The Costs and Consequences of Teaching and Analyzing Alternative Medicine

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Thank you for the opportunity to comment on Brian Martin’s article “Public Health and Academic Freedom,” written in response to Durrheim and Jones’ “Public health and the Necessary Limits of Academic Freedom?” in which the authors argue that concerns for public health should curtail the operations of normal academic freedom. I am the Canadian mentioned in the article, the instructor of a course at the University of Toronto that the media came to call the “Anti-Vaccination Course” in a series of articles seemingly based on hysteria and ideology, rather than an informed understanding of the content of the course, the ideas presented within that course, or the place of the course within the context of the Health Studies program that offered it.

“Practice and Theory of Alternative Medicine”

The flag waver for the attack on my course was Carly Weeks, a journalist for the Globe and Mail. Ms. Weeks is a known ideological “skeptic” who frequently writes articles attacking alternative medicine; she is aligned with skeptic organizations such as Joe Schwartz’ “Office for Science and Society,” which operates out of McGill University in Montreal. Ms. Weeks wrote about my course without conversation with me (to be fair, I declined to be interviewed by her), my department chair, the University’s Vice President Research, or any student who had taken the course and, apparently, without familiarizing herself with the syllabus for the course or its detailed content.

The course, “Practice and Theory of Alternative Medicine,” was an elective offered to fourth year students in Health Studies. The focus of the course was not on the shortcomings or limitations of conventional medicine, but on the ways in which various alternative (or the preferred term, holistic) modalities reflect a paradigm of health, disease, and healing that stand in contrast to the dominant, scientific, biomedicalized paradigm, the standard in the West. Essential to this paradigm is the understanding of the complexity of the human organism, one in which mind, body, and spirit are inextricably linked, and where a disturbance of function in any one dimension can cause pathology on any level of function.

The course examined how modalities such as Traditional Chinese Medicine (TCM) and Homeopathy manifest this sort of a holistic paradigm in practice. Much of the course was dedicated to examining research methods in holistic medicine, and the limitations and pitfalls of such research. All students submitted research proposals as their final project. One of the fascinating factors in teaching a course like this to a population of largely immigrant students is hearing their stories of home healing, and encouraging an understanding of health and healing that helped students validate their own non-conventional experiences and understand them conceptually (when applicable) through the lens of a holistic paradigm.

I taught this course three times, and never received a single complaint about bias or undue ideological influence. In fact, I received among the highest teaching evaluations on the campus, an accomplishment that led the department chair to rehire me. Students reported

1 Martin 2016.
2 Durrheim and Jones 2016.
how excited they were to have new ideas and perspectives to consider, enjoyed the opportunity for critical analysis, and appreciated the open, non-ideologically rigid atmosphere of my classroom. In the first two iterations of the course there was a single lecture on vaccination—intended to inform students about the issues involved in the controversy over vaccination—a controversy they are sure to come against at some point in their professional or personal lives. I removed the lecture from the last version of the syllabus as the hysteria over the measles outbreak in California was in full swing at the time, and the atmosphere seemed too toxic and reactive to successfully broach the subject in an undergraduate classroom setting. Thus, the attack on the “Anti-Vaccine Course” took place at a time when the subject was not even a topic of discussion.

Controversy and Social Media

Social media, particularly Twitter, played no small role in fanning the flames surrounding this controversy over an academic course. The amount of hate mail I received and the extraordinarily vicious responses to the published articles suggested a staggering degree of fear around the topic of vaccines—even when vaccine discussion was just a bogey-man or, perhaps, a shorthand representation of any questioning of mainstream medical orthodoxy. According to this sort of thinking, anyone who questions biomedicine’s ideological stronghold is held to be an “anti-vaxxer,” regardless of their specific views on the subject.

It is significant to note that this controversy erupted at a time when the provincial government of Ontario was moving to initiate a system of self-regulatory professional colleges of alternative health modalities through its Regulated Health Professions Act. These regulatory colleges (such as the College of Homeopaths of Ontario) confer modalities such as homeopathy with a degree of legitimacy and bureaucratic substantiality that they have not enjoyed before. While there was no direct linking of this development to the storm around the alternative health course, I cannot help but think that the firestorm may have been fueled, in part, by an increased anxiety on the part of mainstream medicine over the apparent rise in stature of alternative modalities.

“Practice and Theory of Alternative Medicine” was offered through the Health Studies program within the Anthropology department at the University of Toronto Scarborough. The Health Studies program, while grounded in biomedicine, was developed to introduce students to the widest possible understanding of the political, economic, societal, and technological aspects of health. The program offers integrative and cross-disciplinary perspectives and provides an intellectual home for students seeking a more critical, social science based, orientation to understanding issues around health and society.

I am a professional homeopath, not an academic. I came to teach this course through an initiative in the Health Studies program that brought professionals in the field in to the university to teach “Special Topics” courses to fourth year students in order to introduce them to issues and practices in the field of health. All Special Topics courses are electives, and only open to fourth year students who bring with them a solid background, grounded in biomedicine, and therefore, a strong critical lens through which to consider the ideas presented in these kinds of courses.
Indeed, critical thinking and analysis about the issues of health provision seem to me to be an essential aspect of a student’s education. This sort of analysis and thinking requires exposure to controversial topics, critical thinking about orthodoxy, and exposure to perspectives outside of the mainstream. These are the very ideas that the likes of Durheim and Jones, and Ms. Weeks, feel have no place in the university setting for fear of somehow putting public health at risk.

After the controversy broke, Professor Vivek Goel, Vice President Research and Innovation at the University of Toronto conducted a thorough investigation of my course along with the Department Chair and the Program Director. During his investigation we spoke at length about the course, as well as the content of the vaccination lecture when it was offered. Off the record he told me that students who are exposed to critical thinking become better doctors and more successful health professionals in general. While he felt that a regularly offered course should be taught by a full-time member of faculty, he suggested that a course such as mine should be a staple offering in the health studies curriculum. Officially, he reported that he did “not find that the instructor’s approach in this class has been, or would have reasonably been perceived to be unbalanced, in the sense that it deviated from a presentation of material that, in context, would enable critical analysis, and inquiry.” From the perspective of academic pedagogy he did “not find that there has been sufficient deviation from the range of normal approaches to warrant concerns.”

**Making Sense of It All**

I have had over a year to try and make sense of the events surrounding my course. There are important questions of academic freedom at play here, but also larger questions about the role of knowledge and ideas and the authority to share that knowledge and those ideas within a democratic society. Durheim and Jones, and the irresponsible journalists who sow seeds of fear and distrust while bowing down to biomedical experts, seem to think that the weighing of ideas and healthy, engaged, discussion of controversy is the same thing as the development of public health policy.

The purpose of the University is to foster and facilitate the former, and such robust discussion needs to be protected from commercial and ideological influence and actively encouraged within all levels of the Academy. There is no place for corporate influence and financial interests in determining the content of discussion within the University, but the blurring of the lines between biomedical research, public policy, and critical analysis fosters—perhaps unintentionally—this sort of arrogant ownership of knowledge and preposterous sense of righteousness in controlling the boundaries of any discussion that has to do with health. The cries of outrage over my course, which was offered through the Department of Anthropology, came from certain sectors in the Faculty of Medicine, the School of Public Health, as well as from biologists and (curiously) physicists. The precedent of hard sciences having a determining voice in the content of social science courses is both astonishing and very concerning from a pedagogical perspective.
It is the imperative role of any university to never allow such a limitation of legitimate conversation and the weighing of ideas, no matter how controversial or unpleasant. In this regard, it is worth noting that the University of Toronto’s own Statement on Freedom of Speech—perhaps worth more in principle than action—makes the following declaration: “all members of the University must have as a prerequisite freedom of speech and expression, which means the right to examine, question, investigate, speculate, and comment on any issue without reference to prescribed doctrine, as well as the right to criticize the University and society at large.”

It saddens me enormously that only a few brave voices at the University of Toronto had the temerity to understand the issues at stake in this controversy, although I keenly grasp the persuasive power and influence of a large biomedical program and numerous affiliate institutions in shaping the trajectory of the University in its quest for knowledge and its appetite for entertaining controversial subject and ideas.

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References

