

Anaphylaxis Canada

Helping people live with deadly allergies

January 26, 2009

The Honourable George Abbott
Minister of Health Services
Ministry of Health Services
Government of British Columbia
PO Box 9050
STN PROV GOVT
Victoria, BC V8W 9E2

Delivered via fax: 250 356-9587

E-mail: hlth.health@gov.bc.ca

Dear Minister Abbott,

It has recently come to our attention that the Government of British Columbia is proposing significant amendments to the “Allergy” Section of the Naturopathic Physicians Regulation. As a national organization advocating on behalf of the approximately 160,000 British Columbians (of 1.2 million Canadians) at risk for a severe allergic reaction, we have grave concerns about the impact of these proposed changes on patient health and safety. In consideration of the Ministry’s very brief timeline for feedback, **we are requesting an urgent meeting** with you to discuss our concerns more broadly and identify areas of common interests.

Anaphylaxis Canada is a non-profit organization committed to creating a safer world for people with severe allergies through education, research and advocacy. For those at risk of a life-threatening allergic reaction and particularly for families of young children at risk, the accompanying anxiety can only be tempered by clarity of information, confidence in medical advice and trust in our public health system.

Our organization is therefore wary of any measures that, however unintended, ultimately undermine public confidence and jeopardize patient safety and quality of life. We respectfully suggest these amendments as currently composed will do just that.

Specifically, as proposed in the amendments 5 (1) k and l, naturopaths would be able to perform both challenge testing and desensitization treatment on anyone, whether they have had a previous anaphylactic reaction or not.

Testing to diagnose allergies must be completed in an environment that is safe.

- Challenge tests can cause allergic reactions which may first manifest as seemingly mild symptoms but rapidly evolve into an anaphylactic reaction, a medical emergency which can be life-threatening.
- While epinephrine is often successful in reversing a reaction, it may not always be sufficient; more aggressive treatments may be required. This is why challenge tests are performed in a medical setting where other drugs and resuscitation equipment are readily available.
- It is an unacceptable risk to patient safety if practitioners are not adequately trained or prepared to deal with an anaphylactic reaction.
- It is unclear from the current proposed amendments what standards of care will be required to minimize this risk to patients.

Testing to diagnose allergies must also be completed in a manner that inspires confidence of accuracy and leads to effective self-management strategies.

- A diagnosis which erroneously rules out an allergy will lead to insufficient protection as patients would not be advised to carry medication nor learn allergen avoidance strategies. Those who are diagnosed as being at risk for anaphylaxis need to learn how to stay safe.
 - The only way to prevent an allergic reaction is to avoid the allergenic substance, requiring constant vigilance, especially where food is concerned.
 - Individuals at risk of an anaphylactic reaction are also advised to carry epinephrine auto-injectors (e.g. EpiPen[®], Twinject[®]) with them at all times.
- Accuracy of diagnosis will also allow patients to rule out allergies. A patient who has been wrongly diagnosed as food allergic might unnecessarily eliminate certain foods which can restrict diet and impact their health and quality of life.
 - The burden of food allergies in particular can be daunting for families whose loved ones are at risk of anaphylaxis.
 - In addition, for lower income families who do not have medical coverage, the cost of unnecessary medication (auto-injectors are more than \$100/unit and need to be replaced every 12-18 months) can cause undue financial hardship. Parents of school-age students at risk are often required to ensure 2 devices are available for the child while at school.

Desensitization programs should be evidence based.

- While there are ongoing international studies that seek to determine how people at risk of anaphylaxis can safely become desensitized to an allergenic substance, we are unaware of a medically-approved program for desensitization for food allergy and therefore urge the government to not embrace such treatment strategies without conclusive medical evidence. (There has been a high success rate for venom immunotherapy desensitization program for patients with stinging insect allergy.)

Anaphylaxis Canada has had a productive working relationship with the Government of British Columbia and looks forward to working together again on this issue of patient safety. We will be following up on our request to meet with you shortly in anticipation of your positive response. We urge you to delay further action on this project until we have had the opportunity to discuss our concerns in greater detail. In the interim, please feel free to contact us with any questions or comments. Thank you for your attention to this matter.

Sincerely,

Laurie Harada, Executive Director

Laura Bantock, Director, Western Region
Toll-free: 1-877-322-9378 / Local: 250-314-4814

cc:

The Honourable Gordon Campbell, Premier of British Columbia
Ms. Linda Gee, Executive Director of Legislation and Professional Regulation Branch