

**IN REPLY:**

We thank Dr Mills for the feedback on our article and appreciate the opportunity to respond to his comments. Washington State law applies only to licensed complementary and alternative medicine (CAM) providers.<sup>1</sup> These practitioners have had up to 4 years (and in many cases more) of training by accredited CAM professional schools. In addition, CAM must always be integrated with conventional care for cancer therapies based on the regulations for scope of practice.<sup>2</sup>

The anecdote you describe about potential CAM misuse (promising cure instead of palliation) would not likely occur under the insurance model of CAM reimbursement in Washington State since the eligible providers are regulated and paid as appropriate. Integrating CAM providers into a cancer care team probably increases the focus on approved services and the use of approved providers. The end result is probably better quality and a lower potential for CAM misuse. Additionally, we did not find the cost of CAM care to be prohibitive from an insurer point of view; only 0.1% of healthcare expenditures in the end-of-life phase were attributed to the utilization of CAM.<sup>3</sup>

With that said, many conventional healthcare practitioners have been shown to overuse medical care, especially for patients at the end of life.<sup>4</sup> Pharmaceutical treatments are broadly marketed directly to consumers; off-label use of pharmaceuticals in the absence of clear indications is common<sup>5</sup>; and ineffective and very toxic forms of conventional care (eg, bone marrow transplant for stage IV breast cancer)<sup>6</sup> have been integrated into conventional care faster than these treatments can be proven to be ineffective in a clinical setting.

Thus, improving overall care quality, conducting comparative effectiveness studies, and weeding out all types of useless treatment—CAM and conventional—is an important goal for healthcare reform.

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