

Nutritional supplements for AMD no longer an ethical dilemma

Clinicians should feel comfortable with recommending, marketing these proven approaches for at-risk patients

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A report in the highly respected journal Archives of Ophthalmology (November 2003) noted that hundreds of thousands of people could benefit from vitamin supplements shown to help prevent macular degeneration, the condition that is the leading cause of blindness.

Earlier, in October 2001, researchers announced they had found a reduced risk of advanced age-related macular degeneration (AMD) and vision loss for test subjects who had been given high-dose antioxidant supplements—vitamins C, E, and beta carotene—as well as zinc. The report helped reduce the criticism of those physicians who advised nutraceuticals for at-risk patients, but questions of ethical promotion remained. Physicians who made these products available in their offices were criticized.

Researchers at the Johns Hopkins Medical Institutions in Baltimore attempted in the November 2003 report to estimate how many people in the United States would benefit from increasing nutritional supplement use.

They concluded that 8 million Americans at least 55 years old are at high risk for AMD. If all the people at risk faithfully took the supplements, more than 300,000 of them could avoid advanced macular degeneration and associated vision loss. "If even half of the individuals at high risk for (the condition) were identified and compliant with the recommended supplement, it is likely that more than 150,000 individuals would avoid vision loss," according to the study.



Dr. Thornton

In a dramatic reversal of its long-held policy of opposition to nutritional supplements, the American Medical Association in June 2002 announced the recommendation that everyone supplement their diet with a full-spectrum multiple vitamin/mineral/antioxidant formula to help prevent and slow the progression of all chronic degenerative diseases. This followed a 2001 report of the National Center for Chronic Disease Prevention and Health Promotion (a division of the Centers for Disease Control and Prevention) that less than 25% of the American population eat five fruits and vegetables a day—even though the current recommendation is five to nine fruits and vegetables a day.

Because advances in science come so rapidly today, it is hard for physicians to keep up. Leaders in traditional medical care, governmental and institutional, consistently lag behind new developments. Opposition to new science is frequently based on ignorance of new discoveries. Early adapters to breakthrough discoveries are often criticized by those preferring to stay in their comfort zone using older methodology. It's like judging a movie without having seen the film.

The ethical issues and conflicts facing ophthalmology and optometry today have precedents in the past. Early innovators who implanted IOLs were accused of planting "time bombs" in eyes. Early refractive surgeons were called "buccaneer eye surgeons." What is different now is that conflicts are played out in new areas with added complexities.

Not your same eye practice any more

Consider the range of new issues that face eye-care professionals today as compared with, say, 30 years ago. In 1975 it was considered unethical for professionals to advertise. Now, less than 30 years later, it is hard to find an ophthalmologist or optometrist that does not advertise. Lawyers were one of the first to advertise their expertise, then other groups followed.

IOLs were introduced to the world more than 50 years ago to great criticism of "leading" ophthalmologists. Today, no leading ophthalmologist would dare perform cataract surgery without taking IOL implantation under consideration.

Physicians who recommend multivitamins and nutritional therapy for degenerative conditions are called "alternative practitioners" by critics.

These pejorative terms imply questionable ethics or ignorance on the part of these practitioners. But, as with other major advances in health care, those who are early adapters in the subspecialty field of nutritional therapy will be hailed in years ahead as pioneers and honored for their foresight.

There are lessons to be drawn from these examples. First, they exemplify the problem of identifying ethical principles in a rapidly changing world. In the past what started out as an effort to articulate general issues became embroiled in controversy as soon as the question arose as to whether violations had actually occurred.

Today, society demands open disclosure. Physicians are more informed and do not need "authority figures" to tell them how to make ethical judgments. To the question, "to whom is the physician accountable?" the answer remains "to the patient." Ethics is that which results in the greater good. Our patients deserve it.

As we learn more about the interaction of nutrition and general health, those who are pioneers in nutraceutical research will be honored.

Those who use the information and products resulting from this research will live longer and healthier lives.

References

Bressler N, Bressler S, Congdon N, et al. Potential public health impact of Age-Related Eye Disease Study results: AREDS report no. 11. Age-Related Eye Disease Study Research Group. Arch Ophthalmol 2003;121:1621-1624.

Bressler N, Bressler S, Congdon N, et al. Age Related Eye Disease Study. The AREDS Research Group. Arch Ophthalmol 2001; 119:1434.

Fairfield K, Fletcher R. Vitamins for chronic disease prevention in adults: scientific review. JAMA 2002;287:3116-3126.

Lee P, Feldman Z, et al. Longitudinal prevalence of major eye diseases. Arch Ophthalmol 2003;121:1303-1310.