



Newsletter

Volume 3 • Number 2 • Fall 2003

*Devoted to the advancement
of excellence in complementary
and integrative patient care,
by promoting education,
research and sharing of
information and knowledge.*

EDITORIAL

The theme for this Fall 2003 issue of the ACPBC Newsletter is education. The articles in this issue cover the full scope of ACPBC teaching and learning activities. The article entitled "Educating Tomorrow's Physicians: The UBC Medical Student Complementary Elective" discusses our work in educating medical students about integrative and complementary medicine.

Dr Christopher Lam has written a thought provoking article entitled "Medical Qi-Gong Retreat with Dr Steven Aung" about a recent ACPBC sponsored Continuing Medical Education event for physicians. Further information about continuing education of ACPBC doctors is summarized in the article "Guest Speakers at General Meetings."

This year, the ACPBC is conducting community education by presenting a series of lectures in conjunction with the University of Victoria. "University of Victoria and the ACPBC Present: Health and Wellness for the General Public – A Complementary Medicine Update," will bring you up to date with this initiative.

This edition brings a bit of a new look to our newsletter. Green is the color of the Chinese element "Wood" (the other elements are Fire, Earth, Metal, and Water). Wood signifies new growth and activity. We hope you enjoy the newsletter.

Steven Kleinman, MD, Co-editor

A Word From the President

The Changing Face of Medical Practice

Not too many years ago physicians were on duty 24 hours per day, 7 days per week. They could have a holiday only if they could find a willing colleague to cover their practice. Forty years ago Medicare came on the scene and relieved doctors of the burden of collecting payment for services rendered. Medical services and medications were provided free to people on welfare. New hospitals were built and diagnostic centres became available in most communities. Physicians were encouraged to attend medical conferences with all expenses paid for by funds withheld from Medicare payments to doctors. Doctors had only to find another physician to replace them while they attended the conference. Private citizens were required to pay an annual fee to Medicare to pay for services for themselves and their dependents. It all seemed like the beginning of the golden age of medical care.

However, the general public perceived Medicare as a free service and entitlement, and had unrestricted access to doctors and hospitals. Medicare costs started to rise soon after it started and within a few years these costs became the single greatest expenditures of both the federal and provincial governments. There was no turning back. No political party would survive if it tampered with Medicare. Net payment for doctors' services started to fall below the cost of living index.

As the cost of Medicare kept rising, governments in desperation consulted "specialists" in hospital administration and were led to believe that the major threat to Medicare was too many doctors. The experts calculated that the average doctor generated medical costs of \$400,000 per year. The advice of the experts was so convincing that all the provinces took steps

to reduce the number of physicians by reducing the numbers of graduates from medical schools and limiting the entry of doctors from foreign countries. This resulted in long waiting lists both to see specialists and to be admitted to hospitals for surgical procedures. Fewer doctors resulted in increased workloads, difficulty in obtaining locum relief and under-servicing of remote communities.

Some relief came with the advent of drop-in medical clinics that provided same day acute-care services. These clinics were open every day for long hours. The clinics were a great convenience to the public and a quick fix for acute cases, but the private physicians got left with the complicated time-consuming patients without comparable remuneration.

Doctors approaching retirement now find that there is no market for selling their medical practices. Interns and medical

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residents anticipating their future careers have organized their own association to improve their working conditions and remuneration.

Fortunately, as the public has become more informed, health conscious and aware of alternative therapies, medical education has evolved to include prevention and complementary approaches to the care of the healthy as well as the sick patient. Medical faculties have responded by including such courses in the undergraduate years. Future physicians have created their own organization and conducted their own complementary and alternative conferences inviting world class speakers. Senior medical students are traveling thousands of miles to explore new and inspiring information and experience in other countries through the student preceptorship program. Established physicians have wrenched their minds around the new concepts, accepting or rejecting them as they see fit. (We still have a long way to go!) At least there is new awareness among physicians (and sometimes acceptance) that is more appropriate to the demands of the public and the needs of practicing doctors.

The ACPBC has done much to support and foster these initiatives. We must congratulate the dedicated physicians who have contributed so much time and energy to this major progress in the practice of medicine. However, the challenge is still before us. We must, as physicians, continue to change the focus from treatment to prevention, from illness to health, from the disease to the individual, from the doctor-as-god to the principle of shared-care and personal responsibility. Let us in the ACPBC lead the way!

The original definition of physician was teacher.

R.H. Rogers, MD



Orcas near South Galiano Island en route to the retreat

Medical Qi-gong Retreat with Dr Steven Aung

Galiano Island, September 26-28, 2003

Scores of orcas frolicked close to the shore of Galiano Island, as we gazed from the deck of the Friday morning ferry from Victoria. What a welcome sight and delightful treat! What an auspicious start to the Qi-gong retreat! On that island we were joined by other participants—all physicians (two dentists) and spouses—from other parts of BC and Alberta. Three dozen of us assembled at the Bodega Resort and, apart from some sheep and horses, had the whole 25 acres of idyllic meadows and trees to ourselves.

We came from all sorts of backgrounds, with an age range spanning

several decades. Some are complementary physicians, and some others did not quite know what to expect from the retreat. That afternoon Dr Steven Aung flew in from Beijing via Vancouver, looking fresher than some of us. Jet lag holds no sway over this remarkable man. The moment he opened his mouth to speak, we all felt at ease and reassured. We were captivated by his gentle and unassuming manner, when he generously shared with us his anecdotes, experiences and skills. I call him Si-fu, Master Teacher

Qi-gong, as Dr Aung pointed out, is a “healing art that helps us to become



Retreat participants

more relaxed, revitalized and rejuvenated...in our body, mind and spirit.” We learned about breathing techniques, healing sounds, sharpening our observational and diagnostic acumen, and more. Workshops were held on spiritual cultivation, spiritual purification, healing and meditation. We were told about the alignment of the spirit and the body, and shown how to sense the Qi, including its dysfunction or disruption. There was plenty of opportunity for us to practice with each other, feeling the Qi and healing energy. (While some of us are more sensitive than others, everyone can enhance the sensitivity through mindful practice.) Suffice to say such workshops have to be experienced; they defy description. Rituals were also held: chanting, candlelight blessing to the environment, and prayer for world peace.

The two mornings began with walking Qi-gong at 6:30 a.m. among either trees or large rocks in a meadow. The balmy weather allowed us to hold the daytime sessions outdoors. Activities continued past 11:00 p.m., when participants adjourned to their cozy cabins. (A few of us diehards stayed up, hiked to an area away from the lights, and cast our eyes heavenward to revel in the sight of the stars, Mars and the Milky Way; my small telescope came in handy.) The retreat also provided an excellent opportunity for us to reconnect with friends and colleagues and meet new ones.

Dr Aung gave us guidance in better self-care; and who does not need it? We need to learn, he emphasized, to be more than mere technicians, and become better healers. He left us with Buddhist words of wisdom; for instance, the vital ingredients for any healer are Metta (loving kindness), Saydana (selflessness), Karuna (compassion) and Mudita (sympathetic joy).

On Sunday the closing ceremony was held on nearby Crystal Mountain at the World Peace Pagoda—a fitting end to a unique experience. Blessings were given to all sentient beings, great and small, for good health, harmony and peace. Si-fu Steven Aung gave all of us meditation-prayer beads with his blessing and good wishes. On behalf of all the participants I gave him our heartfelt thanks, expressing the sincere hope we will get together again on another retreat. While our own skills and experience are quite varied, we all learned something from the retreat. No one left unmoved.

Christopher Lam, MD



Dr Peter Nunn, Nancy Lam, and Dr Christopher Lam on the ferry.



Dr Steven Aung and Dr Mark Sherman



Dr Steven Aung and Margaret Hess



Dr Christopher Lam, Dr Steven Aung, and Dr. Stephen Faulkner



Brush painting is another of Dr Aung's talents. He shared several of his paintings at the retreat.

Educating Tomorrow's Physicians

The UBC-ACPBC Medical Student Complementary Medicine Elective

As part of its educational mission, the ACPBC provides a four-week complementary medicine elective in Victoria for senior medical students through the UBC School of Medicine. In existence since 1999 under the directorship of Dr Christopher Lam, this elective involves the student rotating through the office practice of multiple ACPBC members who have appropriate training in their fields of special interest and have incorporated one or more modes of complementary therapy into an integrative general medical practice. The definition of complementary medicine used for the purpose of this elective is provided by the UK Cochrane Collaboration:

“Complementary medicine is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant system of a particular society or culture in a given historical period.”

Objectives

The specific aims of the elective are for the medical student to:

- gain some familiarity with a number of complementary therapies, and insight into the reasons patients seek them;
- become more confident in discussing with patients as well as peers, in an informed and appropriate manner, the topic of complementary medicine in general, and the therapies to which s/he has been exposed in particular;
- identify the indications, contraindications, strengths and limitations of the various therapies; in other words, formulate a rudimentary opinion as to the appropriateness, or otherwise, of certain therapies according to the patients' conditions;
- appraise the basis, foundation and application of each of the modalities, as well as evaluate the scientific research on them;
- be cognizant of where to look for proper information about different modalities, and also of how best to inform patients, especially in terms of reliable vs unreliable sources of information;

- gain new insights into practical approaches toward treating patients, such as skills in listening, inquiry and observation in the assessment of patients; counseling in lifestyle and nutrition; personalized, patient-oriented and holistic diagnosis and therapy utilizing different modalities, alone or in combination, for the optimal benefit of patients.

During this elective, the student is given the opportunity to assess patients and formulate a diagnosis and treatment plan, which is discussed with the preceptor. Conventional and complementary approaches are reviewed by the preceptor and juxtaposed for comparison. In addition, book and journal research is suggested to the student, who is encouraged to critically analyze the literature on the therapies, within the context of Western biomedicine. At the conclusion of the elective, the student is required to prepare a case report which provides an opportunity to explore, compare and contrast a number of approaches and therapies in terms of efficacy, safety and cost.

The elective's intent is to broaden the student's mind and horizon; it does not seek to promote one therapy or system over another nor is it intended as a training course that would allow the student to immediately use any of the therapies.

Student demographics

Since its inception in 1999, six to seven senior medical students per year have rotated through the elective, usually one at a time. To date, over 30 students have completed the experience. Seventy-five percent of the students have been female. Interestingly, in the first two and a half years, almost all of the students were from UBC as would be expected; however, in the most recent two and a half years, virtually all of the medical students have been from medical schools other than UBC. There have been 11 students from medical schools in the UK and 6 from other medical schools in Canada. While it is encouraging that this elective has been made widely available to students in different locations, it is somewhat disappointing that it has not been selected more fre-

quently by medical students within our own province. One can only speculate as to the reason for this change in demographics.

Student evaluations

Each student is asked to complete an evaluation form at the conclusion of the elective. A review of these evaluations has shown that all of the students have felt it to be a very worthwhile elective to supplement their medical curriculum. Specific comments excerpted from these evaluations follow:

“The physicians I worked with were very open, respectful, helpful, informative. This was an excellent opportunity to see/know/understand what happens in the realm of complementary medicine. For me, it is important to base my opinions and decisions on first-hand experience. Important gaps in my training were also filled...the most important being nutritional and lifestyle counseling...one area that I feel is under-emphasized in the Western medicine training...There was also a tremendous focus on the doctor-patient relationship and listening/counseling skills.”

“I appreciated observing the seamless integration of the fields (CAM and biomedical family practice) and to observe how satisfying this can be for both the clinician and the patient... Thank you for inspiring me...I find myself thinking and inquiring in a holistic manner. Further, I am giving all my patients advice about diet and exercise. This appears to be new for them! Finally, thank you for treating me so well.”

“A lot of personal attention from the preceptors... Finally learned what some of that stuff out there is. Also got to experience with receiving some treatments. This rotation filled some gaps in my knowledge of nutrition and health, as well as some common complaints for which no good treatment is available: e.g. chronic fatigue syndrome, fibromyalgia, back pain... This rotation may change the way I do medicine by: paying attention to the patient's emotional state, increasing my emphasis on lifestyle changes, and suggesting alternative ways of managing chronic pain refractory to other treatments. My literature search on acupuncture... revealed to me that 'complementary' medicine has been subjected to

scientific scrutiny, and some of the more mainstream facets have a scientific basis.”

“Enthusiastic teachers... recommend reading on...modalities before coming to Victoria.”

“Did this elective fill any gaps? Certainly. Medical school, until now, barely even mentioned alternative therapies. I had virtually no understanding of these therapeutic modalities which many of my future patients will be involved in. While I have many questions about some of the practices, I have learned/heard enough patient testimonials to feel confident recommending acupuncture as an option for pain management...I am certainly better equipped to answer patients’ questions re: alternative medicine—both regarding possible benefits and risks. Moreover, if a patient is being cared for by an alternative practitioner, I will have an understanding of what is being done for/to them...which I believe is important as a primary care physician.”

“The aims of the elective are not to teach any particular form of therapy but to increase awareness and appreciate more holistic approaches to medicine. All the doctors are medical doctors... I got to see homeopathy, psycho-spiritual medicine, Shen therapy, neural therapy, orthomolecular therapy and finally acupuncture, which I found personally especially interesting. Although it is easy to be cynical about some aspects of some therapies, they are certainly interesting and I learnt a lot about communication skills and positive doctor-patient interactions. I also got to spend a week with a GP in Duncan, (which) has a high population of Native Indians/First Nations, and while I was there I had the opportunity to learn about their culture ...talk to some of the elders of the local Cowichan tribe...(learn about) some of their initiation ceremonies and...visit one of the ‘long houses’. They have a fantastically rich history of story telling and very talented artists.”

“Overall, a very interesting rotation (definitely the most unconventional of all my rotations) and (I) would highly recommend it to all students, regardless of scope of practice, as CAM therapies are increasingly more useful in the world today. Rotation’s only weak points are lack of exposure to some other CAM systems like Ayurveda, music therapy, herbalists and naturopaths.”

Contact Information

For students interested in this elective, further information can be obtained by contacting:

Ms Lee Smith
UBC Electives Coordinator
Faculty of Medicine, Dean’s Office
Undergraduate Education
Vancouver Hospital
and Health Sciences Centre
#3250-910 West 10th Avenue
Vancouver, BC Canada V5Z 4E3

Tel 604-875-4111 Ext #62407
Fax 604-875-5611
E-mail elective@interchange.ubc.ca
Website www.med.ubc.ca/electives

Information about local accommodation in Victoria can be obtained from Ms Susan Pelletier at 250-370-8564 or e-mail susanpelletier@caphealth.org.

A heartfelt thank you

Over the course of this elective, approximately half-a-dozen practicing physicians have acted as preceptors and generously donated their time to this activity. A sincere thank you from Dr Christopher Lam and the ACPBC to these dedicated doctors! Thank you as well to the UBC School of Medicine for their cooperation in working with the ACPBC to support this elective.

Steven Kleinman, MD
and Christopher Lam, MD



The arrangement of the letters
ACP

in the ACPBC logo
stems from the Chinese character
meaning Life (or destiny),
pronounced ‘ming’

Useful References

Submitted by Christopher Lam, MD

Aung SKH. A Brief Introduction to the Theory and Practice of Qigong. Amer J of Acup 1994;22(4):335-348

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Chen R, Nickel JC. Acupuncture ameliorates symptoms in men with chronic prostatitis/chronic pelvic pain syndrome. Urology 2003 June;61(6):1156-9

Hoffer LJ. Complementary or alternative medicine: the need for plausibility [editorial]. CMAJ 2003;168(2):180-2. {See letter by Oppel L and reply by Hoffer LJ in CMAJ 2003 June;168(12):1527-8}

Websites

www.aung.com
www.med.ubc.ca/electives/comm_acpbc.htm
www.ccmadoctors.ca

Health and Wellness for the General Public – A Complementary Medicine Update

Sponsored by the University of Victoria's Division of Continuing Studies, ACPBC physicians will deliver a series of lectures to the general public concerning the application of complementary medicine approaches to the prevention and treatment of disease.

Three evening lectures will be given in November 2003 and two in March 2004. Specific program content and speakers are listed below.

Fall 2003

SESSION 1

Cancer: The Whys and Wherefores

What defines a cancer cell? Is the tumor the cause or the result of the disease that we call cancer? Can organisms change their form in response to changes in their environment? What is the "body terrain" and how does it affect cancer? Modes of therapy in use in complementary cancer centres will be explained.

Instructors

Roger Rogers, MD, was awarded the Order of British Columbia in 2001 for his pioneering work in integrative cancer therapy and is currently president of the Association of Complementary Physicians of British Columbia.

Peter Nunn, MD, worked as an orthopedic and general surgeon for 20 years before turning to complementary medicine practice. In 1980, he co-founded the Victoria Pain and Stress Centre and more recently specializes in chronic pain and biological terrain in cancer and other chronic diseases.

Thursday, November 13: 7 to 9 pm

SESSION 2

Healing through Ritual & Community

The value of healing through ritual and community will be discussed in this session. We'll explore the connection to the land and one's community and how it is integral to healing and to establishing right relations in communities. Dr Stephen Faulkner and Dr Warren Bell will highlight some of their experiences and through this sharing will explain how cultural aspects may affect healing.

Instructors

Stephen Faulkner, MD, medically trained in New Zealand, is interested in bioenergetic and psychospiritual healing. Through his experience with the indigenous people of Vancouver Island, he has gained a deep respect for the spiritual aspects of healing.

Warren Bell, MD, McGill-trained family doctor, has evolved from offering conventional remedies to using a broad range of conventional and complementary interventions.

Thursday, November 20: 7 to 9 pm

SESSION 3

Eczema, Allergies, and Asthma: A Homeopathic Approach

Two million Canadians have asthma, including 15 percent of our children. Despite the advent of more powerful and more expensive drugs, the asthma epidemic continues: 150,000 emergency room visits and 60,000 hospital admissions per year. The incidence of asthma has doubled in the last 20 years, and nine Canadians die from asthma every week. Eczema, a common forerunner of asthma, as well as allergies, are also on the increase. Learn what homeopathy has to offer for these conditions.

Instructor

Stephen Malthouse, MD, studied homeopathic medicine in India and Nepal. He now practices homeopathic medicine in Victoria and integrates homeopathy and conventional medicine in walk-in clinics and doctors' offices.

Thursday, November 27: 7 to 9 pm

Spring 2004

SESSION 1

Novel and Complementary Approaches to Psychiatry and Psycho-spiritual Health: Orthomolecular Medicine and Chinese Medicine

This session will highlight two different approaches to complementary health. Dr Lam will outline some benefits of traditional Chinese medicine by discussing how the heart of Chinese medicine transcends the purely materialistic world and deals boldly with the metaphysical and spiritual realms. Its tradition harks back to ancient philosophies, most notably Daoist teachings. The correspondences between the Five Phases, Qi ("chee") or vital energy, the internal organ systems, and the psyche and spirit, will be explored. The other half of this session features an orthomolecular nutrition approach to psychiatry by focusing on optimal amounts of vitamins and nutrients. Dr Hoffer will discuss the value of vitamins B-3, B-6 and C in the treatment of schizophrenia.

Instructors

Christopher Lam, B.Sc. (honours), MD, is a Western-trained medical doctor with training in traditional Chinese medical acupuncture in both Canada and China.

Abram Hoffer, BSA, MSA, Ph.D., MD, is past director, Psychiatric Research, College of Medicine, University of Saskatchewan and is currently president, of the International Schizophrenia Foundation.

Tuesday, March 23, 2004: 7 to 9 pm

SESSION 2

Issues in Death and Dying in a Modern World

Ms Daisy Bates was the widow of a cattle rancher in West Australia. She dedicated 35 years of her life in the early 1900's to reduce the suffering of dislocated and fear ridden Australian aboriginals. When aboriginals asked 'where am I going?' in the days before their inevitable demise, she would reply,

'to my Father's house'. With that simple reassurance she assisted many to a peaceful death.

Thanophobia, (the fear of death) is costing our health care system millions of dollars in unnecessary investigations and treatments in the last days of the lives of dying patients. "Where am I going?" is the ultimate question we must ask ourselves before we die no matter what our religious or spiritual tradition. Despite our secular world some doctors believe that helping their patients explore their own answers to questions like this can make the final transition a meaningful and even joyous experience. Dr Faulkner and Dr Puhky will share their own experiences in their work with the dying.

Instructors

Stephen Faulkner, MD, has a family practice focusing on psycho-spiritual and First Nations healing practices.

Ron Puhky, MD, practices Chinese five element acupuncture.

Tuesday, March 30, 2004: 7 to 9 pm

For more information or to register for any of these lectures you may call UVic at (250) 472-4747 or go online to register@uvcs.uvic.ca.

Continuing Medical Education

January 22-24, 2004

Integrative Medicine for Healthcare Organizations: Business Strategies, Practical Tools, and Best Practices
The US Grant Hotel, San Diego, California
1-866-828-2962
toll free 760-633-3910
Fax 760-633-3918
janice.mancuso@innerdoorway.com
www.alternative-therapies.com

February 12-15, 2004

First International Conference on Energy Diagnostic & Treatment Methods (EDxTM)
Vancouver, British Columbia
604-669-2124
www.theconferencepartners.com/energypsych

March 15-19, 2004

Pan Pacific Medical Acupuncture Forum
Taupo, New Zealand
PO Box 164, Lyttelton, New Zealand
masnz@acp.org.nz

Guest Speakers at General Meetings

On the second Wednesday of each month, ACPBC members in Victoria gather for a business meeting and for an educational session about a topic related to complementary medicine. These educational sessions cover a wide breadth of material and help the membership to stay up-to-date with complementary medicine approaches, political issues and current research. Most sessions feature talks by guest speakers; sometimes case studies are presented or videos are viewed. These educational sessions are also open to other interested health care workers and to guests. Below is a summary of the sessions from the past two years and a list of upcoming sessions.

Past Speakers

2002

January	<i>AGM</i>	no speaker
February	<i>Alan Cassels</i>	Researcher on the Marketing of Drugs
March	<i>Felix Reuben</i> <i>Katharina Gustaves</i>	Legal Counsel for Dr David Derry - update Melatonin and the Effects of Electromagnetic Fields on Sleep
April	<i>Arne Lade</i>	The Feldenkrais Method-Awareness Through Movement
May	<i>Gillian Leverkus</i>	Clinical Herbologist spoke about her work with Health Canada toward integrative care.
June	<i>Dr Carol Douglas</i>	Kabbalistic Healing
September	<i>Dr James Sakamano</i>	Tibetan Medicine Buddha
October (special meeting)	<i>The Venerable</i> <i>Lobsang Tenzin</i>	Tibetan Monk and Physician (along with interpreter Tenzin Dhargay) spoke on Tibetan health care and history, principles and practice of Tibetan Medicine. Chinese vegetarian supper followed.
October	<i>Dr Roger Rogers</i>	Ozone Therapy
November	<i>Seamus Manly</i>	Acupuncture, Intuitive Healing and Therapeutic Bodywork
December	<i>no speaker</i>	

2003

January	<i>Victoria Musicco</i> <i>& Nancy Singleton</i>	Interior Alignment, Seven Star Blessing Space Clearing, and Instinctive Feng Shui
February	<i>Ashley Tait</i>	Music Therapy
March	<i>Bruce Lockhart</i>	Hypnosis
April	<i>Selinde Krayenhoff</i>	Compassionate Communication, based on Non-Violent Communication work by Marshall Rosenberg
May	<i>Ellen Laine</i>	The Power of Perceptions and Intentions on Our Health
June	<i>Linda Ross</i>	Sound Healing
Sept. & Oct.	<i>Video Presentation</i> <i>of a lecture by</i> <i>Dr Bruce Lipton</i>	The Biology of Belief

Upcoming Speakers

November 12	Dr Mark Sherman	Yoga class
December 10	Dr Brett Finlay Ph.D.	Alternatives to Antibiotics
January 14/04	Carolyn Green	Holotropic Breathwork
date not confirmed	Dr Brian McLean	Neurofeedback



Association of Complementary Physicians of British Columbia

Devoted to the advancement of excellence in complementary and integrative patient care, by promoting education, research and sharing of information and knowledge.

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Vice-President
Secretary-Treasurer
Past President (ex-officio)

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Ron Puhky, MD
Peter Nunn, MBBS, FRCS
Christopher Lam, MD*

Committees

Education
Medical Student Education
Vancouver Chapter
Director for the Interior
Newsletter

*Claire Astley, MD
Christopher Lam, MD
Jack Sniderman, MD
Warren Bell, MD
Stephen Faulkner, MBChB
Steven Kleinman, MD
Jack Sniderman, MD*

CCMA representative

*The ACPBC is grateful for the support of the
Lotte and John Hecht Memorial Foundation.*

ACPBC Membership Application Form for Medical Doctors

Please Print

Name _____ Hospital Affiliations _____

Birth Date _____ Post-graduate Training _____

Office Address _____

Home Address (optional) _____ Type of Current Practice _____

Phone Work () _____

Home () _____ Medical Organization Memberships _____

Cell () _____

E-Mail _____ Publications (enclose extra sheet if required) _____

Fax _____

Medical School – Year _____

Internship _____ My name and the city of my practice may be available to the public Yes / No

Residency – Specialty _____ Details of my practice may be listed in a printed Directory Yes / No

Canadian Licensure (province & number) _____ Above information may be listed on the ACPBC Web Site Yes / No

ACPBC Membership Fee Schedule

Practicing MD \$100.00/year*

Medical Student/Resident/

Retired MD \$30.00/year

Fees are due in January of each year.

*Note: ACPBC membership automatically confers membership to the Canadian Complementary Medical Association.

\$25.00 of your ACPBC annual fee is remitted on your behalf to this national organization.

I am willing to serve on any ACPBC or CCMA committees Yes / No

If Yes, what are your areas of interest? (e.g. social events, education, newsletter, board member, etc.) _____

Would you like to share your expertise at educational meetings? Yes / No

If Yes, what topics would you like to present/facilitate? _____

Your fees may be paid by cheque to the Association of Complementary Physicians of BC.

Please mail it to: ACPBC, Box 526, 185-911 Yates St., Victoria, BC V8V 4Y9

Signature _____ Date _____