerous studies to have no effect on intelligence. Perhaps those who shelled out $20 for the pill were at least made smarter about falling for hoaxes.

It is the fortunate person who loses only money to quackery. There are two more serious consequences. An individual who succumbs to the claims of a huckster often delays seeking proper treatment for his illness or quits medically prescribed therapy that probably requires effort and patience. The result may be irreversible damage which could have been avoided.

And, of course, some quack remedies are inherently dangerous. No one knows how many persons pay with their lives.

If you don't want to be among those who are hoodwinked each year by quackery, keep these points in mind:

- Don't count on others to protect you. It's up to you to be alert about health and nutrition information.
- You may not be able to recognize the modern-day quack as easily as the snake-oil salesman of the past. Some of today's hustlers go to considerable effort to develop their "scientific" appeal. They speak in terms of your freedom to choose "alternative therapies" not accepted by the "overly conservative" medical community.
- Be aware of your own vulnerabilities. You may be highly knowledgeable in your professional field, but if you are overweight and not well informed about your problem, you may be tempted by a quick and easy weight-loss plan that sounds reasonable.
- Learn what resources you can rely on to help you evaluate what you hear and read. As a consumer, you are bombarded with information about health and nutrition. You need to be able to determine what makes sense and what should cause you to be skeptical.

*Questions about health matters? Write to Dr. John H. Renner in care of Star Living, The Kansas City Star, 1729 Grand Ave., Kansas City, Mo. 64108.*

*For more on medical quackery, send $2 to cover costs of handling and postage to Dr. John H. Renner in care of Star Living at the address listed above. Make your check or money order payable to the National Patient Education Library, and indicate on it that the material requested is on quackery. Please do not send cash.*

# Doctor strives for strong awareness of medical field among consumers

*By Marjean Busby*
Staff writer

One of Dr. John H. Renner's professional goals is to get people to become "active partners in their health care"—the kind who ask a lot of questions and are choosy about what answers they will accept.

"I've been aware that people need accurate health information, and that is not easy to come by," said Dr. Renner, a Kansas City family physician who has been a full-time educator and health advocate for 15 years.

His column, Health bulletin, is intended to help fill that need. The column, which makes its debut today, will appear each Sunday in Star Living of *The Kansas City Star*.

"We will compile things from a variety of literature and put it in a readable format so that consumers and readers can have some of the information brought to their attention," he said.

Readers who have health questions may write to Dr. Renner in care of *The Kansas City Star*. If readers request more information about a topic, the patient education library at St. Mary's Hospital of Kansas City will send out reprints of articles that are "more in depth about the subjects we write about," Dr. Renner said. Readers will be asked to pay $2 to cover postage and the costs of copying the material.

Dr. Renner, the director of St. Mary's Regional Family Practice Residency Program since 1980, isn't afraid to stir up controversy.

*Dr. John H. Renner . . . dangerous remedies*

"If we're going to look at topics in all areas, we're obviously going to rattle a few cages—both in and around the health profession, and in some of the commercial world of health care," he said.

He will write about "people trying to sell certain products" and "some of the sacred cows inside the medical profession, such as doctor-patient relationships and doctor-pharmacist relationships," he said.

The 52-year-old doctor grew up in Indiana. He lives in Blue Springs with his wife of 31 years, Diana. The couple has a 24-year-old daughter, Andrea, and 22-year-old son, Craig.

Dr. Renner received his medical degree from George Washington University in Washington and practiced general family medicine in Fairfax County, Va.

In 1970, he joined the University of Wisconsin in Madison where he organized the Family Practice Department. Later, he was chairman of the Department of Family Medicine and Practice and also assistant dean for physician retention and distribution.

Five years ago, he moved his family to Missouri so he could develop the family practice residency program for the Sisters of St. Mary, he said.

His affiliations include American Academy of Family Physicians and American College of Preventive Medicine.

He is chairman of the Kansas City Council Against Health and Nutrition Fraud and Abuse; chairman of the Professional Communications Task Force of the National Council on Patient Education and Information; and president of the Kansas City Civic Health Foundation.

About 20 years ago, Dr. Renner observed through his practice that some patients had a particularly strong awareness of health.

"I found that helping them to increase their medical knowledge laid the groundwork for a health partnership that was mutually rewarding," he said. "I realized that an appropriately educated patient could have a positive effect not only on his own health, but also on family and community health. That was a turning point for me."

# EDITORIALLY SPEAKING

John H. Renner, Editor

# Helping Patients Resist Quackery's Allure

They may or may not be telling you, but some of your patients are turning to quack treatments for their medical problems.

How can you determine whether a patient is likely to be lured by the appeals of unorthodox care? How can you help your patients make good decisions about therapy? And how can you act as a patient's advocate in the face of obviously harmful "cures"?

It's well known that chronically ill patients are highly vulnerable to promises of miracle cures. But others are also susceptible. You can get an indication by asking patients—in a nonjudgmental way—what vitamins and nutrition supplements they take. The patient who takes unnecessary vitamins, particularly megavitamins, is likely to be poorly informed about health in general. Talking with a patient to determine his beliefs about health will also provide you some clues about gullibility.

Do not assume that certain groups of patients are immune from health hoaxes. While those who turn to alternative care are commonly stereotyped as poorly educated terminally ill patients who have exhausted conventional therapy, a recent study of unorthodox cancer treatments found just the opposite to be true: The persons using unorthodox treatment were well educated, frequently asymptomatic and in the early stages of the disease.'

Remember that a good patient-physician relationship is a primary factor in helping people to stay with proven, traditional therapy. Always communicate to patients that you care about them as people and that your interest extends beyond their diagnosis and treatment.

Once this kind of groundwork is laid, there are several specific steps you can take:

1. Encourage your patients to think about prevention of illness and healthy lifestyles.

2. Educate your patients and their families about any diseases they have. Provide them with ways of gaining additional information and support, for example, through the Cancer Society, the Heart Association, the Arthritis Foundation, or Tel Med.

If you do not fulfill the patient's need for information, others with less understanding and few scruples will be able to move into the vacuum. While quacks lack scientific knowledge, they are experts at relating to people and offering attention, hope and sure answers.

3. Be honest and thorough in informing your chronically and terminally ill patients about their diagnosis and prognosis, but keep the focus on what can be done for them. When these patients believe that traditional medicine has nothing more to offer them, they become prime targets for quack promotions.

Help your patients to make the best of their situations and warn them to be skeptical about miracle cures. Let them know that you are available to offer practical suggestions and support.

4. Involve your patients in decisions about treatment by exploring various options and consequences with them. As part of this process, provide them a chance to discuss alternative approaches to care. Be ready to explain why you believe that these unproven methods are poor choices.

5. Assure patients who try alternative methods of care that you will always be willing to talk with them about any aspect of therapy.

As physicians, we are all teachers. It is important to educate our patients so they can recognize health fraud and resist it. This requres that we become aware of health fraud ourselves. We need to listen to talk shows on radio and TV to be sensitive to messages the public is hearing. We need to look through newspapers and widely-read magazines to pick up this kind of background.

We can offer patients a valuable service by providing handouts focused on self-protection. As a possibility, consider two Food and Drug Administration (FDA) *Consumer Memos*, one titled "Quackery—Paying for Miracles That Never Happen," and the other, "The Voice of the Quack." Both are available from FDA offices for distribution to patients.

Finally, we need to remember our responsibility to "do no harm" to patients. When we recognize health fraud, we must speak out. If we cannot be advocates for our patients, who will be?

We can summon the help of many allies in this effort:

If drugs, nutritional supplements or medical devices are involved, the FDA can take action. The Better Business Bureau can provide information about suspect companies, and the local health department can furnish information about dubious products.

If advertising appears false or misleading, the Federal Trade Commission will investigate complaints.

If a fraudulent product is promoted through the mail, the U.S. Postal Inspector can act.

If a fraudulent remedy is promoted by a doctor or other licensed practi-

*(Continued on page 6)*

## Editorial

*(Continued from page 5)*

tioner, the appropriate state licensing department is authorized to play a role.

In addition, most state or county prosecuting attorneys have special branches to investigate complaints of consumer fraud.

Within the past year, the Kansas City Committee Against Health and Nutrition Fraud and Abuse has been formed to pool the efforts of the local physicians and other health professionals in dealing with the significant problem of quackery. To learn more about this effort, contact the Civic Health Foundation at 931-0956.

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# EDITORIALLY SPEAKING

John H. Renner, Editor

# Health Quackery Is Expensive Foolishness

Health quackery is all around us. What can we do about it? What *should* we do about it?

Many physicians remain silent about quackery because they do not want to offend a patient. Perhaps the patient is taking megavitamins, or someone in the patient's family is selling an herbal "wonder" drug. In other cases, physicians accept the testimonies that they hear for products or treatments, and they may stop relying upon traditional, scientifically controlled clinical studies.

I prefer to take a hard line against quackery. At best it is expensive, non-scientific foolishness. But often, the results are more serious, and quackery causes considerable harm by delaying or detouring a patient from obtaining legitimate treatment. Some quackery is dangerous; some is life-threatening; some is life-destroying.

**Big Business**

The first step in combatting quackery is to recognize the dimensions and nature of the problem. Quackery is big business because it is immensely profitable and carries little risk. In a 1984 report, a U.S. House subcommittee estimated that Americans spend $10 billion a year on quack health products and treatments.[1] (Another $10 billion reportedly is spent on fraudulent diet and nutrition products.)

A second finding was equally disturbing: Despite the outlandish claims made by some quacks and despite the harmfulness of the products they push, it is rare for government at any level to vigorously investigate and prosecute quackery under criminal statutes. Federal efforts to combat quackery were reported to be minimal and declining notably over the last several years. Local enforcement efforts were found to be not much more substantial.

Among the most common present-day health frauds are cancer and arthritis cures, anti-aging formulas, hair analysis, megavitamin therapy and fad diets.

The perpetrators of quackery include health professionals as well as those outside the field. Some act out of ignorance, and some, out of a need to be avant-garde. Most act out of pure greed. The victims of quackery—contrary to general opinion—are not limited to the poorly educated. Most people have blind spots and areas of error which make them vulnerable to quackery under certain circumstances, according to James Harvey Young, Ph.D., a historian of quackery.[2]

**Appeals of Quackery**

A second major step in confronting quackery is to understand why patients turn to unorthodox treatments. There are numerous reasons, but one of the most important involves misinformation and misunderstanding.

Consumers are bombarded with misleading information about health. Unlike the hucksterism of the past, however, much of this information is packaged in sophisticated forms and transmitted via television talk shows or newspapers and popular magazines.

The misinformation problem is compounded by a widely-held belief that government regulations somehow protect the public from false claims for health products and services.

In reality, almost the opposite is true. False claims are illegal only if they are made on a product label, in an ad, or in connection with a sale. There is little need for claims on labels when the media offer so much opportunity for promoting health products and treatments.

Of course, people turn to quack remedies for other reasons. Chronically ill persons become highly susceptible to promises of a miracle cure, and the same is true for patients who fear growing old, experiencing pain and dying.

**Impact of Physicians**

Unfortunately, physicians may play a role in a patient's decision to try a quack therapy. In a study of 660 cancer patients, University of Pennsylvania researchers found that the quality of patients' relationships with their physicians was related inversely to their propensity to seek unorthodox care.[3]

The authors note that some features which lure patients to unorthodox treatment are not available in conventional medicine, including simple explanations of the cause of disease based on common experience such as eating, elimination and stress; remedies which are mostly pleasant and free of side effects, and home-based therapy.

However, the researchers point out that several other features are potentially available within the framework of conventional medicine. These include nutritional and dietary factors, the opportunity for patients to participate actively in their own care, and the chance for them to develop a continuing relationship with a primary physician whom they perceive to be caring and involved.

* * *

*Next month:* Ways for practicing physicians to deal with quackery as it affects individual patients.

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# EDITORIALLY SPEAKING

John H. Renner, Editor

## Nutrition and You

Although we know that nutrition is a vital aspect of good health, we often remain silent on the topic unless a patient's therapy requires dietary management. Yet this is an area where physicians can and should make a difference, and it presents an opportunity that touches most specialties.

Our responsibility is twofold and clear-cut:

• We need to offer sound advice. If we don't have the answers, we must fill in the voids by using consultants or by educating ourselves.

• We need to counteract the nutritional nonsense which is so prevalent in this country—for example, the myths which give credence to megavitamins and "health foods."

American consumers are bombarded with information about nutrition, but sorting the good from the bad is no small challenge. In a recent survey, the American Council on Science and Health found that among popular magazines which offer extensive coverage of nutrition, there were as many publishing inconsistent or unreliable information as there were publishing excellent or generally reliable information.[1] While the publications *Self* and *Health* were deemed excellent with accuracy ratings of better than 90 percent, three other publications with extensive coverage—*Let's Live*, *Prevention* and *Cosmopolitan*—were judged unreliable because less than half of the nutrition information in each was accurate. It's no wonder that surveys of the public consistently reveal widespread misinformation, ignorance or confusion about nutrition.[2]

### The Physician's Role

Do physicians know enough about nutrition to offer sound advice? After all, nutrition has not been sufficiently emphasized in medical education although basic science and clinical courses have incorporated aspects of the subject.

**Frederick J. Stare**, a highly respected author in the field of nutrition, says that most of us know far more than we are given credit for. "We know there is no such thing as a nutritionally perfect food. We know that variety in foods consumed is the key to good nutrition. We know that good nutrition is an important part of convalescence. We know that obesity in the presence of other risk facts is an added hazard. We know that fortified convenience foods contribute to good health and make life easier for those who prepare meals. We know that the woods are full of food faddists, nutritional charlatans, and peddlers of nutritional nostrums, whose scare tactics and sensationalism often sway the uninformed."[3]

Sadly, a small number of physicians have succumbed to the sales pitches of these promoters and some uninformed doctors have even sold megavitamin and health food products.

### The Physician's Resources

When patients ask what we think about new diets or nutrition supplements, we can offer basic guidelines to help them in making evaluations. Sometimes, though, we will be confronted with questions that we cannot answer, or we will lack the time to provide detailed assistance. In these situations, we will benefit our patients and ourselves by turning to other professionals for help.

Some large groups employ a dietitian on a part-time basis. Others must seek consultants, and it's essential to choose them wisely:

• Avoid self-styled "nutritionists" who usually operate by selling expensive products or pushing costly diet plans. The professionals to rely upon are registered dietitians, who are educated in the field of nutrition and trained to apply and individualize their knowledge base for patients.

• Start with the dietitians at your hospital. The clinical dietitians can provide valuable help in counseling patients, and the dietitians in food systems management can furnish answers to basic nutrition questions, especially about food storage and preparation.

• If you're interested in using the services of a dietitian in private practice—either for individual counseling of patients or for teaching groups of patients—consult the Kansas City District Dietitians Association (234-3468).

• Voluntary health associations do a creditable job of nutrition education. The American Red Cross offers a good general nutrition class, and such organizations as the American Heart Association, the American Cancer Association and the American Diabetes Association can provide excellent materials on nutrition for specialized groups of patients.

### Self-Education

The information overload in the nutrition field affects physicians as well as patients. More than 50 nutrition journals are published along with frequent major articles on nutrition in medical journals. New books on the topic appear at a rapid pace. Both physicians-in-training and physicians in practice need help in evaluating this information. Our medical schools should be encouraged to offer more coursework in nutrition, and our medical societies to present more programs dealing with this important topic.

Physicians who want to develop a personal library on nutrition should give consideration to the following books, journals and newsletters:

***Dear Dr. Stare: What Should I Eat? A Guide to Sensible Nutrition,*** **Frederick J. Stare** and Virginia Aron-

*(Continued on page 15)*

## Editorial

*(Continued from page 5)*

son, R.D., George F. Stickley Co., 1982.

***Vitamins and Minerals: Help or Harm?*** Charles W. Marshall, Ph.D., George F. Stickley Co., 1983.

***Nutrition in Health and Disease,*** Myron Winick, John Wiley & Sons, 1980.

***Recommended Daily Allowances,*** National Academy of Sciences, 1980.

**The American Journal of Clinical Nutrition** (The American Society for Clinical Nutrition, Inc.).

**Nutrition Reviews** (Nutrition Foundation).

***Nutrition and the M.D.,*** (PM Inc., P.O. Box 2160, Van Nuys, CA 91404).

**Tufts University Diet and Nutrition Letter** (Box 34T, 322 W. 57 St., New York, NY 10019).

BIBLIOGRAPHY

1. Hudnall, D. "New ACSH Survey Rates Magazine Nutrition Accuracy," *ACSH News & Views* 1984;5:1,8-10.

2. Editors of Consumer Reports Books. *Health Quackery.* Consumers Union, 1980.

3. **Stare, FE.** "Nutrition—sense and nonsense." *Postgrad Med* 1980;67:2:147-53.

# Dieting fad vs. dieting fact: a weighty issue

By ROSANNE KOHLMAN

It seems that just as we get used to winter's heavy coats and bulky sweaters hiding that extra bit of excess baggage we've delightfully earned during the holiday season, the fashion industry changes directions and starts showing off spring clothing and cruisewear lines highlighting the skimpiest of all necessities, the swimsuit.

The swimsuit can bring some degree of panic to those of us who have been hiding the weight we've gained since last summer ended and we settled into more sedentary lifestyles. It reminds us that we need to begin working on that New Year's resolution we made to lose weight.

In a momentary state of distress, we rush to the book store's health section to begin selecting the perfect diet to help us lose those extra few pounds in a matter of days or weeks. But then comes the moment of true confusion — which diet to choose. The Beverly Hills Diet? The Doctor's Quick Weight-Loss Diet? The Carbohydrate Craver's Diet? The list goes on and on.

Before selecting a diet, however, individuals should take a close look at their intended method of weight loss and be wary of "quick weight-loss diets."

"Fad diets are just that — fads. They come and go," says Dr. John H. Renner, director of the Family Practice Residency Program at St. Mary's Hospital of Kansas City. Renner is also president of the Kansas City Civic Health Foundation's Committee on Health and Nutrition Fraud and Abuse.

Americans are spending millions of dollars annually to lose weight. They are looking at countless methods that promise miraculous results that "are anywhere from silly to extremely dangerous, and in some cases even fatal," says Renner. Renner advises individuals that the safest thing they should do before selecting a diet is to make sure they are getting advice from someone who has "legitimate training from a bonafide school." He adds that these individuals should preferably be a registered dietician or a personal physician.

Countless number of "paper mills" throughout the country grant degrees to individuals with no training and allow these people to call themselves "nutritional counselors."

Renner suggests that individuals "invest time rather than money in a good nutritional program." One of the first things people should do when considering a weight-loss program is to begin by educating themselves about nutrition and their own personal eating habits.

Some of the better places to get sound nutritional advice are from local hospitals, the American Red Cross, dietetic associations and libraries. St. Mary's Family Practice Center, 2900 Baltimore, has an extensive education center with various publications on health and fitness. The center is open to the public.

Consumers also should be wary of articles they read in magazines relating to health and diet. In a 1984 survey published by the American Council on Science and Health, popular magazines were rated as to the accuracy of the nutrition articles they printed. The magazines were placed into three categories based on whether they published an extensive, moderate or limited amount of articles on nutrition.

The criteria used for determining accuracy in the articles included: if the information in the articles were scientifically sound and factual; if the articles made inaccurate claims that certain foods or nutrients had special health benefits; and if the featured weight-loss diets were safe, sensible and effective. The credentials of supposed experts who wrote or acted as sources of information were also considered.

Only two magazines that provide extensive coverage, *Self* and *Health*, were rated with an excellent percentage of accurate articles. Three magazines — *Cosmopolitan, Prevention* and *Let's Live*— were rated as "unreliable" in terms of total accuracy. Each of these magazines had less than 47 percent of their articles rated as accurate.

The question remains how consumers can guard against such frauds and be able to determine fact from fallacy.

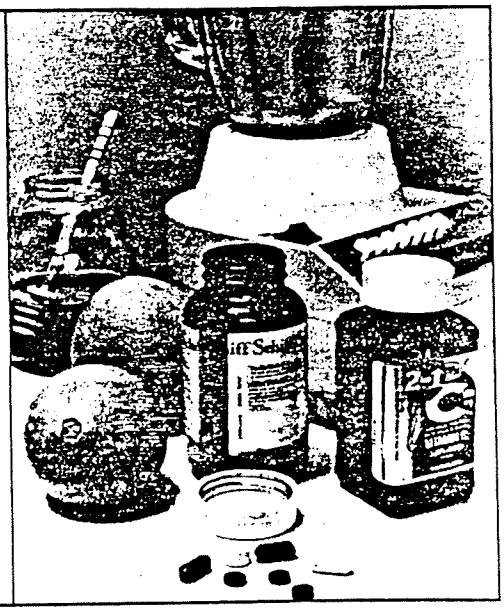
Most experts agree that some of the "red flags" that should alert consumers to a diet that may unhealthy are plans that promise quick weight loss, are very restrictive, or those that omit foods from one of the four major food groups.

Patricia Stein, owner of Nutrition Counseling and Education Services in Overland Park, says that she sees many individuals who are overweight who come to her with a food diary consisting of a diet of less than 1,000 calories a day and yet are still not losing weight.

"The body doesn't know a diet from famine, so the more severe diets cause a drop in the metabolic rate," says Stein, who is also a member of the Kansas City Committee on Health and Nutrition Fraud and Abuse. A person's metabolic rate is the rate at which calories are used by the body. The slower the metabolic rate, the fewer the calories burned, thus causing an inability to lose weight.

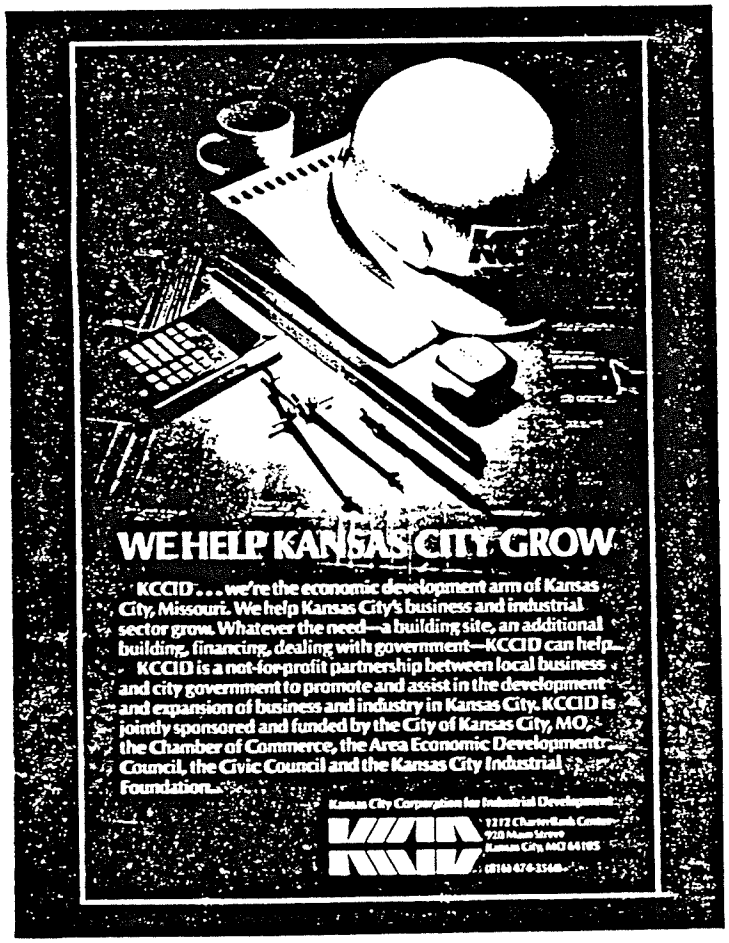
A diet that is particularly high in proteins and limits the amount of carbohydrates causes deficits in our bodies' glycogen stores. After a certain amount of time, the individual will have difficulty in keeping the blood sugar level up and will crave something sweet, putting an end to the diet, Stein explains.

Stein says that one of the key factors in losing weight is a good aerobic exercise program that increases this rate of burning calories on a long-term basis. "No matter how good a diet is (it won't work) unless coupled with aerobic exercise," says Stein. In fact, she believes so strongly in this method that she advises many of her clients to begin some type of exercise program, even if just five to 10 minutes a day.



Before selecting a diet, individuals should take a close look at their intended method of weight loss and be wary of "quick weight-loss diets."





prior to working on their weight problem so that they can get their metabolic rate "humming along."

In addition, Stein states that exercise helps insure that the weight lost is fat rather than muscle, explaining that on some of the more restrictive diets, the weight lost is usually water or muscle versus fat. When there is a deprivation of calories, a body process occurs which converts the protein to glucose, breaking down muscle tissue to be used for energy. The muscle tissue is metabolically active and helps our bodies to burn the fat.

Some good aerobic exercises include brisk walking, aerobic dancing, cycling, racquetball and jogging.

Many physicians refer overweight patients to organizations such as Weight Watchers. There, participants learn to restructure their eating habits so they keep weight off once they lose it.

A potentially successful diet also should contain no "forbidden foods" unless a person is a diabetic or has some other health problem, says Barbara Bean, administrative dietician at the Shawnee Mission Medical Center. The medical center offers a weight loss clinic that provides an individualized program that caters to various medical and personal needs. Bean explains that if individuals deprive themselves of a specific food for too long, such as a cookie, they are more apt to eat six at one setting as opposed to just one. The key is moderation and learning to control your intake to only one cookie.

The weight loss clinic tries to avoid using the word "diet", emphasizing instead a way to eat for the rest of your life. While an individual is attempting to lose weight, they are on a "reduced calorie meal plan," says Bean. The meal plan is based on a food exchange system that emphasizes a balanced diet with contributions from the four major food groups.

Before beginning on the program, permission from a physician is needed. This ascertains if there are any restrictions that must be included in the diet because of pre-existing medical conditions, such as diabetes and hypertension.

In addition, when an appointment is made, initial information is taken regarding height, weight, goal weight, and current level of exercise. This information is needed to calculate calorie needs before the client comes in, says Susan Larcom, assistant director of nutrition services at the Shawnee Mission Medical Center. During a client's first visit, past eating and dieting habits are discussed and a rate of weekly weight loss is determined.

"We try to make it as easy to follow as possible, so....there is a better success rate," she says.

The program is a three-step process:

1. Reduction of calories
2. Exercise
3. Behavior Modification

Bean explains that behavior modification consists of making sure the client realizes that they need a lifestyle change and cannot go back to their old eating habits. A close look is taken at their reasons for overeating. These reasons could include boredom, tenseness, anxiety, stress and depression.

Some of the techniques used to change eating behavior and patterns include:

- Don't do anything else while eating such as reading or watching television.
- Avoid second helpings.
- Avoid waste eating. In other words, don't eat leftovers from someone else's plate; leave that privilege to the garbage disposal.
- Toward the end of the meal, interrupt eating for several minutes at a time. Take time to enjoy your meal.
- Don't prepare the next bite while you're still chewing the last one.
- Plan three regular meals. Skipping a meal isn't beneficial. It simply leads to being overly hungry at the next meal.
- Make small portions appear large. Use a smaller plate at mealtime instead of a dinner plate.

*"Fad diets are just that — fads. They come and go"*
*—Dr. John H. Renner*

The only real secret to losing weight is "taking in less calories every day than you are using up through exercise and basic metabolic needs," says Renner.

Renner does believe that in the last several years, the American public has become consumed with the idea of losing weight, causing some individuals to "become extremely depressed if they cannot be one of the perfect people."

"We've done terrible things to a lot of fat people by creating this superthin image," says Renner. "(It) has created a prevalence, especially among young women, of anorexia nervosa and bulimia." Anorexia nervosa and bulimia, although technically different, are eating disorders created by the individual believing they are still "fat," even though they may be seriously underweight.

Although Renner says it is good for an individual's health to be an appropriate weight, he urges people to use more of their creative time for other things than concentrating on losing weight.

*Rosanne Kohlman is a Kansas City freelance writer.* □

45 states actively involved in licensure

Regulate Scope of Practice

Presentation to the House Committee
on Public Health and Welfare

HOUSE BILL 2464

The Kansas Dietetic Association (KDA) is pursuing licensure for the dietitians in order to assure consumers adequate delivery of nutrition services, prevent harm to the public seeking to improve their health and to discourage unqualified individuals from entering the field. There is currently great public interest regarding nutrition, fitness, wellness, and weight control. The public enthusiasm has seen an increasing number of unqualified practitioners which makes it confusing to the lay public and is a potential danger to the public health.

Representative Claude Pepper's Congressional hearings during 1984 and 1985 on health fraud and quackery, especially with elderly, have focused national attention on this problem. According to a report by the U.S. House of Representative Subcommittee on Health and Long-Term Care, the costs of quackery exceed $10 billion a year.

In the application, articles are submitted for your review that describes the magnitude and scope of these problems. One recent incident associated with malpractice and quackery pertains to what attorneys refer to as a "scam corporation" in California called the American Diet Association. The diet pills they sell through the mail cost $30.00 which would cost only $5.00 at a regular pharmacy. This same group has developed a logo similar to the American Dietetic Association and uses the same acronym. Obviously, you can see that public confusion exists. Another example is the article from "Better Homes and Gardens" in Appendix C which alludes to the problems of unqualified practitioners and the difficulty the public has in determining who qualified nutritionists are. Recent articles in other popular magazines such as "MS" and "Self" also outline similar problems; for example, an article from "MS" stated that "Nutritionists don't have to be licensed and anyone can use the title. There is a profitable racket in mail-order nutrition schools." Appendix G of the application, for example shows how a basset hound received a certificate as a nutritionists from the Nutrition School of America in Kansas City.

KDA is the applicant group which represents the majority of dietitians in Kansas. Approximately 95% of the professionally qualified dietitians are members of the

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American Dietetic Association (ADA), which in turn automatically entitles them to membership in the state affiliate. The total number of members in Kansas at the present time is 674.

Dietetics is recognized as an allied health occupation by the Health Resources Administration, U.S. Department of Health and Human Services. Dietetic practice is the application of principles derived from integrating knowledge of food, nutrition, biochemistry, physiology, management, behavioral, and social sciences to human nutrition. It is concerned with the maintenance of health and treatment of disease throughout the life cycle, and is an integral part of preventive, diagnostic, curative and restorative health care.

These activities are the components or scope of the practice in dietetics and are performed in a variety of settings including schools, fitness centers, home health agencies, worksite health programs, corporations, research centers, federal government programs, public health departments, and nursing homes/ hospitals, the traditional setting in which their contribution has long been recognized. Physicians and local hospitals often refer patients to a dietitian in private practice for nutritional advice. There are an increasing number of dietitians who are entering into private practice and independent consulting which makes the need for licensure even greater. In addition, the movement toward shorter hospital stays and attempts to keep individuals out of the medical care settings as well as the need for qualified services outside of the institutional settings again supports the need for licensure. Appendix C describes a private practice.

Appendix F contains copies of the yellow pages listing dietitians/nutritionists in Kansas City, Manhattan, Topeka, and Wichita. The qualifications of many of these individuals listed are questionable and such information may lead to public confusion.

Appendix M is of particular importance because of the information regarding mail-order universities and the problems associated with nutritionists from mail-order schools. One of these schools, the Nutrition Institute of America, is in Kansas City.

The application also provides information about the American Dietetic Association's Commission of Dietetic Registration. The letters R.D. after a dietitian's name stand for "Registered Dietitian" and mean the person has

met the standards of the Commission on Dietetic Registration of the American Dietetic Association. These include completing a bachelor's degree, clinical experience, and passing a certifying examination. Almost half of the ADA members have earned a master's degree and all R.D.'s are required to accumulate continuing education credits. Although the registration process of acquiring an R.D. denotes a specific level of professional competency, it is a voluntary program and does not carry the force of law. Therefore, licensure is needed due to this particular limitation.

In regard to credentialing in other states, forty-five are actively involved in the licensure movement or have already enacted some form of credentialing legislation. Between 1982 and June, 1987 seventeen states have enacted some form of credentialing. Twenty other states have bills in preparation.

As a member of the health care team, the dietitian is the team member who evaluates the patient's/client's nutritional status and makes recommendations for change in nutritional care of the patient/client. The dietitian also plans, organizes, coordinates, and evaluates the nutrition component for the nutrition care services. Other health care occupations may assist in various aspects of these services, however, the dietitian is specifically trained to perform these functions.

Part IV of the application discusses the negative consequences to the consumer from erroneous or incompetent care or omission of appropriate care. One example reported by a physician pertains to an elderly 72 year old female patient on a social security income of only $270.00 per month. Approximately $90.00 per month was being spent by this patient on a variety of nutrition supplements. Her physician reports in detail how these supplements were harmful to her health and exacerbated her present health problems.

We, as an association, feel that licensing is the most appropriate form of credentialing for these particular reasons: 1) to protect the public from unqualified persons claiming to provide nutrition care services; 2) to protect the public by the continuing practice of existing qualified dietitians; 3) to provide the public with a legal definintion and the scope of service available to them by qualified practitioners; and 4) to protect the public from incompetent practitioners by providing a mechanism to deal with such practitioners.

No additional costs to patients will be incurred through licensure. Cost of administering the initial licensure process and continuing costs associated with the credentialing program will be assumed by members of the association. For consumers receiving care in hospitals and nursing homes there will be no increase in costs because there will be no change in the standards already required by these facilities.

In closing I will comment briefly on the three criterion stated in the credentialing manual:

1) The unregulated practice of the occupation or profession can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote or dependent upon tenuous argument.

   Comments: There is documentation in the application showing that there is harm.

2) The practice of the occupation or profession requires specialized skill and training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability.

   Comments: Through the description of what a dietitian does, what kind of skills are needed, the competency that is required, and with the educational program that now exists, hopefully we have shown that a strong solid base of scientific training is needed. Also, this legislation requires continuing education as one way of assuring the competency to practice in the area of dietetics.

3) The public is not effectively protected from harm by means other than credentialing.

   Comments: The dietitians have attempted to deal with this issue through the credentialing of the Registered Dietitian (R.D.). While this has been an important credential, the evidence presented shows that there continues to be great potential for harm and the current regulatory mechanism cannot and will not be sufficient to protect the public from harm.

APPLICATION FOR CREDENTIALING

KANSAS DIETETIC ASSOCIATION

Table of Contents

APPLICATION FOR CREDENTIALING

KANSAS DIETETIC ASSOCIATION

## List of Appendixes

A. 1. Conceptual Framework for the Profession of Dietetics

2. Data on frequently performed functions of dietitians (Table 4)

3. Article: Diabetic outpatients at Atlanta hospital learn how not to become inpatients

4. Article: Kadas, N.: The dysphagic patient: Everyday care really counts

B. Study of Professional Dietetic Human Resources in Kansas (June 1982)

C. Information on Dietitians/Nutritionists in Private Practice

D. Survey Results on Role/Functions of Consultant Dietitian

E. Letter from a Client of a Dietitian/Nutritionist in Private Practice

F. Telephone Listings for Dietitians/Nutritionists from Greater Kansas City, Manhattan, Topeka, and Wichita

G. Recent Newspaper Articles Discussing Credentialing for Dietitians/ Nutritionists

1. Kansas State Collegian, "Dietetic licensure may ensure authenticity of 'nutritionists'"

2. Kansas City Star, "Pup and circumstance: Dog gets degree in mail" and "Credentials at core of debate about correspondence college grads"

H. Typical Orders for Diet Instructions

I. Report from a Client of a Counseling Session

J. Plan IV Minimum Academic Requirements and Minimum Experience Requirements for the Dietetic Profession

K. Policies and Procedures for the Three Year Pre-planned Experience

L. Guidelines for the Qualifying Experience or Assistantship with an Advanced Degree

## List of Appendixes (cont.)

Testimony for Public Hearing

I want to present to you today cases of real live people who have been harmed by following the advise of "nutritionists" who were not qualified.

The first case is a 44 year old woman who came into the hospital because of headaches, nausea, and vomiting. On physical examination, she had swelling of the optic nerve, her liver was quite enlarged, and the anterior portion of her lower legs were severely tender to touch. The patient gave a history of having had carcinoma of the breast four years prior to admission. At that time, she had no signs of metastases. Following her diagnosis of carcinoma of the breast, she had been advised by a nutritionist in a health food store to take vitamin A 50,000 units to prevent recurrence of her cancer.

Since it was recognized that this large dose of vitamin A can produce toxicity, the vitamin A level of the blood was measured and was found to be markedly elevated. The liver biopsy revealed that the liver enlargement was due to the increased amounts of vitamin A in the liver and all of her symptoms were on the basis of her vitamin A intoxification.

This case points out the dangers of mega-vitamin dosage prescribed by a person who has not recognized all of the potential side-effects. The woman did not appear to have any recurrence of her cancer and it would have been unlikely that she would have in view of the negative nodes at the time of her operation, however, she underwent a long period of pain and suffering because of the vitamin therapy.

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1-20-88

The case is a 72 year old black woman who entered the hospital in a semicomatose state with severe nausea and vomiting. The patient had a diagnosis of arthritis for many years and 8 years prior to admission she had been advised by an unqualified nutritionist to take 20,000 units of vitamin D daily and calcium and cod-liver oil. She had continued to take this medication for 8 years. On admission to the hospital, the calcium in her blood was markedly elevated and the patient was suffering from vitamin D intoxification. Her kidney function was also markedly abnormal and it was found that she had large amounts of calcium deposited in her kidneys because of the longstanding high blood calcium levels. All of these were due to the excessive amount of vitamin D that she was taking in the form of vitamin D and cod-liver oil.

In a recent issue of the New England Journal of Medicine there were reports of severe nerve degeneration in a patient who was taking excessive amounts of vitamin $B_6$ for general preventive medicine purposes. Several cases of degeneration of peripheral nerves have been reported as an effect of excessive intake of vitamin $B_6$.

These cases illustrate that very bad things can happen to real people when they, in good faith, follow the advise of nutritionists who do not have the depth of knowledge required to serve in an advisory position.

Barbara P. Lubers

JAN 1 88

# Georgetown Health Care Center

Georgetown Pharmacy

JANUARY 15, 1988

MY NAME IS DARREL CORSON. I AM A PHARMACIST AND CO-OWNER OF GEORGETOWN HEALTH CARE CENTER IN SHAWNEE MISSION, KANSAS. MY WORK INVOLVES INTERACTION WITH DIETICIANS ON A REGULAR BASIS. I ALSO SERVED AS A MEMBER OF THE TECHNICAL COMMITTEE THAT REVIEWED THE PROFESSIONAL DIETICIANS' APPLICATION FOR CREDENTIALING. THE COMMITTEE FOUND THAT THERE IS A NEED FOR DIETICIANS TO BE CREDENTIALED. IN MY OPINION, LISCENSURE IS THE APPROPRIATE LEVEL OF CREDENTIALING.

THERE IS EVIDENCE THAT THE PUBLIC IS SEEKING NUTRITIONAL COUNSELING FROM PRACTITIONERS WITH NO TRAINING AND FROM PRACTITIONERS WITH TRAINING OF A QUESTIONABLE NATURE. NUMEROUS CASES OF NUTRITIONAL COUNSELING BY UNQUALIFIED PRACTITIONERS RESULTING IN HARM TO THE PATIENT WERE PRESENTED DURING THE COMMITTEE MEETINGS. THE GENERAL PUBLIC CANNOT ALWAYS DISTINGUISH BETWEEN QUALIFIED AND UNQUALIFIED PRACTITIONERS. REGISTRATION OF DIETICIANS WOULD PROTECT THE TITLE BUT WOULD NOT PREVENT AN UNQUALIFIED PRACTITIONER FROM ASSUMING ANOTHER TITLE AND SUPPLYING NUTRITIONAL EDUCATION AND/OR COUNSELING TO THE PUBLIC. I BELIEVE LISCENSURE IS NECESSARY TO PROCTECT THE PUBLIC'S HEALTH, SAFETY AND WELFARE IN THIS AREA.

SINCERLY,

DARREL W. CORSON, R.PH

9338 West 75th Street • Shawnee Mission, KS 66204
(913) 362-0313 • 1-800-346-3026 Ext. 2736

attn
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PHPCO
1-20-88

THE KANSAS PHARMACISTS ASSOCIATION
1308 WEST 10TH
PHONE (913) 232-0439
TOPEKA, KANSAS 66604
ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

House Committee on Public Health & Welfare

January 20, 1988

MR. CHAIRMAN, COMMITTEE MEMBERS: Thank you for this opportunity to address the committee regarding this issue. My name is Bob Williams. I am the Executive Director of the Kansas Pharmacists Association. Since many of our members work with dietitians, this issue is of interest to us. Hospitals, nursing homes and home health agencies are making more and more use of nutrition support teams consisting of four persons: Physician, dietitian, pharmacist and nurse. Each has its own important role and expertise. Minimum standards and credentialing for dietitians is just as important as it is for the other three professionals. Health professionals are concerned that anyone can legally advertise as a dietitian and charge fees for nutrition advice and counseling. Approval of this credentialing application will help protect the public against unqualified or unethical practitioners. We support this bill and hope the committee will vote favorably. Thank you.

attm #5
1-20-88
PXHCW

Riverside HOSPITAL

2622 West Central • Wichita, Kansas 67203-4999 • Telephone (316) 945-9161

February 9, 1987

Public Health and Welfare Committee
The Statehouse
Topeka, KS 66612

Dear Committee:

As the Director of Respiratory Care at Riverside Hospital in Wichita, and a practicing Respiratory Therapist with over 15 years experience I would like to urge you to vote in favor of legalized credentialing for Dietitians for the State of Kansas.

Together with physicians, nurses, and respiratory therapists, the Dietitian is an essential member of the critical care team and provides critical input into the management of the patient. Patients requiring intensive care, whether for medical, surgical or trauma indications are frequently undergoing progressive malnutrition. The provisions of adequate nutrition must not be overlooked, yet, were it not for the intervention of the Dietitian malnutrition many times would become the rule rather than the exception with these patients. In many instances it is the lack of adequate nutrition that retards a speedy recovery, which may be translated into a speedy discharge and the saving of money.

Nutrition intervention by a Dietitian appears to significantly influence the success in weaning a patient from a ventilator, therefore, a Dietitian is an essential member of our cricital care team.

Due to our ever growing levels of responsibilities and the fact that Dietitians also deal with sophisticated patient care items, and with patients that range from moderately ill to critically ill, it is imperative that this be a well-regulated and licensed profession.

To hold health care costs down by providing effective and efficient nutritional support, I urge a vote in favor of licensure for Dietitians.

Sincerely,

Don Richards, MSRRT
Director of Respiratory Care

DR/jo

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TESTIMONY OF JOHN PAUL SMITH, JR. D.O.
HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
January 20, 1988

I would like to take this opportunity to thank the committee for the time afforded this testimony. As a licensed physician involved in the practice of general surgery, I have had the misfortune of dealing with the severe consequences of malnutrition as it impacts in our patient population. At the same time, I have also had the benefit of being able to use the reputable services of trained dieticians in both inpatient and outpatient settings for the correction and prevention of these devastating effects of disease. I would like to, however, limit my comments to a special subgroup of patients, the elderly, because the effects of misinformation and poor education on the part of unqualified nutrition practitioners can potentially have far reaching effects.

As we are all quite aware, the size of the elderly population in the United States is the largest growing segment of our population. Twenty-five million Americans are 65 years of age or older. By the year 2000 A.D., the size of this group is expected to reach nearly 52 million people, most of whom will be 75 years of age or older. Nutrition is an important but frequently overlooked factor among the many factors that influence the ageing individual. Nutritional assessment of the elderly patient is very difficult and takes a great deal of clinical insight and



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training. The effects of ageing on body size alone is one that takes some expertise in the evaluation of changes that occur. Individuals with less than adequate training can take standards or normals that have been developed for the average adult and apply them erroneously to the elderly. This makes inaccurate the assessment of the type and degree of malnutrition present. Laboratory tests are another entire segment that can be utilized to evaluate malnutrition, but in the elderly, the lab values must be interpreted differently due to changes that occur during ageing. Therefore, these two means of assessment can be misused by unqualified practitioners in nutrition, and therefore be the basis for recommendations that are totally erroneous and detrimental to the elderly.

The most striking problem that is encountered from a nutritional standpoint with the elderly individual is that body reserves are gradually depleted with age. This does not cause significant problems unless things such as trauma, infection, surgery, or cancer occur to the elderly. At that point, their demise can be dramatically hastened by improper utilization or inadequate administration of nutritional support.

The incidence of malnutrition is one that is grossly underestimated by all but the most astute practitioners. Only within the last ten years have capabilities developed for the objective assessment of these individuals. The most recent sta-

tistics indicate somewhere between 25% and 50% of all hospital admissions have some degree or type of malnutrition, and a full 10% have severe malnutrition, even within the affluent society of the United States. These figures are all based in the pre-DRG days, and it is anticipated that even higher proportionate levels of malnutrition will exist within our hospitals. The current trend is to decrease the length of hospitalization and, therefore, our elderly patients are being discharged sooner and expected to recover from their stress or illness at home. This is an area where nutritional information and guidance is critical in the assurance that our elderly population are obtaining valid, rational, and accurate nutritional information.

An additional area of concern in the elderly population is the utilization of multiple medications and their effect upon nutrients. Many medications have adverse affects upon the absorption or utilization of nutrients. Likewise, some medications deplete the store of vitamins, trace elements, and nutrients that are extremely important and absolutely essential for good health. The knowledge of these drug-nutrient interactions is critical in the advisement of patients for nutritional concerns.

The point that I am trying to make is that the elderly are walking on a nutritional tightrope. I feel that it is absolutely necessary that we, as a state, take direct control on the

licensure of individuals involved with the provision of dietary and nutritional information. I feel that it is irresponsible for us to allow individuals with little or no training to prevail upon the elderly population within our state, to provide misinformation about nutrition. We are all well aware of the trends towards wellness and proper nutrition and it behooves us to make sure that those individuals providing this information to our population are adequately trained and policed. They, likewise, must be accountable to the population as a whole through its government.

Thank you for the opportunity to make this presentation.

In the fall of 1978, this RD was counseling an obese 16 year old boy on a regular basis. His mother generally accompanied him on these visits. On one occasion, the boy's father also came to the session to seek my advice. This 52 year old man appeared thin and pale and reported that he had been losing weight, was extremely weak and tired and was experiencing increased thirst.

He produced a "diet sheet" which had been provided to him by an unqualified practitioner. The sheet was a "zero CHO diet" and listed as foods to avoid; all fruits, vegetables, starches, cereals and breads. It allowed only meat, eggs, cheese and a limited amount of milk. The diet was grossly inadequate in all essential vitamins and minerals and included approximately 30 gm CHO per day.

When I questioned Mr. P. about the diet, he stated that he had sought help for a sore lower back and the individual had done a urine test and found sugar in the urine. He was then placed on this diet and told to report back several times per week for urine analysis. The man reported that he was unable to follow the diet and had continued to feel weak and lose weight.

I advised the man to seek help from his family physician. I explained to him that it is abnormal to spill sugar in the urine and he should have further tests to determine the cause of the problem.

Mr. P. did consult his family doctor and was diagnosed as a Type II Diabetic, insulin dependent. He was placed on a diabetic diet containing approximately 50% of calories from carbohydrates. He also takes 2 insulin injections daily.

Judy Johnston, MS, RD

attm #8
P&W
1-20-88

# PUBLIC POLICY STATEMENT

HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

**RE: H.B. 2464 -- Providing for Licensure of Dietitians**

January 20, 1988
Topeka, Kansas

Presented by:

Bill R. Fuller, Assistant Director
Public Affairs Division
Kansas Farm Bureau

Mr. Chairman and Members of the Committee:

My name is Bill Fuller. I am the Assistant Director of the Public Affairs Division for Kansas Farm Bureau. Even though policy development in Farm Bureau is the exclusive responsibility of farm and ranch members, H.B. 2464 is important to all 113,579 families who are now members of the 105 county Farm Bureaus across Kansas.

Our concern on this issue is not new. The members of Kansas Farm Bureau developed and adopted policy 10 years ago supporting nutrition education for health professionals. Our membership has felt that many health care professionals have not had sufficient educational course work in nutrition and its relationship to the prevention and treatment of disease. We have believed that nutrition training and courses should be required in medical and health related education curricula.

Today, KFB has policy in support of H.B. 2464. The Voting Delegates representing the 105 county Farm Bureaus at the 68th Annual Meeting of KFB on December 1, 1987 adopted this resolution:

#9
PH&W
1-20-88

**Dietitian Licensing**

Accurate and complete consumer information on the nutritional value of the pure, wholesome food produced by American farmers and ranchers is vital to our industry. We believe dietitians, properly trained and licensed, could, using scientific and fully documented information, provide consumers with helpful guidance on nutrition and a balanced diet.

Our desire is for consumers to receive factual nutritional information and assistance. As an example, we want to prevent undocumented claims, in the form of both advice and advertising, such as appeared in the attached newspaper advertisement (see Attachment A).

Thank you for allowing us to express the support of H.B. 2464 by the members of Farm Bureau. We will attempt to respond to any questions you may have.

HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

RE: H.B. 2464 -- Providing for Licensure of Dietitians

January 20, 1988
Topeka, Kansas

Presented by:

Virginia Benton
Rural Health Chairman
Coffey County Farm Bureau

Mr. Chairman and Members of the Committee:

My name if Virginia Benton. My husband and I were dairy farmers for 40 years and we are still farming. I have always had an intense interest in nutrition and in the promotion of commodities we farmers produce. This started 42 years ago when I joined an Extension Homemakers Unit and with lessons taught by Nutrition Specialists at Kansas State University, I learned about nutrition for my family. I served as a lay person on the Technical Committee for the licensure of Dietitians. I have served as Rural Health Chairman for Coffey County Farm Bureau for 11 years and as Mr. Fuller stated, Farm Bureau has worked for 10 years for adequate nutrition courses to be required in medical and health related education curricula.

One of the ways to promote quality nutrition education is for dietitians to be licensed so the public can recognize qualified practitioners as established by the state.

Three important points I would like to point out in support of H.B. 2464:

1. To practice the profession a certain skill and expertise in needed.
2. Harm can be caused by an unqualified person disseminating the wrong information.

Attm #10
PH+W
1-20-88

3. The public needs a way to identify the qualified dietitian from a person who is only seeking a way to enhance their own wealth.

I feel as the Technical committee voted, that dietitians should be licensed in Kansas.

Thank you for allowing me to express support for H.B. 2464. Do you have any questions?

Patricia Steen

**Total Cost of All Supplements (except Cod Liver Oil)**

Per day: $1.65 $51.15 per month

Client estimated she spent between $150-200 per month at the health food stores.

| Ingredients in Super Vit-A-Day | | %USRDA |
|---|---|---|
| Vit.A | 25,000 IU | 500 |
| Vit D | 1,000 IU | 250 |
| Vit.B-1 | 100 mg | 6666.6 |
| Vit.B-2 | 100 mg | 5882.3 |
| Vit.B-6 | 100 mg | 5000 |
| Vit.B-12 | 100 mcg | 1666.6 |
| Vit.C | 250 mg | 417 |
| Vit.E | 150 mg | 500 |
| Niacinamide | 100 mg | 500 |
| Inositol | 100 mg | ** |
| Choline Bitartrate | 100 mg | ** |
| Pant. Acid | 100 mg | 1000 |
| Rutin | 30 mg | ** |
| PABA | 100 mg | ** |
| Citrus Bioflavonid | 30 mg | ** |
| Betaine HCL | 30 mg | ** |
| Hesperidin Complex | 5 mg | ** |
| d- Biotin | 100 mcg | 33.33 |
| Folic Acid | 400 mcg | 100 |
| Glutamic Acid | 30mg | ** |
| Iodine (Kelp) | 150 mcg | 100 |
| Iron (Amino Acid Chelate) | 15 mg | 83.3 |
| Magnesium (A.A. Chelate) | 40 mg | 10 |
| Manganese (A.A. Chelate) | 7 mg | ** |
| Zinc (A.A. Chelate) | 20 mg | 133.3 |
| Calcium (A.A. Chelate) | 60 mg. | 6 |
| Potassium " | 15 mg. | ** |
| Chromium " | 200 mcg. | ** |
| Selenium | 50 mcg. | ** |

In a base of Alfalfa, Watercress, Parsley, Lecithin, Rice Bran polishings and 72 trace minerals.

** USRDA not established.

---

**Client has been consuming large quantities of supplements for about 40 years. She is now in her early 60's and has bone and joint pain and some demineralization of her upper thigh bone.**

#11
Attn: PMHU
1-20-88

| Product or Nutrient | %USRDA | Cost | Cost/Day | Description | Comments |
|---|---|---|---|---|---|
| Vitamin A | 100% | | | 4600 IU in Norwegian Cod Liver Oil | In children, toxicity has resulted from single large doses (30,000-90,000 ug retinyl palmitate) (1 retinol equivalent = 3.33 IU) Subacute or chronic toxicity doses have been found in the 10,000 to 50,000 ug/day dose for months to 1-2 years in children. Acute toxicity symptoms: raised intracranial pressure with vomiting, headache, stupor. Symptoms of tox. at all ages: dry skin and mucous membranes, sparse hair, brittle nails, myalgia, bone pain, arthralgia, abdominal pain, splenomegaly, and hypoplastic anemia with leukopenia. Toxic dose for adults: 10,000 RE (can be lower) RDA: 5000 IU |
| Vitamin A | 500% | | | 25,000 IU in Super Vit-A-Day | |
| Total Intake | 600% | | | 29,600 IU (Approx. 9000 RE) | |
| Vitamin D | 133% | | | 533 IU from All-Bone Bone Meal | Can cause severe toxicity at high intakes of of 1-2 mg per day. Can cause hypercalcemia and calcification of soft tissues, particularly the kidneys. 10 ug/day = 400 IU. RDA for adults: 200 IU/day |
| Vitamin D | 250% | | | 1000 IU from Super Vit-A-Day | |
| Vitamin D | 115% | | | 460 IU from Norwegian Cod Liver Oil | |
| Vitamin D | 100% | | | 400 IU from Calcium Lactate | |
| Total Intake | 598% | | | | |
| Vitamin E | 1333% | 20.49/180 | .11 | 400 IU capsules | RDA: 8-10 mg aTE (8-10 IU) |
| Vitamin E | 500% | | | 150 IU in Super Vit-A-Day | |
| Total Intake | 1830% | | | | |
| Super Vit-A-Day | | 18.50/90 | .21 | | A Super potency multi-vitamin w/minerals sustained release. |
| Garlic & Parsley Capsules | | 9.45/250 | .23 | 1-2 capsules 3x/day | Nothing is known about optimal intakes. |

| Product or Nutrient | %USRDA | Cost | Cost/Day | Description | Comments |
|---|---|---|---|---|---|
| Super Oxide Dismutase | | 9.95/100 | .30 | Derived from 250 mg. freeze dried & buffered bovine concentrate & 125 Mcg. of Catalase. | From the U.S. House of Representatives Select Committee on Aging. Advertised as Anti-Aging in a bottle: "The body does produce an enzyme called superoxide dismutase. There is no evidence that exogenously administered superoxide dismutase will reduce free radicals in the recipient's system. That point notwithstanding, even if such activity were possible the advertised product would be ineffctive. Superoxide dismutase is a protein which is destroyed by enzymes in the gastrointestinal tract. ...there is little question, based on current scientific knowledge and standards that the advertisement for the test purchase are blatant misrepresentations of the product and of current scientific and medical knowledge." |
| Norwegian Cod Liver Oil | | | | | |
| Vitamin A | 4600 IU | | | | |
| Vitamin D | 460 IU | ? | | Also contained EPA (Eicosapentaenoic Acid) 460-552 mg<br><br>and DHA (Docosahexaenoic Acid--420-500 mg | Vitamins A and D discussed previously.<br><br>From Tufts University Diet and Nutrition Letter, July, 1985<br>"Dr. Phillipson warns against experimenting with fish oil supplements that you can buy in health food stores, even under medical supervision. Indeed, blood-clotting changes have been reported in people on high doses of fish oil supplements. These changes could conceiveably lead to bleeding problems in some individuals." |

| Product or Nutrient | %USRDA | Cost | Cost/Day | Description | Comments |
|---|---|---|---|---|---|
| **Kelp (Iodine)** | 100% | 3.19/200 | .02 | Natural Iodine Supplement 150 mcg. (Also contains dicalcium phosphate, kelp, dulse, alfalfa leaf, acacia, cellulose, magnesium stearate, stearic acid, silicon dioxide | |
| **Iodine** | 100% | | | | |
| **Total** | 200% | | | In Super Vit-A-Day | |
| **All-Bone- Bone Meal & Bone Marrow** | | 3.75/200 | .08 | Takes 4 tablets daily | See comments on individual nutrients. FDA has found bone meal supplements to be contaminated with lead. |
| **Vitamin D** | 133% | | | | |
| **Calcium** | 133% | | | | |
| **Phosphorus** | 60% | | | | |
| **Iron** | 15% | | | | |
| **Magnesium** | less than2 | | | | |
| **Zinc** | " | | | | |
| **Copper** | " | | | | |
| **Manganese** | " | | | | |
| **Red Bon Marrow (Beef)** | | | | | |
| **Calcium Lactate** | | | | | |
| **Calcium** | 100% | 6.95/250 | .25 | TAkes 9 tablets daily Each tablet contains 1000 mg Ca | |
| **Vitamin D** | 1005 | | | Each tab. contains 400 IU Vit. D | See comments under Vit. D. |
| **Calcium** | 239% total | | | | From the All-Bone Bone Meal, the Super Vit-A-Day, and the Calcium Lactate. |
| **Phosphorus** | 60% | | | | From the Bone Meal |

| Product or Nutrient | %USRDA | Cost | Cost/Day | Description | Comments |
|---|---|---|---|---|---|
| Iron | 417% | 6.25/100 | .06 | 75 mg of elemental iron in 648 mg Iron Gluconate Amino Acid Chelate Mineral | RDA is 10 mg for postmenopausal women. |
| | 83.3% | | | 15 mg from Super Vit-a-Day | |
| | 15% | | | From Bone Meal | |
| Total | 515.3% | | | | |
| Zinc | 333% | 8.95/250 | .04 | 50 mg elemental zinc in 385 mg zinc gluconate tas. | The RDA warns that the chronic ingestion of zinc supplements of more than 15 mg/ day, in addition to dietary intake, is not recommended without medical supervision. Excessive intakes of zinc may aggravate marginal copper deficiency. |
| | 133.3% | | | 20 mg. zinc in Super Vit-a-Day | |
| Total | 466.3% | | | | |
| Vitamin C | 2500% | 10.95/100 | .11 | 1500 mg C with Rose Hips Sustained RElease | Vitamin C dependency has been found in infants of mothers taking in excess of 400 mg/day. Other effects: uricosuria, hypoglycemic effects, impaired bactericidal activity of leucocytes, and excessive absorption of food iron. May precipitate oxalate kidney stones, perhaps interfere with copper metabolism. May also increase requirement for Vit. $B_6$. |
| | 417% | | | From Super Vit-A-Day | |
| Total | 2917% | | | | |
| Vitamin $B_6$ | 5000% | 4.20/100 | .04 | 100 mg in tab. | Sensory neuropathy has been noted in doses of 2g./day for a period of 4 months. |
| | 5000% | | | 100 mg. from Super Vit-A-Day | |
| Selenium | | 6.95/100 | .14 | 2 100 mcg tabs/day | Safe and adequate intake for adults is estimated to be 50-200 mcg per day. |
| Magnesium | 50% | 6.25/100 | .06 | 200 mg. elemental Mg from Super Vit-A-Day | |
| | 10% | | | | |

Attention Members of the Kansas Legislature:

My name is Marjorie Anne Macklin and I live in Leavenworth, Kansas. I wish to make a statement concerning one of the highly advertised diet supplements called Herbal Life. I believe Herbal Life as well as others like it are dangerous to people and there should be some kind of government or state control over the chemicals and so-called herbal ingredients in their products. The super-hype and magazine ad campaigns make these products very attractive to the dieting public.

My brother, Robert E. Hart, a practicing lawyer and retired Army Colonel started taking Herbal Life last Spring. He was very athletic and had no known health problems, but wanted to lose a little weight because of an up-coming TV ad he was appearing in for his law firm. We saw the commercial which appeared election night but were very saddened because my brother had suddenly died October 27, 1984.

An autopsy was performed but not extensively because he died out-of-state. A coronary was assumed but I believed then as I believe now that Herbal Life had something to do with his sudden death.

If there is any way to have some control over these middle diet products, I for one would really support it. I cannot prove my claims showing Herbal Life was responsible for his death, but I wonder if there are other cases like his and who might be next.

Sincerely yours,

Marjorie Anne Macklin
700 Klemp
Leavenworth, Kansas 66048

P.S. to Mr. Marshall (an Affiliate Dietitian employed by Olathe Community Hospital) Here is the letter I said I would write concerning the diet supplement "Herbal Life". I hope it helps and I do believe all I have written. I'm feeling great on my diet. Better than I've felt in years. If you wish to contact me again concerning my experience with Herbal Life please feel free.

attm #12
P&W.
1-20-88

# OLATHE COMMUNITY HOSPITAL

300 South Rogers Road, Olathe, Kansas 66061

Phone 913 782 – 1451

FRANK DEVOCELLE
Administrator


October 18, 1985

Technical Committee
Licensure for Kansas Dietitians
Building 321
Forbes Field
Topeka, Kansas

Members of the Technical Committee:

As a hospital administrator and trustee of the Kansas Hospital Association, I strongly urge your support of licensure for Kansas dietitians.

Competent practitioners, such as dieticians, to provide nutrition advise is extremely important in light of the numerous self-proclaimed nutritionists in today's society. I am particularly impressed with the education and credentials of registered dietitians.

With the high cost of nutrition quackery in Kansas, any freeze on dietitian licensure seems inappropriate.

Sincerely,

Frank H. Devocelle

Frank H. Devocelle
Administrator

cr

P.L. Beyer
Assoc. Prof., KU
3/87

**THE UNIVERSITY OF KANSAS MEDICAL CENTER**
University of Kansas Hospital
Department of Dietetics and Nutrition
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588 - 7681

For Hearings on Licensure

Please find enclosed examples of
Harm From Nutrition Misinformation

1) A gentleman came to the family practice clinic because of increasing fatigue, occasional confusion and inability to work. This man had been treated several years before for glomerular nephritis by an internist but had not seen a physician since the medications were exhausted. On the most recent visit, the family physician found an elevated Blood Urea Nitrogen and increased creatinine. Additional tests were to be done with a second visit. The man decided to seek the advice of a "nutritionist" he had heard talk about nutrition and chronic diseases. The "nutritionist" accepted the man as a patient and "treated" him with vitamins and mineral supplements, "sea salt" and a "low uric acid" diet (no organ meats or coffee). The man did not come for his scheduled tests but one day later was brought to the emergency room with severe azotemia, hyperkalemia, edema, hypermagnesemia and obtundation. The patient's kidneys were failing and he had received excessive amounts of dietary protein, potassium, salt and magnesium. Without medical attention he would have died. Appropriate nutrition care and communication with the patient's physician sould have prevented the episode and increased costs.

2) A patient came to the general medicine clinic with symptoms of malaise, fatigue, and laboratory signs of liver dysfunction and some abdominal pain. He had been taking large doses of vitamins and minerals and large capsules of herbs and unknown mixture for 6 months. These were recommended by a "nutritionist" (without credentials) whom he had heard on a local Baptist radio program. The patient had visited the "nutritionist" 2 times and had spent large sums of money for his visits and for the "supplements." The supplements and herbs were stopped, liver function studies returned to normal and the patient returned to good health.

3) A patient was seen in the clinic and subsequently admitted to the hospital who had a long history of congestive heart failure. The patient had been instructed earlier by a registered dietitian on a low sodium diet. The patient however, accepted the advice of a health food store clerk, purchased and used "sea salt" which was supposedly "ok" on low sodium diets. The patient was hospitalized and treated for 6 days.

Attm. #13-a
PHRW
1-20-88

**THE UNIVERSITY OF KANSAS MEDICAL CENTER**
University of Kansas Hospital
Department of Dietetics and Nutrition
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588 - 7681

4) A gentleman diagnosed with stiff-man syndrome (a neuromuscular disease of unknown etiology) was admitted to the hospital with increasing fatigue, weakness, confusion, abnormal liver function tests and elevated blood sugar. The patient had been "assessed" by a practitioner in Great Bend who used hair analysis to diagnose several "deficiencies" and subsequently prescribed large numbers of vitamins and mineral supplements. The patient and his wife were charged approximately $400.00 for the evaluations and were spending approximately $100.00 - $200.00 per month for vitamin and mineral supplements. The patient was taking approximately 70 vitamin and mineral supplements while under the guidance of the person dispensing the advice and supplements. The products supplied toxic levels of Vitamin A and excessive amounts of several other vitamins and minerals. With withdrawl of the supplements and proper medical and dietary management, the patient's symptoms, confusion, fatgue, blood sugar, and liver function studies improved. Because of the disease process the patient's muscular and joint flexibility, strength did not improve beyond levels at previous admissions.

5) A child, approximately 5 months old, was admitted to the pediatric service with elevated Blood Urea Nitrogen, hypernatremia, hyperkalemia and obvious dehydration. The parents stated that the child got worse after beginning the use of goats milk which had been advised by their nutritionist/health food store operator. The goat's milk was fed to the child after being heated but had not been diluted. No other carbohydrate or fluid sources were advised. (Goat's milk has a very high potassium and protein content; under careful guidance the milk could have been used but in a modified formula.) With the high renal solute load and the high summer temperatures the child became severely dehydrated. The child was hospitalized for approximately 8 days. The parents were instructed by a Registered Dietitian to use a more conventional formula with the correct mixtures of protein, water and electrolytes.

Respectfully submitted,

Peter L. Beyer, M.S., R.D.
Associate Professor
Dietetics and Nutrition

A nine year old patient was diagnosed by a health care provider as having hair loss secondary to strain on the hair from using rubber bands. The patient was also being seen by a speech therapist, who noticed that the child looked exceptionally frail and thin. The therapist referred the child to a W.I.C. clinic where, through documentation of growth and weight loss, as well as inappropriate food intake, was found to be malnourished.

The child was placed on the W.I.C. program and given supplemental foods. She subsequently began to gain weight and ceased to suffer from further loss of hair, even though she continued to use rubber bands.

The incident was reported to the health care provider, who made the initial "diagnosis". However, he failed to follow up on the report and did not alter his position, or change his treatment plan.

Attm. # 13-B
P&HCW
1-20-88

DIETETIC CURRENTS®

A ROSS TIMESAVER

VOL 14-NO 5, 1987

Minskoff

Oudekerk

*Guest Authors for this issue of* Dietetic Currents *are* Jean B. Minskoff, MA, RD, *and* Lynne M. Oudekerk, MA, RD. *Ms Minskoff, a nutrition consultant, was formerly a teaching fellow in the Department of Home Economics and Nutrition at New York University (NYU), and Chief Dietitian at the New York Infirmary-Beekman Downtown Hospital in New York City. She earned her master's degree from NYU and completed a dietetic internship at the University of Medicine and Dentistry of New Jersey. Ms Minskoff has served as Licensure Chairman of the New York State Dietetic Association (NYSDA) and is currently chairing the Licensure Advisory Committee of the ADA House of Delegates.*

*Ms Oudekerk is Assistant Director of the Bureau of Nutrition Services, New York State Office of Mental Health, in Albany. She earned her bachelor's degree at Cornell University and her master's degree at Syracuse University. Ms Oudekerk completed a dietetic internship at New England Deaconess Hospital and has served as Co-Chairman and Chairman of the NYSDA Licensure Committee.*

Table. Laws That Regulate Nutritionists

| State/ Territory | Year Passed | Type of Regulation[a] |
|---|---|---|
| Alabama | 1984 | Title Act |
| California | 1982 | Title Act |
| District of Columbia | 1986 | Mandatory |
| Georgia | 1984 | Voluntary |
| Iowa | 1985 | Mandatory |
| Louisiana | 1987[b] | Mandatory |
| Maine | 1987[b] | Mandatory |
| Maryland | 1986[b] | Mandatory |
| Mississippi | 1986 | Mandatory |
| Montana | 1987[b] | Mandatory |
| North Dakota | 1985 | Voluntary |
| Ohio | 1986 | Mandatory |
| Oklahoma | 1984 | Mandatory |
| Puerto Rico | 1974[b] | Mandatory |
| Tennessee | 1987[b] | Mandatory |
| Texas | 1983 | Voluntary |
| Utah | 1986 | Voluntary[c] |

[a] *Mandatory licensure* (practice act) establishes a state board to protect the scope of practice and professional titles.
*Voluntary licensure* regulates use of professional titles through a state board.
*Title act* (entitlement) protects use of professional titles.
[b] Year the act was amended.
[c] Utah's certification law is similar to voluntary licensure.

## The Importance of Licensure

Why have dietitians worked for as long as 10 years to obtain licensure? Why do dietitians devote countless volunteer hours, weeks, and months to achieve this goal? Why are dietitians so tenacious?

The advantages of licensure are clear and evident. Americans are accustomed to identifying *licensed* health care professionals, and individual states can regulate professional practice through this mechanism. Licensure is designed to do the following:

- Protect the public.
- Control malpractice.
- Ensure minimum standards of practice.

**Protecting the public.** This is the major issue and the primary advantage of licensure. The purpose of regulating any profession is to protect the public from harm. Mandatory licensure accomplishes this through two mechanisms. First, it identifies the qualified practitioner, as in the following scenario:

> "Who can explain my diabetic diet to me?" asks Mr Winkler. "See a licensed dietitian," replies his physician.

Second, licensure provides legal power. Only persons who meet established qualifications can be licensed, and the public is protected from the unqualified by the power of the law.

In the absence of state regulation, health care professionals and the public rely on the registered dietitian (RD) credential to identify dietitians. However, the RD credential does not have the power of the law behind it.

State regulation of the dietetic profession is essential to stem flagrant abuses in the provision of nutrition services. Abuses can place the health of individuals in jeopardy and compromise their well-being. Two cases exemplify the dangers of allowing unqualified nutrition practice.

> **Case 1.** A young mother in a borough of New York City was seeing a self-styled, self-educated "nutritionist" for advice on the nutrition and feeding of her twin babies. The infants were experiencing colic and the mother needed assistance. Tragically, the advice given her included a recommendation for potassium supplements. One of the infants died as a result of this therapy. The nutritionist was subsequently indicted on charges of practicing medicine without a license, but she was not convicted.

> **Case 2.** On Long Island, a "nutritionist" who displayed a nutrition diploma from an unaccredited school was indicted by the attorney general of New York State. The attorney general held that, in addition to providing nutrition information and nutrition education of questionable quality, the practitioner was also submitting his female patients to gynecologic examinations as part of his nutrition assessment.

Self-proclaimed health care providers may believe some or all of what they proffer, but whether or not they are earnest, mandatory licensing prohibits such people from practicing nutrition legally.

In Alabama, a title act protects the titles *dietitian* and *nutritionist*. This statute helped the state medical board bring a permanent injunction against an entrepreneur who repeatedly switched the sign on her storefront operation from *physician* to *nutritionist*, although she was neither. The public was protected from potentially harmful practice.

The Licensure Advisory Committee of the ADA House of Delegates was formed to help nutritionists identify cases of harm to the public at the hands of unqualified practitioners. A computerized system, QUEST, was developed to catalog these cases. Documentation comes from reports in professional journals and the popular press, as well as from the personal case histories of dietitians. Two hundred cases of public harm resulting from the practice of self-styled nutritionists have been compiled since the program's inception less than a year ago.

The QUEST catalog of information is available to states seeking documentation of harm in their consideration of licensure proposals. Individuals interested in submitting documentation of harm should contact Michele Mathieu at ADA. She will provide special forms for the recording of information by the QUEST system.

**Controlling malpractice.** Health care professions are being pressed continuously to do a better job of policing their own members. Legally, little can be done at the state level in states with no regulation of nutrition professionals.

Voluntary and mandatory licensing legislation can establish a state disciplinary board for controlling malpractice. Individuals who practice inappropriately can be monitored and disciplined. Board members generally are selected by the governor and serve a term specified by the provisions of the law. State boards may generate rules and regulations and clarify the specific components of the legislation.

**Ensuring minimum standards of practice.** A third advantage and function of licensure is provision of minimum standards of practice for the dietetic profession. Although standards of practice change with progress in the health care professions, minimum standards are needed. Voluntary licensing may address the scope and standards of practice, thereby encouraging the use of such standards, but the effect is not comparable to that of mandatory licensing, which *requires* minimum standards of practice.

Another outcome of licensure efforts is that nutritionists are becoming more involved in political action and more visible and effective as active participants in the legislative process. Legislative issues involving nutrition are a concern at both the state and national levels. Nutritionists entering the legislative arena are increasingly knowledgeable, able to communicate their professional concerns, lend their support, and "fight the good fight." Every year, new bills are filed in state legislatures that require their review, comment, and consideration.

Dietitians in states with credentialing legislation, such as California, Louisiana, Texas, and Iowa, are among those reporting increased involvement in state legislation. Legislators are becoming more aware of the dietetic profession. As a result, dietitians are called to testify at hearings and provide input into bill drafting. Frequently, dietitians are asked to serve on health-related advisory councils.

Moving? Send address corrections to: Mail List Correspondent, Ross Laboratories, Columbus, Ohio 43216

ROSS LABORATORIES
625 Cleveland Avenue, Columbus, Ohio 43216
Division of Abbott Laboratories, USA

*Director of Medical Nutrition Education:*
Maria L. Steinbaugh, RD, PhD
*Medical Director:* Henry S. Sauls, MD

DIETETIC CURRENTS

*Editor:* Judith D. Gussler, PhD
*Medical Nutritional Consultant:* Ardine Kirchhofer, PhD
*Consulting Editor:* Robert E. Hodges, MD
*Executive Editor:* Dorothy E. Redfern
*ISSN 0890-7803*

## Case History #1

Female age 27 who had been overweight to obese for 16 years. She indicated that she gained weight during puberty and continued to very between 15 to 30 pounds over her ideal weight of 130 lb. (She was 5' 6" and medium frame.) According to the client, she had been on many diets and would lose weight, but never succeeded in keeping the weight off.

After marriage and three pregnancies, her weight was 232 lbs. On the advice of an unqualified professional, she began using the Cambridge Diet Plan and lost 50 pounds in approximately three months. However, she was having severe stomach pains and acute constipation. She was seen on an emergency basis by a physician who recommended discontinuing the Cambridge Diet and began a series of tests to identify the cause of her pain. As soon as she began eating, a very rapid weight gain occurred. When seen by a registered dietitian two weeks later, she had regained 25 of the lost pounds and was still gaining. No pathology was identified in the tests, so the assumption made by the doctor was that the absence of fiber in the Cambridge Diet had caused the cramping and spasms of the colon.

Treatment of an adequate diet and exercise which extended over a prolonged period resulted in a weight loss of approximately 1.5 pounds per week. She has returned to the registered dietitian every 4 to 6 weeks and is nearing her goal of 140 pounds. Behavior modification is being stressed so that she will be able to maintain the loss.

## Case History #2

This case involves a healthy 30 year old male who was sold a bottle of vitamins and a bottle of enzymes by an unqualified professional. This client was concerned about taking these and rather angry at himself for purchasing them and brought them to his doctor. The doctor and a registered dietitian evaluated them and found the vitamins were megadoses, varying from 2 to 20 times the recommended daily dietary allowances. The enzymes were not those known to be needed in the digestive process. The promise made for the products included increased energy and vitality. The combined cost was more than $20.00 per week. Toxicity would be a predictable outcome from the regular injestion of the products. The high cost would also be an issue.

I recommend licensure of dietitians and recognition of their proper role as nutrition experts.

Ann Hunter, M.S., R.D.

Allen #14
HHCW
1-20-88

Kansas
Respiratory
Therapy
Society
15th and State / Emporia, Kansas 66801

JANUARY 20, 1988

TESTIMONY ON HOUSE BILL 2464

CREDENTIALING OF DIETITIANS

I AM MICHAEL HINDS REPRESENTING THE KANSAS RESPIRATORY CARE SOCIETY. WE SUPPORT THE EFFORTS OF THE DIETITIANS IN KANSAS TO OBTAIN LEGAL CREDENTIALING. WE ENCOURAGE THE MEMBERS OF THIS COMMITTEE TO SUPPORT HB 2464 FOR LEGAL CREDENTIALING OF DIETITIANS AT THE APPROPRIATE LEVEL.

THANK YOU FOR TIME AND ATTENTION TO THIS MATTER.

IF THERE ARE ANY QUESTIONS, I WILL BE HAPPY TO ANSWER THEM.

J. MICHAEL HINDS RRT, RCP
LOBBYIST, KRCS

Attm. #15
PH&W
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