Alternative Medicine
and the Duty to Employ
Ordinary Means

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With the growth of the New Age movement and the increase in the popularity of alternative medicine, questions may arise about the possible extension of the concept of “ordinary means” to these unconventional approaches.\(^1\) With more visits paid today to alternative medicine providers than to traditional providers, some may begin to think that alternative medicine has achieved a status that entitles it to be considered a form of ordinary means of preserving health.\(^2\) To address this issue properly, one should understand, first, the moral theory of ordinary and extraordinary means, and second, the problems involved with modalities that come under the umbrella term “alternative medicine.”

The meaning of the term “alternative medicine” is not agreed upon by all, but a good working definition is given by the editors of the *New England Journal of Medicine*:

> What most sets alternative medicine apart, in our view, is that it has not been scientifically tested and its advocates largely deny the need for such testing.

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\(^1\) A recent book review in the *Journal of the American Medical Association (JAMA)* mentions that “58 percent of Americans were using CAM [complimentary and alternative medicine] in 1997, a percentage that has probably increased dramatically since. The total amount spent at that time for all CAM care was $21 billion for dietary supplements alone.” Alexander Levitan, review of *Marginal to Mainstream: Alternative Medicine in America*, by Mary Ruggie, *JAMA* 292.17 (November 3, 2004): 2154–2155.

By testing, we mean the marshaling of rigorous evidence of safety and efficacy, as required by the Food and Drug Administration (FDA) for the approval of drugs and by the best peer-reviewed medical journals for the publication of research reports.\(^3\)

While some forms of alternative medicine may qualify as extraordinary means of preserving health (because the benefits are not known to outweigh the risks), the vast majority of these treatments and procedures fail to qualify even as ordinary means, because they are not known to be genuine means at all.

**The Distinction between Ordinary and Extraordinary Means**

Discussion of the terms “ordinary means” and “extraordinary means” arises most often in the consideration of end-of-life issues, but it applies equally well to the consideration of health care in general. The distinction between ordinary and extraordinary means, mentioned as early as 1595 by Domingo Bañez, O.P.,\(^4\) found its way into magisterial teaching in 1957, when Pope Pius XII addressed a congress of anesthesiologists. The classic text of Pius XII reads as follows:

[N]ormally one is held to use only ordinary means—according to circumstances of persons, places, times, and culture—that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities, are in fact subordinated to spiritual ends. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as he does not fail in some more serious duty.\(^5\)

Pope Pius XII offers a solution to the moral dilemma that arises when a person is confronted with an obligation that is judged to be excessive. People are obligated, in general, to take reasonable steps to care for their health and the health of those entrusted to them, but this obligation is reduced to an option when the burdens become excessive. We are never permitted to act intentionally against health or life, but we are permitted to bypass means that are judged to be extraordinary. The Congregation for the Doctrine of the Faith outlines some of the most important factors to consider in judging whether means are ordinary or extraordinary:

[I]t will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can

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be expected, taking into account the state of the sick person and his or her physical and moral resources.\(^6\)

A means will generally be considered extraordinary if (1) the risks are disproportionately high or unknown, (2) the costs are excessive, (3) the treatment is hard to come by, (4) the chance of success is low or uncertain, or (5) the hardships involved (physical or psychological) are excessive.

All of these factors must be taken into consideration together, each in light of the others, and since they depend heavily on individual circumstances, as well as subjective dispositions, judgments often will have to be made on a case-by-case basis. For this reason, the distinction between ordinary and extraordinary means is not normally determined by law. Even when ordinary means are clearly indicated, the choice to employ them, or not to employ them, is referred to the conscience of the patient or, if the patient is not competent or of legal age, the person responsible for the patient. The Church is generally opposed to medical professionals administering treatment against the will of a patient.\(^7\)

### The Duty to Employ Ordinary Means

While the law does not normally force a person to seek medical treatment, each person is still bound by a moral obligation. Why does one have to use ordinary means to promote health and life? If we approach this issue with a view to both justice and charity, we can see the basis for this obligation.\(^8\) Since we are made in the image and likeness of God and since we are free rational beings, each of us is entrusted with the duty of providence. Each of us is called to look out for (i.e., be provident for) ourselves and our neighbors.

Framing the issue in terms of justice and charity, Pius XII focuses attention on four relationships that govern the source and the extent of the duties in question.\(^9\) First, the Pope mentions the duty one has to oneself. This duty requires a person actively to pursue fullness of being (what Aristotle calls *eudaimonia*, or happiness) to the extent that it is reasonably possible. Human beings are called to foster their own health and development. This duty requires each person to perform actions as simple as eating responsibly, exercising, and bathing, but it also calls for calculated steps to cure diseases, repair fractures, and avoid formidable dangers.


\(^8\)According to Pope Pius XII, the duty “derives from well ordered charity, from submission to the Creator, from social justice and even from strict justice, as well as from devotion toward one’s family.” Pius XII, “The Prolongation of Life,” 395.

\(^9\)Ibid.
Second, the Pope mentions that one has a duty to God. As a creature, one has the duty to submit to the loving providence of the Creator. In line with this duty, intentional cooperation in euthanasia, by active means or passive neglect, is seen as an irreverent attempt to usurp the authority over life and death that belongs exclusively to God. Similarly, the neglect of health can be seen as a failure to respect, promote, and foster the gifts that God has given us, the gifts he hasentrusted to our care.

The third duty the Pope mentions is the one an individual has in relationship to the community. This duty that each of us has to our neighbors further underscores the obligation to use ordinary means in the treatment of diseases, including some that are not life-threatening. People inflicted with contagious diseases are required by justice to quarantine themselves or seek effective medical treatment, or both. St. Thomas Aquinas also appeals to this relationship that each person has to the community. According to St. Thomas, each individual, including all of his limbs, are a part of (belong to) the community, and the individual is not at liberty to destroy them.10

The Pope mentions a fourth duty one has to “certain determined persons.” Obvious relationships come to mind, for example, husband to wife, mother to child, or brother to sister. Here, there is a special duty that surpasses the general duty to the community because of a special bond of blood and affection.11 One of the reasons I should preserve my health and my life is that I have a duty to my wife and child. As a provider of spousal and paternal love, and all that is wrapped up in this kind of love, I have a duty, not only to live for them, but to do so in the best form that is reasonably possible. This includes such things as diet and exercise, but it may also require utilizing medical interventions, if needed, to stay healthy in order to perform my duties. The same may apply as a result of my contractual duty to my students. If I am unable to teach because of a persistent cough, I may be obligated to seek medical treatment, when otherwise I might choose to fight the disease without medical intervention.

My relationship as a father also comes with a special obligation to pursue health care for my child. If my child were infected with a serious case of influenza, for example, treatment with antibiotics would be considered ordinary and therefore mandatory.12 The natural love I have for my child compels me to seek proven medical treatment for life-threatening diseases, but this same love would motivate me to free my child of an irritating condition as well.

By framing the question in terms of justice and charity, and the relationships of duty that follow upon them, Pius XII shows more clearly that our obligation to use

10 Thomas Aquinas, Summa theologiae, II–II, Q. 65.1. See also Summa theologiae, II–II, Q. 64.5.
11 Pope Pius XII mentions “devotion toward one’s family” as a root from which these duties derive. Pius XII, “The Prolongation of Life,” 395.
12 See William E. May, Catholic Bioethics and the Gift of Life (Huntington, IN: Our Sunday Visitor, 2000), 256.
ordinary means follows upon our nature as persons. We have these responsibilities because we are, in Aristotle’s terminology, “social animals” or, in John Paul II’s terminology, “persons in community.”

**Some Alternative Medicine: Extraordinary Means**

Some of the modalities associated with alternative medicine (e.g., some herbal remedies) are recognized by the scientific community to have demonstrable levels of success. Red yeast rice extract, for example, is known to significantly lower overall blood-cholesterol levels and to reduce LDL (bad cholesterol). The success of this alternative remedy is quite impressive, but a little research explains why. This particular “herbal remedy” contains the active ingredient in prescription, cholesterol-lowering (“statin”) medications. Red yeast rice extract, in essence, is an unregulated form of a prescription drug.

The reason this kind of alternative medicine cannot qualify as ordinary means is that we have no assessment of the risks. Since herbal remedies are not regulated, nobody knows the proper dosage. Individual dosages may vary in strength, so a person may be taking a half a dose one day, and (depending on the purity of the sample) a triple dose the next. *Consumer Reports* has documented significant variations in the concentration of active ingredients contained in various herbal remedies. Some brands of ginseng, for example, had a concentration of ginsenosides (the supposed active ingredient of ginseng) more than ten times that of other brands. The same article reports that out of twelve brands of L-carnitine, “a supplement crucial for people with a deadly metabolic disease … Two brands offered no detectable carnitine, and others’ pills varied, containing from 20 percent to 85 percent of the labeled quantity.”

Unlike herbal remedies, pharmaceutical drugs are refined and processed so the amount of the active ingredients in each dosage is known. Controlled tests reveal the

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14 “In February 1999, a federal district court in Utah ruled that Cholestin [which is one of the products marketed as containing red yeast rice extract] is … not subject to FDA regulations.” A federal court overruled that decision in 2000. Ori Twersky, “Court Rules FDA Can Regulate Supplement Marketed for Cholesterol,” WebMDHealth, July 26, 2000, http://my.webmd.com/content/article/26/1728_59776.htm. Red rice yeast extract is currently sold over the counter at health-food stores.

average rate at which a drug is released into the body, as well as the duration of its active presence. Some drugs are buffered to spread out the effectiveness over a specified period of time. These factors must be known in order to determine the proper amount and frequency of dosages. With untested herbal remedies, these and other relevant factors remain unknown. People who use them are left to determine for themselves the amount and frequency of the dosage.

Another example of a popular herbal remedy is echinacea. A lot of people insist that echinacea will stop a common cold, as long as one starts taking it before the cold becomes too strong. This same sort of claim is made for many other herbal remedies, but in the case of echinacea, there is preliminary evidence that some forms of echinacea may slightly boost the immune system. One randomized, double-blind study, however, monitored 707 upper respiratory tract infections in 407 children (two to eleven years old) and found that there was no difference between treatment with echinacea or a placebo, except that the occurrence of a skin rash in the group taking echinacea was more than twice that of the group taking the placebo. Another study tested 148 college students and also found no difference between treatment with echinacea versus a placebo. Since the name “echinacea” applies to a group of nine different plant species, questions arise concerning the chemical properties as well as the purity and strength of the contents. These uncertainties call into question the efficacy of any particular sample of echinacea, and underscore the uncertainty of any proposed dosage. If it is true, as some have reported, that excess-


17 “A number of in vitro and animal studies have shown that echinacea appears to increase immunologic activity by increasing levels of interferon.” Benjamin Kligler, “Echinacea,” American Family Physician 67.1 (January 1, 2003): 77.

18 James A. Taylor et al., “Efficacy and Safety of Echinacea in Treating Upper Respiratory Tract Infections in Children: A Randomized Controlled Trial,” JAMA 290.21 (December 3, 2003): 2824–2830. (The occurrence of rash in the echinacea group was 7.1 percent, compared to 2.7 percent in the placebo group.)


20 “Echinacea is not a single plant, but a group of nine species. And three—E. purpurea, E. angustifolia, and E. pallida—are used in varying amounts and dosages in over-the-counter products. Trying to identify the active ingredients or how they work has eluded scientists, and as a result, they have tinkered with different combinations of species and plant parts.” Sid Kirchheimer, “Dried Echinacea Offers No Cold Relief: New Insights Emerge on Why Past Studies Produced Mixed Findings,” WebMDHealth, http://my.webmd.com/content/article/56/65876.htm.

sive or extended use of echinacea may suppress antibody responses, many people may, in fact, be harming their health with the use of this alternative medicine.\textsuperscript{21}

While many herbal remedies do not amount to more than an inert placebo, others are, in effect, unrefined and unregulated drugs. Some of them can interact with other herbs or other medicines, producing further dangers.\textsuperscript{22} Since the purity and the potency of these remedies are unknown and since little or no testing has been done to determine the efficacy or the risks involved, they do not fit into the category of ordinary means of preserving health. Therefore, there is no obligation to make use of them. Indeed, in most cases common sense would counsel against their use.

\textbf{Neither Ordinary nor Extraordinary Means}

One popular form of alternative medicine (prescribed by more than half of all chiropractors in one survey\textsuperscript{23}) is homeopathy, whose use has been increasing in the United States and Europe by 20 to 30 percent per year since the 1980s.\textsuperscript{24} The theory behind homeopathy is that substances deemed to be harmful in large amounts are curative when given in infinitesimal amounts. The original substance is diluted with water to a concentration allegedly between 6X and 30X, meaning that the ratio of the original substance to water would be 1/1,000,000 for the 6X and 1/(10\textsuperscript{30}) for the 30X. If one were to start with one drop of the original substance (assuming there are fifteen drops of water per cubic centimeter) the amount of water needed to dilute the original substance to a 30X concentration would require a container more than fifty times the size of the Earth.\textsuperscript{25} At this level of dilution, the chance of getting one molecule of the original substance in any particular bottle would be statistically negligible, yet homeopaths seem to think there is some mysterious power in the solution because it has been mixed with the original substance. Theories of this sort are akin to vitalism, in that they depend upon an interplay of “vital energies,” or some sort of mystical forces, that have never been detected by the physical sciences.\textsuperscript{26}

This kind of unscientific medicine, which defies all known laws of science, seems to have the effectiveness of a powerful placebo.\textsuperscript{27} Since there is no reliable

\textsuperscript{22} Angell and Kassirer, “Alternative Medicine,” 840–841.
\textsuperscript{23} A 1998 survey by the National Board of Chiropractic Examiners found that 53.1 percent of chiropractors who responded (up from 36.9 percent in 1991) said that they had prescribed homeopathic remedies during the previous year. Mark G. Christensen et al., eds., \textit{Job Analysis of Chiropractic: A Project Report, Survey Analysis, and Summary of the Practice of Chiropractic in the United States} (Greeley, CO: National Board of Chiropractic Examiners, 2000), 129–130.
\textsuperscript{24} Crystal Rosser, “Homeopathy in Cancer Care: Part I—An Introduction to ‘Like Curing Like,’” \textit{Clinical Journal of Oncology Nursing} 8.3 (June 2004): 324.
\textsuperscript{25} Barrett and Herbert, \textit{The Vitamin Pushers}, 171.
\textsuperscript{27} Barrett and Herbert, \textit{The Vitamin Pushers}, 172.
scientific reason to believe that this form of alternative medicine is an effective means of curing disease, it too fails to qualify as an ordinary means of preserving health.

Another example of unscientific medical treatment is a method of diagnosis known as muscle testing, or applied kinesiology (AK). AK practitioners (including as many as 43.2 percent of chiropractors\(^{28}\) claim that they are able to diagnose nutrient deficiencies and other medical conditions by pushing on a limb and testing relative muscle strength. Some practitioners claim that they can test the body for a nutrient that it is lacking (or a substance that is threatening to it), and that the body will respond with a consequent muscle weakness. A typical testing session may include the person holding a series of vitamins or herbal remedies, one at a time, in the left hand while the practitioner pushes down on the right arm. When a needed herbal remedy is detected, the muscle goes weak, the arm drops, and the practitioner offers to sell the patient a bottle of the indicated substance (usually an herb, vitamin, mineral, or compound of dried internal organs of animals). If an AK practitioner has hundreds of patients, each taking two to ten dollars worth of supplements per day, at a 50 percent profit to the practitioner,\(^{29}\) the supplement business can soon surpass the income from the AK practice.

This unscientific technique is reducible to the power of suggestion, and is easy to disprove as a method of diagnosis. All one has to do is test a series of ten substances (in such a way that neither the patient nor the practitioner can see what each one is), one of which is the indicated remedy, the other nine of which are inert substances (which, when touched, feel the same as the “remedy”). Since some AK practitioners test substances inside bottles, this double-blind test can be done by placing all the substances to be tested in unmarked, opaque bottles. If the AK practitioner insists that the substance must touch the patient’s hand, this would simply have to be done with the patient’s hand behind a curtain so that it is hidden from the patient as well as the practitioner. If you can find an AK practitioner willing to submit to this kind of controlled test, you will also find that the success rate is equal to guessing.\(^{30}\) This pseudo-scientific method of diagnosis, and anything prescribed in this way, should not be considered an acceptable medical means.

\(^{28}\) A 1998 survey by the National Board of Chiropractic Examiners found that 43.2 percent of chiropractors (up from 37.2 percent in 1991) reported having used applied kinesiology during the previous year. Christensen et al., *Job Analysis of Chiropractic*, 129–130.


An Obligation to Science

With the current popularity of alternative medicine, a long list of similar examples of unscientific medical treatment could be given, ranging from aura therapy to new-age crystal healing. The standard line commonly given by alternative medicine providers is, “we don’t simply address the symptoms; we go to the real cause of the illness. We heal the whole person.” Perhaps one could claim that a placebo cures a person’s mind, since it makes the person feel better, but in many cases it simply fosters the superstition and hypochondriasis that render the patient beholden to the alternative medicine provider. For most forms of alternative medicine, there is no reliable evidence of efficacy in the treatment of confirmed physical maladies.

The point to keep in mind, with respect to medical ethics, is that unscientific and untested medical treatments do not qualify as ordinary means of preserving health. Since it is impossible to weigh, in any practical sense, the prospects for success against the potential risks, there cannot be a moral obligation to use such modalities; in fact, when relatively safe, scientifically tested means are available, there is a moral obligation not only to abandon alternative medicine, but to employ, instead, the scientifically tested and demonstrably proven ordinary means of preserving life and health.