

# The Legal, Political, and Public Health Policy Challenges and Opportunities of Low Carb

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# Introduction

- ▶ Personal History and Experience–T2D Reversal & Remission, Recovery from CVD
- ▶ <https://optimisingnutrition.com/2016/02/28/antonio-c-martinez-iis-type-2-diabetes-reversal/>






# Principal, Health Policy Practice

- ▶ Gotham Government Relations
  - ▶ Washington DC
  - ▶ Healthcare Policy
  - ▶ Health Insurance
  - ▶ Food & Drug Development Regulation & Compliance
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# Integrating LCHF into your Practice


- ▶ Use laboratory tests, values and diagnosis to support your patient care and therapy
  - ▶ Cholesterol – Are you ordering the NMR Lipoprotein Test for your patients? The LDL–a, LDL–b differentiation is an important diagnostic tool.
  - ▶ Are you focusing on the Triglyceride/HDL ratios?
  - ▶ Are you using the Kraft Insulin Assay?
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- ▶ The foundation of a clinical justification to use LCHF: Metabolic Syndrome & Hyperinsulinemia
- ▶ Coding all applicable diagnoses  
Hyperinsulinemia  
ICD 10 – E15, E16.1  
ICD 9 CM – 251.1  
PreDiabetes R73.09

# The LCHF Patient Conversation

## Good News, Bad News

- ▶ Bad news
- ▶ No good drug equivalents to correct all these markers.
- ▶ No drug to raise HDL
- ▶ No drug to change Lipoprotein A-B profile
- ▶ There are drugs to lower Triglycerides, ie. Lovaza, Lopid but patient may or may not have the numbers indicated. ie. Lovaza requires Trigs of  $>500$

- ▶ Good news
  - ▶ LCHF diet and intermittent fasting will improve all of these markers...
  - ▶ Results are relatively quick.
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# LCHF in the Trump Administration

- ▶ “Patient Centered Care” is the hallmark of HHS Secretary Price’s healthcare approach.

Affordability

Accessibility

Quality


Innovation

Responsiveness

Choices

How does LCHF fit into this set of principles?

# LCHF at the State and Federal Levels


- ▶ State – Medical Licensure and CME Requirements
  - ▶ High costs of T2Diabetes unsustainable. NY is over 1.3B annually for Medicaid related care.
  - ▶ Federal – Change Nutritional Guidelines
  - ▶ Increasing targeted nutrition research at NIH
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# Legal Parameters

## ▶ The Standard of Care

- ▶ “There is no medical **definition** for **standard of care**, although the term is firmly established in law and is **defined** as “the caution that a reasonable person in similar circumstances would exercise in providing **care** to a patient.”
- ▶ “Medical malpractice is a legal fault by a physician or surgeon. It arises from the failure of a physician to provide the quality of care required by law. When a physician undertakes to treat a patient, he takes on an obligation enforceable at law to use minimally sound medical judgment and render minimally competent care in the course of services he provides. A physician does not guarantee recovery... A competent physician is not liable per se for a mere error of judgment, mistaken diagnosis or the occurrence of an undesirable result.” Hall v. Hilburn, 466 So. 2d 856 (Miss. 1985)

“The mere fact that the plaintiff’s expert may use a different approach is not considered a deviation from the recognized standard of medical care. Nor is the standard violated because the expert disagrees with a defendant as to what is the best or better approach in treating a patient. Medicine is an inexact science, and generally qualified physicians may differ as to what constitutes a preferable course of treatment. Such differences due to preference...do not amount to malpractice. I further charge you that the degree of skill and care that a physician must use in diagnosing a condition is that which would be exercised by competent practitioners in the defendant doctors’ field of medicine.... Negligence may not be inferred from a bad result. Our law says that a physician is not an insurer of health, and a physician is not required to guarantee results. He undertakes only to meet the standard of skill possessed generally by others practicing in his field under similar circumstances.” *McCourt v Abernathy*, 457 S.E.2d 603 (S.C. 1995)



# Clinical Practice Guidelines

The standard definition of **Clinical practice guidelines** (CPGs) is that of [Field and Lohr \[1990\]](#): "systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances".

## Principles of Medical Ethics – AMA

I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

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## Application of Low Carb Lifestyle/Therapy

LCHF meets the Standard of Care for a number of health conditions including Type 2 Diabetes and Weight Loss

Practitioners should develop, expand, and educate colleagues on Clinical Practice Guidelines for LCHF...Let the science and evidence be your guides...

LCHF is an ethical approach to care for the metabolic conditions we know the science and evidence supports

Patients have a right to be informed and a right to choose their health care options.


Empower your patients. You are their partners and stewards for good health



# Political and Public Policy Challenges of LCHF

- ▶ Context: The underlying problem of Human nature
- ▶ –No one likes to be wrong. Who will be held accountable? How will accountability occur?
- ▶ –The status quo is a vested interest. Hubris and arrogance rule.
- ▶ –An incredible investment was made on the Low Fat High Carb Diet and Saturated Fat–Heart Disease theory even though it precipitated and facilitated the Diabetes Obesity crisis.

# Vested Interests

- ▶ Nonprofit “public interest” health organizations.
  - ▶ Agribusiness – Grain, Sugar, and Processed Foods. Food Products Association–FPA, Grocery Manufacturers Association–GMA
  - ▶ Pharma – Baskin Robbins like drug formulary for Diabetes and glucose manipulation. No drug for root cause though...
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# Caveat

- ▶ Avoid the one diet fits all paradigm approach. LowFat High Carb, Vegan, and Vegetarian “superiority”. Diets are not religions.
- ▶ Follow the science and the evidence.
- ▶ A compelling economic argument must be made beyond cost reduction, how and who can profit from LCHF utilization and application.
- ▶ “All politics is local” – House Speaker Tip O’Neill

# Changing Public Policy

- ▶ Requires organization, grass roots, and participation at the local, state, and federal levels. Are you going to get involved? Reaching out to minority communities. Getting this information translated into Spanish. CentroCetogenico on Facebook. Low Carb Conferences in Spanish and in Latin American countries.
- ▶ The Nutrition Coalition – Follow the science and the evidence in Nutrition [www.nutrition-coalition.org](http://www.nutrition-coalition.org)
- ▶ Dietary Guidelines Debacle
- ▶ Engage LCHF Natural Allies – The Life and Health Insurance Industries. Of the two, the Life Insurance has the greatest potential due to the economic arguments LCHF offer support.

# LCHF Allies

- ▶ The Natural Products Industry
  - 1994– 4B dollar industry
  - 2016– Over 117B dollar industry
- ▶ Life Insurance Industry
- ▶ Health Professionals – MDs who practice Keto LCHF, NDs
- ▶ Government can and will become our ally. Costs of managing Diabetes and Obesity are unsustainable.

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- ▶ The late Robert C Atkins MD