

## **President's Message: Laetrile, Legislation, and Chicken Soup**

The followers of quacks are the causes of quackery.

— Anonymous

In this day and age, government sets the policy for health care. It does so because of its inherent power and the fact that economics rules when there are multiple choices and limited resources. Government, as a responsive instrument, yields to those who make themselves heard. Without adequate scientific input, governmental decisions on technical matters run the risk of being responsive, but not responsible. Forensic psychiatrists, themselves acutely aware of the interaction of government power and social policy, must be alert to the need for professional input into the decision-making process. When this input does not occur, one is confronted not only with bad policy but also with a ripple effect whereby irrationality spreads into other areas. One classic example is the legislative approval of the laetrile treatment for cancer, which has occurred in several states.

I will not discuss in detail the scientific merits of what has been called variously laetrile, amygdalin, or Vitamin B-17. I will assume that at this time, laetrile has not been conclusively shown to have any therapeutic effect on the progression of cancer. The Federal Drug Administration,<sup>1</sup> in 1977, distributed posters stating that "laetrile is worthless," "laetrile is dangerous," and "laetrile may be contaminated."

Laetrile contains cyanide and has been implicated in 37 poisonings and 17 deaths. In addition, some deaths of cancer patients "may have been either due to or accelerated by cyanide from the drug." Testing for cyanide levels in such cancer patients has been rare.

Chronic cyanide poisoning has been noted in foreign environments such as Nigeria and elsewhere, where similar chemicals are present in a basic local food, the cassava root. Elevated thiocyanate blood levels have been reported related to goiter and thyroid cancer. Birth defects may also be a consequence of cyanogenetic substances.

A recent study<sup>2</sup> involving the administration of laetrile and almonds to dogs showed results of respiratory defects, convulsions, central nervous system damage, cardiac abnormalities, comas, and death (six of ten dogs in this study).

Nonetheless, at least twelve states have passed legislation allowing the use of laetrile within those states. In addition to possible efficacy, some of the motivating forces for those favoring such government intervention may be philosophical-political issues such as freedom of choice, the widely proclaimed harmlessness of laetrile, and the undeniably vast economic potential for its merchants. Another aspect is the belief of some who

proclaim "natural foods" as the key to good health.

Let us then look at an actual bill and some of the ripple effects encouraged by health care bills that have passed without medical input or with medical opposition.

The New Jersey law provides immunity for physicians prescribing amygdalin from penalty or disciplinary action by state agencies or private professional organizations; no health care facility can refuse to administer amygdalin when it is prescribed. This is not the same as immunity from civil suit.

The law is not explicit in this regard; it precludes civil and criminal liability for manufacture and delivery of the substance, but does not use such language to cover prescription and administration by physicians.

If the law does not fully protect the physician (it is not clear-cut), then by adhering to the law the physician and the health care facility, if one is involved, conceivably could be sued for malpractice (though the latter's lack of power to refuse would imply a legal protection). Only the commercial aspect of the transaction would seem to be unambiguously protected. Such protection of financial interests certainly raises some suspicion about at least one source of sponsorship.

If the law does protect the physician from suit, then the law has provided an even greater irony. Legislative approval or sanction of an as yet insufficiently substantiated meditation for cancer would legally immunize from suit participants in a nonscientifically validated system of alleged medical treatment. Such a "treatment" might otherwise fail to meet legal criteria for recognized standards of professional care and thus automatically qualify as grounds for medical malfeasance.

Legislative enactment of such laws by the state would seem to sanction and approve the use of amygdalin or laetrile (despite the disclaimers in the consent form). The use of the expression, "alternative recognized techniques," might lead one to assume that amygdalin is some type of recognized technique. Similarly, the reference to "disease, illness, or physical condition," in addition to malignancy, leaves the door open to an application broader than malignancy alone. Up to this time, the use of a not generally accepted treatment modality could be the basis for a suit for professional malpractice. Certainly the mode of promotion and the use of testimonials are in keeping with traditional quackery.

Another curious clause in the New Jersey law authorizes the Commissioner of Health "to promulgate rules and regulations to implement the provisions" of the act. If this means that the Commissioner of Health is to set standards for the use of laetrile, how does the Commissioner, a physician, decide the methodology of a treatment that has no specific medical recognition?

Various proponents have spoken of "freedom of choice." The federal government, through the Federal Drug Administration, has been attempting to establish a scientific base for all medical treatments and to exclude those which have not been demonstrated to be efficacious. Theoretically both health furtherance and economic use of moneys are protected by such governmental intervention. At a time when consumer protection and elimination of ineffective or hazardous modes of medical treatment (which

would exclude "freedom of choice" as an overriding principle) are proclaimed by one branch of government as a purpose of government control and regulation, another branch of government has followed exactly the opposite course.

One high public official has justified the passage of the bill on the basis of the "psychological" benefits accruing to cancer patients. In a way this is another example of an arbitrary misuse of concepts which could be used as a justification of almost anything. Has any study been done to measure "psychological" benefits? Do they really exist?

Even more striking have been the statements of a number of officials who granted that they did not believe that laetrile had any physiological effect on cancer but who asserted the harmlessness of the drug and claimed that it was as harmless as chicken soup. Even granting the alleged benignity of chicken soup, one may question the comparison. If laetrile is indeed harmless with no expectation of efficacy, then government itself has adopted the principles of quackery. If, on the other hand, laetrile is not as harmless as chicken soup, then the analogy is not only inept but dangerous. The brief notation of side effects described previously would indicate that the latter is probably the case.

Chicken soup philosophers are a menace in a technocratic age. Certainly in an advanced society, inappropriate belief in faith healing is no justification for monetary and psychological exploitation of the desperately ill.

The major point of this discussion is not to focus on the merits of laetrile use and legislation. The lesson to be learned is that there is a need for professional, scientific input into governmental health policies. Organized medicine (which in reality is not very well organized) has played almost no role in the legislative process described. The result has been a victory of the naïve and a loss to the cause of scientific or rational medicine. Forensic psychiatrists and other physicians must keep abreast of dubiously motivated panaceas and be prepared to participate in the cumbersome process which has so often resulted in bad laws. Government by chicken soup is not enough.

### References

1. Toxicity of Laetrile, FDA Drug Bulletin, 7:5, Nov., Dec., 1977
2. Schmidt ES *et al.*: Laetrile Toxicity Studies in Dogs, JAMA, 239:10 (Mar. 6, 1978), 943-947

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