Naturopaths & Medical Herbalists of New Zealand (Inc)

Submitted by:

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The Medical Board of Australia public consultation around new guidelines for 'complementary and unconventional medicine and emerging treatments.

1. Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'?

No we don't. This definition is an example of continued biomedical hegemony. We are concerned about consultation undertaken in creation of this definition as it appears to show limited understanding of the broader sociological picture – public uptake of CAM and limited understanding of complementary medicine as a whole?

Naturopathy and homeopathy are systems of medicine that have a philosophical basis as does biomedicine, Traditional Chinese Medicine, Unani and Ayurveda. Naturopathy is defined by the principles that underpin practice and is not a therapy (Wardle et al., 2013) as you have classified it. Homeopathy may be used as a therapy out of context of its philosophical underpinnings as biomedicine has done with acupuncture. Naturopathy maybe separated into isolated therapies but these are then therapies practised and not naturopathy.

Your explanation of homeopathy and naturopathy are akin to stating biomedicine is a therapy – it is not, instead it is a system of medicine comprising of a range of therapies e.g. pharmaceutical medicine or surgery.

Those who are attracted to CAM seek inclusion and the title proposed is one of exclusion and is failing to take into account the public exodus from biomedicine for unaddressed health issues and patient centred naturopathic care. The term "unconventional;" is marginalizing to consumers and will further alienate patients with the effect of non-disclosure of CAM or IM treatment.

This exercise appears to be one of "social closure" within the biomedical profession and likely to impact other CAM health professions. Currently, more than half of Australian naturopathic patients (59.6%) used their naturopath as their primary provider (Wardle, 2018). Unjustified limitation on your members that practice IM is likely to exacerbate "patient drift" from medicine to naturopathy.

Our association would prefer to see your organisation support statutory regulation (title protection) of naturopathy and to enhance public protection and reduce risks that have been identified with

naturopathic practice (Lin et al., 2005). This would truly support the interests of the public for integrative care and WHO (2013) recommendations of practitioner and product regulation to enhance public safety.

If not, what term should be used and how should it be defined?

The components of this definition are qualitative in nature and therefore unable to be quantified as you are attempting to do and many before you have unsuccessfully. We would suggest that you focus on scientifically defining "conventional medicine or biomedicine" and refrain from attempting to define what is not.

2. Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – 'any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy or treatment that is not usually considered to be part of conventional medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.'
If not, how should it be defined?

No we disagree with the proposed definition for the reasons above. CAM systems such as naturopathy have already been defined by their federations – see naturopathy
http://worldnaturopathicfederation.org/about-naturopathy/#principle

We would suggest that you work with supra-national agencies e.g. WHO, and global federations for systems of complementary medicine to develop a working definition that is amendable to all outside your professional organisation and biomedicine to fully develop a workable model that is truly integrative and what consumers expect.

3. Do you agree with the nature and extent of the issues identified in relation to medical practitioners who provide 'complementary and unconventional medicine and emerging treatments'?

Because some practices do not have current evidence or fit with current biomedical thinking it doesn't mean that they should be restricted. Knowledge development is something to be supported as long as safety and ethical concerns are addressed.

We live in a neo-liberal paradigm which is characterized by consumer choice. I took minocycline off label for 3 years for severe rheumatoid arthritis and it turned my life around from being crippled to having a life (until I developed a drug reaction). This was my choice and I looked for a doctor who would support my choice. Why does your organisation think it has the right to limit consumer choice?

We agree that the patient needs to be fully informed about the test and treatment and the level of evidence so they can decide. We also agree that there should be complete transparency in regard to recommendation and use of products, shares in companies that produce products and no multi-level marketing arrangements.

Perhaps efforts should go into further education around ethics and on how to achieve informed consent and shared decision-making with consumers (currently in your code) rather than development of extension to medical code of practice.

4. Are there other concerns with the practice of 'complementary and unconventional medicine and emerging treatments by medical practitioners that the Board has not identified?

Yes. Complementary, unconventional and emerging medicine is inappropriate as a single definition and is polarizing to consumers and doctors alike.

The following terms demonstrate biomedicine's hegemony, biases, exclusionary methods and will result in ostracization of users of CAM and therefore continued non-reporting of CAM use:

- Unconventional medicine – by whose standards?
- Off-label prescribing
- Experimental practice - CAM has been used for centuries before biomedicine was in existence, therefore hardly experimental
- Unproven therapies – unproven by whose standards and limitations? Use of CAM has been proven over time and continued use by public. Naturopathic practitioners have over 2,000 published peer -reviewed primary research articles. The term 'naturopathy' is frequently excluded from publications and research undertaken because of bias.
- Entrepreneurial medicine implies business - sales gimmick - this is not why patients use CAM and would be suggestive of bias.

This aspect of the document demonstrates organizational bias. We would actively encourage examination of holistic and non-pharmaceutical approaches to chronic care, education level of CAM practitioners e.g. naturopaths/medical herbalists and active participation in creating an integrative health environment that the public is wanting. Being supportive of naturopathic statutory regulation would be a start and some aspects of shared competencies might be considered.

5. Are safeguards needed for patients who seek 'complementary and unconventional medicine and emerging treatments'?

Yes. We would like to see safe guards that include formal CAM training/entry to practice requirements as opposed to biomedicine covering all aspects of prescription irrespective of degree of training as long as the practitioner doesn't exceed level of competence and there are no serious complaints. More adherence to current code is required.

CAM practitioners cannot hold themselves out to be practicing biomedicine without being a biomedical doctor and neither should biomedical doctors hold themselves out to be experts in CAM unless they have undertaken formal qualification/entry to practice requirements. Additional safeguards for consumers would be statutory regulation of naturopathy, credentialing of naturopaths and formalised referral mechanisms between doctors and naturopaths/CAM practitioners.

Ensuring practitioners have sufficient training in shared decision-making, informed consent and individualized risk/benefit analysis, ethical considerations – possibly further emphasis in continuing professional education as Code of Conduct covers currently.

6. Is there other evidence and data available that could help inform the Board's proposals? Options

The issue you are faced with is qualitative in nature and requires broader consultation beyond biomedicine alone. We would suggest discussions with consumer advocates, 'The Australian Research Centre in Complementary Medicine' (ARCCIM), and 'The National Institute of Complementary Medicine' (NICM).

7. Is the current regulation (i.e. the Board's *Good medical practice*) of medical practitioners who provide complementary and unconventional medicine and emerging treatments (option one) adequate to address the issues identified and protect patients?

The boards Good Medical Practice addresses issues in this document – if there is an issue it is with adherence. How do you define competence and limits of competence, adequate CAM knowledge and skills? The Board could consider quantification of this aspect.

8. Would guidelines for medical practitioners, issued by the Medical Board (option two) address the issues identified in this area of medicine?

No. But there would be potential if guidelines were more consultative with public, integrative medicine (IM) doctors and CAM, more constructive and consensus building towards integrative health care than what the current document suggests.

9. The Board seeks feedback on the draft guidelines (option two) – are there elements of the draft guidelines that should be amended? Is there additional guidance that should be included?

We think there should be specific CAM education qualification for practitioners practicing CAM including doctors, although disagree with development of separate guidelines as provision of healthcare is based on same conduct principles. Adherence to these principles/guidelines is the issue.

We recommend that any further developments in this area should be in consultation with experts in the field of CAM integration – ARCCIM and NICM.

Naturopathic doctors (NDs) in USA and Canada share a similar scope of practice to IM doctors, although they are underpinned by different philosophical perspectives. Some NDs have the legal right to prescribe bio-identical hormones. Each state has different regulation and scopes of practice but considering legislation/regulation in Canada and USA may inform decision-making https://www.fnmra.org/ras

10. Are there other options for addressing the concerns that the Board has not identified?

For such an important decision broad consultation is required. What consultation has been undertaken in regards to public advocacy, IM doctors, CAM and what research into this field in terms of sociology and consumer motives and use of CAM have been undertaken?

11. Which option do you think best addresses the issues identified in relation to medical practitioners who provide complementary and unconventional medicine and emerging treatments?

Option one – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional

medicine and emerging treatments via the Board's approved code of conduct.

Option 2 - Strengthen current guidance for medical practitioners who provide complementary and unconventional medicine and emerging treatments through practice-specific guidelines that clearly articulate the Board's expectations of all medical practitioners and supplement the Board's *Good medical practice: A code of conduct for doctors in Australia*.

Other – please specify.

We agree with Option one with addition of processes for increasing adherence to current Code of Good Medical Practice and development of education standards for consistency of practice that extends outside biomedicine and includes CAM so that the public gets the best treatment possible with lowest risk.

References:

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Wardle J, Adams J and Lui C-W et al. (2013) Current challenges and future directions for naturopathic medicine in Australia: a qualitative examination of perceptions and experiences from grassroots practice. *BMC Complementary and Alternative Medicine,* 13(15). Available at: https://doi.org/10.1186/1472-6882-13-15

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